

## Call for papers - Special Taskforce on Domestic and Family Violence

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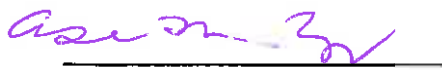
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Date:

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(Signature of author) **ON BEHALF OF QUEENSLAND DOMESTIC VIOLENCE SERVICES NETWORK**

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## Introduction

QDVSN is a domestic and family violence (DFV) network of the regional/ Specialist Domestic Violence Services<sup>1</sup>. Both QDVSN and Specialist DFV Services provide state-wide leadership, collaborating locally, regionally and state-wide. Specialist DFV Services operate within coordinated community (or integrated) responses to DFV. Appendix 2 briefly describes the role of QDVSN members and DVConnect.

Funded in Queensland since 1992, Specialist DFV Services have a demonstrated history of responding to DFV and operate from the perspective of safety, providing specialised risk assessment and assistance to people, predominantly women and their children, who have experienced violence and abuse.

QDVSN works collaboratively with other services and networks within the violence against women sector. QDVSN has reviewed and endorses submissions to the Taskforce from DVConnect, Eliminating Violence Against Women Queensland (EVAWQ) and Women's Domestic Violence Court Assistance Network (WDVCAN). QDVSN is a member of Queensland's violence against women peak organisation, Eliminating Violence Against Women (EVAWQ). EVAWQ is newly established and will be positioned as the central 'go to' agency for the ongoing development and co-design of all VAW responses, including DFV. QDVSN will continue, along with refuges, to be the repository of practice wisdom in relation to DFV and will generally participate in the development and reform process in collaboration with EVAWQ.

## The Need for Reform

QDVSN does not intend to repeat the extensive research and statistics, which document the need to improve responses to DFV, improve safety for women and children and hold perpetrators accountable for their abuse. The basis for reform articulated by the National Council to Reduce Violence Against Women and Their Children is supported by the work of VicHealth, ABS statistics,<sup>2</sup> KPMG and Access Economics (on the economic cost of violence) and international research.

QDVSN recognises the need for support and prevention initiatives related to violence against men; however QDVSN's position is that violence against women warrants a distinct and well-resourced response, independent of a response to other forms of violence.

Briefly, some key Australian data to note includes:

- Every three hours, a woman is hospitalised from domestic violence.<sup>3</sup>
- Indigenous women are 35 times more likely to be hospitalized than non-indigenous women.<sup>4</sup>
- Women from non-English speaking backgrounds (NESB) account for 17.9% of people who experience violence by their current partner (ABS 2006). Additionally, it has been estimated

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<sup>1</sup> Twelve regional Specialist DFV Services, the Immigrant Women's Support Service (IWSS) and the Centre for Domestic and Family Violence Research (CDFVR).

<sup>2</sup> <http://www.anrows.org.au/sites/default/files/Violence-Against-Australian-Women-Key-Statistics.pdf> (viewed 30 November 2014).

<sup>3</sup> Pointer S & Kreisfeld R (2012) Hospitalised interpersonal violence and perpetrator coding, Australia, 2002-05. Injury, Research and statistics series no. 77, cited in Women's Legal Service Crime Inquiry submission (sub 60).

<sup>4</sup> <http://www.anrows.org.au/sites/default/files/Fast-Facts--Indigenous-family-violence.pdf> (viewed 30 November 2014).

that between 78% of women and 86% of children arriving as refugees have been tortured through sexual violence (Pittaway & Bartolomei, 2005).

- Research by KPMG estimates the cost of violence against women to the Australian economy at \$13.6 billion per annum.<sup>5</sup> Queensland's share of that cost is between \$2.7 billion and \$3.2 billion per annum. At the time of the research, the Queensland Government invested approximately \$190 million per annum to address domestic and family violence and less than \$6 million per annum to address sexual violence (KPMG).
- For every woman whose experience of violence can be prevented there is a cost saving of approximately \$20,766 (KPMG).
- 61% of women had children in their care when the violence occurred, including 48% who stated the children had seen and heard the violence (ANROWS citing ABS).
- ABS data are supported by Queensland Police Service (QPS) data, which suggests that children are affected in more than half of DFV incidents. In the 2011-2012 year 31,700 children were present during or lived in the residence and were exposed to incidents of DFV. Some of these children were involved in repeat incidents. The number of child victims recorded by police each year at DFV incidents doubled between 2005 and 2011 (Bromfield cited in the Carmody Report).<sup>6</sup>
- In 2013 there were 12,828 charges for breaches of protection orders in Queensland, although QDVSN reports that actual breaches are exponentially higher with charges only being laid for the most serious incidents.
- In the 2012-13 year there were 17 domestic and family violence related homicides in Queensland.<sup>7</sup> Unofficial 'Destroy The Joint' data from their 'counting dead women' campaign suggests that around 14 women have died in Queensland as a result of violence so far in the 2014 Calendar year.<sup>8</sup>
- The Queensland *Helping Out Families* (HOF) evaluation from 2011 reported that 68.7% of referrals made to the HOF alliance required DFV support. More recently, HOF partners verbally report that DFV is identified in closer to 80% of families.
- In data collected from Queensland DFV services by CDFVR for the December 2013 quarter, victims of violence assisted by the services reported the following:
  - Only 52% indicated that they had reported the violence to the police
  - 34% relied on a visa to remain in Australia
  - 63% had sought legal protection or were currently involved in proceedings under the *Domestic and Family Violence Protection Act 2012*
  - 31% were also respondents to a cross application by the perpetrator of the DFV.

### Sexual Assault

In accordance with the *National Plan to Reduce Violence against Women and their Children 2010-2022* (the 'National Plan'), QDVSN submits that any consideration of responses to DFV must also include responses to sexual violence. It is only by addressing both sexual violence and DFV against women that sustained change will be achieved.

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<sup>5</sup> KPMG, *The Costs of Violence Against Women and their Children*, a Report prepared for the National Council to Reduce Violence against Women and their Children, March 2009.

<sup>6</sup> Bromfield (2012), *The economic costs of child abuse and neglect*, Australian Institute of Family Studies, Australian Government, Canberra.

<sup>7</sup> Office of the State Coroner Annual Report 12-13.

<sup>8</sup>

<https://www.facebook.com/DestroyTheJoint/photos/a.419017344812682.83661.418382174876199/789340431113703/?type=1&theater> (click on 'see more' to see the details of women killed in Australia this year).

Many women from NESB are experiencing sexual violence but are either choosing not to report their experiences for multiple reasons, or are unaware of their rights and/or unaware of available options in accessing support or protection. It is suggested that personal, cultural, religious and language factors may contribute to lower levels of reporting of this type of abuse (Mitchell, 2011). The situation is compounded by the many systemic barriers to accessing information, legal and support services, that are often experienced by women from NESB, such as lack of cross-cultural awareness, failure to support the use of professional interpreters and/or inappropriate use of interpreters, access to information in community languages and cultural stereotyping.

There is a significant overlap between domestic and family violence and sexual assault and there is, therefore, an overlap in funding for the two areas. However, it is noted that a considerable proportion of sexual assault occurs outside domestic and family violence contexts and has distinct policy, program and practice implications. The sexual assault sector is comparatively under-resourced and, consequently, the issue of sexual assault is not on the public and government agenda to the same extent as domestic and family violence. The transfer of responsibility for sexual assault services from Queensland Health to the Department of Communities, Child Safety and Disability Services on 1 January 2012 lends itself to aligning violence against women policy across both service systems.

#### Guiding Principles for Reforming Responses to DFV and risk of DFV

Consistent with the National Plan, QDVSN submits that the future of responses to DFV rests on the following principles:

1. Establish a policy framework that is evidence based and responsive, ensuring:
  - o The safety of adult/ child victims of DFV central to policy and legal/systems responses.
  - o A gendered analysis of violence against women and children is maintained.
  - o Perpetrators are held accountable for their abuse and violence.
2. Value diversity in the service system and the important role of specialist services.<sup>9</sup>
3. Enhance policing and legal responses to DFV, adopting specialist policing processes.
4. Reinforce prevention/early intervention and the timely and accurate assessment of need.
5. Develop a Common Risk Assessment framework for use with victims and perpetrators.
6. Improve integration/coordination and multi-agency high-risk management responses.
7. Provide guidelines for the scope of and mechanisms for information sharing.
8. Support implementation and change manage reforms to achieve cultural/societal change.
9. Collect meaningful data and utilise a monitoring and evaluation framework.
10. Allocate resources across the service system to give effect to the above principles.

Drawing on decades of expertise, QDVSN has expanded on these principles under the headings below, providing the key elements of a blueprint for improved responses to DFV in Queensland. Many of these elements are supported by the recommendations made in the Beutel Inquest 2014.

The elements discussed below and the recommendations made support the development of a cohesive system response and cannot be considered in isolation from each other.

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<sup>9</sup> Including Specialist DFV Services, refuges, specialist children's services, sexual assault services, community legal centres such as Women's Legal Services and services for diverse and disadvantaged communities, such as specialist Indigenous services and services for women with disabilities.

## Summary of Proposed Recommendations

The recommendations listed below are outlined and discussed in the submission that follows.

### Section 1 - The Policy Framework and System Accountability

QDVSN recommends the development of:

- A policy (and systems) framework, which is accountable to adult and child victims of DFV and incorporates the following principles: a gendered analysis of violence and abuse against women and children; the safety of women and children is paramount and central to responses to DFV; and perpetrators of violence are held accountable for their abuse.
- A Queensland Strategy to reduce DFV, implementing the First and Second Action Plans of the *National Plan* and articulating measurable targets.
- Minimum practice standards for all responses to DFV (discussed in Section 6).
- A reporting, monitoring and evaluation framework for all policy, legal and service responses to DFV (discussed in Section 8).
- Structural reform to improve governance of DFV responses in Queensland:
  - establishing of a state-wide steering committee, with community representation and an independent chairperson, to oversee regional/local committees and report to the Premier;
  - relevant ministers report directly to and are accountable to the Premier for their performance in relation to DFV responses; and
  - the Premier is responsible for overseeing the reforms and ongoing delivery, monitoring and evaluation of responses.

Further, QDVSN recommends that bi-partisan support is obtained for the DFV policy, legislative and systems reforms to ensure that a longer-term approach is taken and consistency in systemic responses can be achieved.

### Section 2 – The Service System

QDVSN recommends that:

- The role of specialist services, including Specialist DFV Services (and QDVSN) be considered in the implementation of recommendations in this submission and other reforms relating to: a policy framework for DFV or Strategy to reduce DFV; risk assessment; integration and coordination of responses; information sharing; implementation; monitoring and evaluation; and resourcing/funding of DFV responses.
- In partnership with QDVSN and specialist children’s services *that specialise in DFV responses*, an evidence based model for counselling interventions with children who have experienced DFV be developed along with minimum/practice standards to ensure that interventions are safe, adequately assess risk and protect children from harm.
- Minimum standards are introduced for men’s perpetrator programs, which are specific and measurable and must be demonstrated. Including a requirement to comply with standards relating to the following:
  - Underpinning policy requirements.

- A coordinated, specialised and standardised (and demonstrated) risk assessment and risk management processes, providing for information sharing with regional Probation and Parole.
  - Development of a partnership between the program and their regional Probation and Parole Office. Probation and Parole must also be required to enter into such a partnership.
  - Provision for the role of the women’s advocate specifically trained in a consistent state-wide standard of service delivery (to be developed). The role provides not only support to the current or ex partner of the perpetrator on the program, but also must work extensively with Probation and Parole and other services in order to manage risk to the women and children.
  - Program curriculum must be of approved, tested and from an evidence base.
  - Program length needs to be of a minimum length (26 weeks minimum), preferable a 12 month program fixed within a two year continuum of intervention.
  - Programs must be ‘quality assured’ and regularly audited by a suitable body, panel or departmental officer.
- Men’s perpetrator programs are delivered by or in partnership with Specialist DFV Services; in partnership with Probation and Parole (where possible); and only where they are embedded within a local operational DFV Coordinated/Integrated Response.
  - The expertise and experience of Specialist DFV Services is utilised to provide specialised support and professional supervision to ‘lone’ specialist workers based in generalist organisations, including Family and Child Connect services. These services/workers should be mandatorily required to link and consult/coordinate with Specialist DFV Services and utilise existing coordinated responses in their area.

### Section 3 – Policing and Legal Systems Responses to DFV

QDVSN recommends that:

- QPS implement an underpinning evidence-based policy and a clear governance structure for responses to DFV, which is consistent with the policy framework discussed in Section 1 and articulates a commitment to early intervention, collaborative practice and participation in coordinated responses.
- A specialist DFV policing oversight committee, chaired by the state Policing DFV Coordinator, is established to monitor civil and criminal responses, manage complaints related to criminal investigations/responses and report directly to the Commissioner and state-wide DFV steering committee.
- Roles for specialist police officers/units that allow more rigorous monitoring and tracking of high-risk matters be introduced, supported by effective data management processes.
- Partnerships between Specialist DFV Services and QPS/the courts are explored, enhancing their roles in coordinated/integrated responses across the State.
- A specialised court model is introduced with jurisdiction to deal with all related DFV and criminal/breach proceedings. Consideration should also be given to provision for related family law children’s matters (by consent) and child protection proceedings to be dealt with by the same court.
- In support of recommendations by QAILS and Women’s Legal Service (Brisbane), a duty lawyer program is funded for domestic violence matters in Magistrates Courts, on the basis that:
  - The model includes lawyers for both the aggrieved and the respondent, providing:

- o advice both before and after the court appearance, including scope for limited legal drafting of court related documents and provision of advice and referral on related issues; and
    - o legal representation during court appearances.
  - o Funded court support programs continue, ensuring that the model includes a DFV court support worker for the aggrieved woman and information worker for the perpetrator.
  - o The model is developed in consultation with QDVSN, Legal Aid and QAILS.
  - o The model operates as part of the local integrated/coordinated responses and Specialist DFV Services/coordinated responses are supported to work with local CLC and Legal Aid lawyers to tailor and implement the service in their local area.
  - o Regular opportunities are provided for ongoing professional development for the staff/lawyers participating in the model.
  - o The local coordinated response continues to operate as an ongoing reference group for the model - as it is for the local responses generally.
  - o A pilot is established at those locations where a coordinated/integrated response is already operating with a specialist DFV service. The model could then be refined before being rolled out across the state.
- The DFV bench book is completed in consultation with QDVSN, Women’s Legal Services and Legal Aid.
  - Recording of DFV proceedings and related data collection is improved, with a view to improving court accountability and establishing a system of precedents.
  - Consideration must be given to new ways of taking into account the pattern of abuse rather than responding on an incident-by-incident basis. Better recording mechanisms and consideration of offences such as stalking may be one way of addressing this issue.
  - The Law Reform Commission investigate the introduction of additional provisions in criminal law to enhance criminal responses to DFV and offender accountability.
- QDVSN requests:
- Consideration be given to the need to / benefit of) introduce/ing a specific offence of ‘DFV’ or ‘violence against women’, or in the alternative:
- o adding ‘circumstances of aggravation’ to relevant criminal offences, for example the context of DV could be an aggravating circumstance, the presence of children or use of alcohol; or
  - o removing the requirement for a complainant for all offences less serious than grievous bodily harm.
- The Law Reform Commission also investigate:
- o the use of offences of Strangulation to identify the specific offence that will suit the Queensland context;
  - o removing defence of provocation in assault charges (ss 268-269 *Criminal Code 1899*);
  - o increased penalties for breaches of protection orders;
  - o removing the necessity for a complainant in offences less serious than GBH; and
  - o the use of a ‘pro investigation’ framework/principle.
- An urgent evaluation of the Act is undertaken, specifically on the effectiveness or otherwise of the measures introduced in 2012. Specific recommendations for consideration are listed in Appendix 2 and at the beginning of the submission.
  - In relation to the intersection of DFV responses and Family Law:
    - o The family law system, including courts, legal and mediation services, participate in coordinated responses and multi-agency high-risk teams/processes.
    - o Mechanisms for information sharing for related state and federal court proceedings be explored.

- There is a call for the Taskforce to support national reforms, including: the use of risk assessment in family law; accreditation requirements for report writers (and appropriate report standards) providing expert evidence to the court; improved culturally appropriate/responsive interventions, and improved recognition in post separation parenting arrangements of the effects of emotional and mental abuse, and the importance of protecting the child/ren's primary carer.

It is also recommended that:

- The QPS Operational Procedures Manual is reviewed in consultation with QDVSN and that consideration be given to supporting the implementation of the OPM by further training and accreditation for specialist officers. Specific consideration should be given to mandatory requirements for police to collect all evidence at a DFV incidents; improving identification of the person most in need of protection; use of criminal sanctions (in particular, charging for breaches) and tailoring conditions on protection orders to meet the needs of the aggrieved.
- Consideration is given to police/Child Safety action when a child is not returned after 'time-with' (contact) where there is a history of DV, DVO, recidivist offender or the matter is identified on a high-risk list. Action taken could include a mandatory safety/welfare check and/or expedited issue of a child alert (Amber alert) and could be informed by a multi agency high-risk process/team.
- The Act is urgently evaluated. Specific recommendations include:
  - Mandating the use of interpreters by courts and police attending DFV incidents.
  - S41 of the Act is amended to '*must consider*' the previous protection order application where there is a cross application. The section should also ensure where the earlier application has not yet been determined that they '*must*' be considered together and that the 'person most in need of protection' is also considered.
  - S78 of the Act is amended to '*must consider*' [existing family law order].
  - The Act is amended, introducing court monitoring for perpetrators programs so that programs are mandated and the matter is brought on for review at the court during participation, when the program has been contravened/completed and for a six-month follow-up. In addition, programs approved for court ordered programs must be group programs that meet minimum standards.
  - Police prosecutors undertake a DFV Risk Assessment when a perpetrator program referral is made at Court (from information from DV applications and Court files), to ensure that program providers can prioritise these referrals and ensure a timely response to high-risk offenders.
  - The Act is amended to improve guidance on the length of protection orders, including restrictions on bargaining between the parties for short orders. Better provision is also needed for the making of longer orders. Protection orders should be automatically extended where there is a criminal conviction (including breach). Five year, ten year and indefinite order should be considered in these circumstances, depending on the seriousness of the breach/underlying offence and whether there has been more than one breach. In addition, longer orders should be considered where perpetrator of the violence has used stalking type behaviours.
  - The protection order application form is reviewed (DV1) in consultation with QDVSN.
- Emergency Centrelink assistance for relocation expenses is granted *as of right* and access to medium and longer term housing is overhauled and expanded, including the introduction of 'special circumstances' for women yet to obtain a property settlement.



#### Section 4 – Prevention, Early Intervention and Assessment

QDVSN recommends that:

- Appropriate and meaningful healthy/respectful relationships programs are recognised and embedded in the school curriculum and not subsumed into the broader anti-bullying programs.
- Specialist DFV Services are resourced to play a key role in the development and delivery of appropriate programs.

#### Section 5 – Common Risk Assessment

QDVSN recommends that:

- Service system responses in Queensland are aligned to ensure consistent processes for identification and response to disclosures of DFV, including by police, Child Safety, the courts and the broader health and family service system.
- A common risk assessment framework is developed to identify when (routine) screening for DFV must be undertaken; ensure that DFV can be identified in this process; and ensure that specialised risk assessment is facilitated with victims of violence and perpetrators in appropriate circumstance.
- The framework is developed having regard to the need to facilitate safe (confidential) and effective responses in remote locations and the need for culturally appropriate service delivery. For example, it is acknowledged that accessibility in remote locations may only be facilitated by technology such as telephone and skype and support may need to be facilitated by generalist services such as health services to preserve the safety and confidentiality of victims of violence.
- Consideration should also be given to the benefit of developing suitable tools to be used during screening, preliminary and comprehensive assessment (including assessment in high-risk processes).

#### Section 6 – Integrated and Coordinated Responses

QDVSN recommends that:

- Systems responses is aligned and coordinated, utilising the elements of the blueprint outlined in this submission.
- Specialist DFV Services remain central to developing coordinated/integrated service delivery responses to DFV in Queensland.
- Adequate funding is provided for the coordination role in coordinated responses, to reinforce compliance with memoranda of understanding that underpin the coordinated response across partner agencies and facilitate the integration of partner agencies' resources/tools and policies.
- A model for multi-agency high-risk management processes/teams is developed by the government in consultation with stakeholders and gradually introduced across suitable integrated and Coordinated Community Responses (CCR) responses as adequate resourcing can be made available.

## Section 7 – Information Sharing

QDVSN recommends the development of clear and accessible guidelines for the scope of and mechanisms for information sharing.

## Section 8 – Implementation

QDVSN recommends that:

- An implementation strategy/plan is developed for DFV responses and to achieve cultural and societal change, and the plan is adequately resourced to reflect the size of this task and the length of time it will take to achieve.
- The Queensland Government support the need for specialist DFV training and the Course in Responding to Domestic and Family Violence (30629QLD) (CQU) to be delivered by specialist DFV workers/services in collaboration with CDFVR/CQU (RTO); and that this requirement is included in any tender specifications for funding made available for the delivery of such training.
- QDVSN asserts that all family/health services, which may need to respond to victims and /or perpetrators of DFV, should require staff to have/acquire a minimum level of demonstrated competency to do this work; and that the *Statement of Attainment in Course in Responding to Domestic and Family Violence (30949QLD)*, or similar, should be a minimum qualification requirement for government-funded positions.
- QDVSN work with government in the co design of suitable training to support the expanded service system and the implementation of DFV reforms.
- Services will require funding for staff professional development and it is imperative that courses are offered at a reasonable cost.
- The value of integrated and coordinated responses as a mechanism for professional development and training is considered in the development of systems reforms in Queensland.

## Section 9 - Monitoring and Evaluation

QDVSN recommends that:

- Evidence based monitoring and evaluation framework is established.
- Data collection, performance measures and reporting reflect the monitoring and evaluation framework.
- New performance measures relating to Specialist DFV Services are developed in collaboration with QDVSN to better reflect the work and performance of these services.
- The DFVDRU is adequately resourced to support the Coroner and the death review process.

## Section 10 - Resources

QDVSN submits that effective DFV responses will require funding programs and resource distribution across multiple government department legal and service systems to reflect the elements of the blueprint for responses to DFV (and recommendations) discussed in this submission. QDVSN recommends that resources are distributed to give effect to the Guiding Principles for Reforming Responses to DFV and risk of DFV articulated as the basis for this submission.

## 1. The Policy Framework and System Accountability

### The policy framework

QDVSN believes that an underpinning policy framework for legal and service system responses to DFV and sexual violence in Queensland is needed across all service systems from family and DFV services, to police, housing, education, health etc. It is crucial that the policy framework is clear and responsive;<sup>10</sup> tailored to Queensland's needs; and evidence based, informed by research and specialised practice experience. Under the framework government policy, legal and service systems must: be accountable to adults and children who have experienced violence/ abuse (victims of violence/abuse); prioritise safety; and hold perpetrators of violence accountable. In the absence of a cohesive strategy and clear guidelines, conflicting policies and practices potentially hamper integrated service system responses and undermine the safety of adult and child victims of violence.

Furthermore, QDVSN argues that a strong and coherent policy framework will be particularly important as new funding is rolled out for Family and Child Connect (the Community Based Intake and Referral services (CBIR) and Intensive Family Support (IFS) services) and domestic and family violence services as part of the Child and Family Reforms. All services should be supported by: clear policy guidelines; evidence based mandatory minimum service standards;<sup>11</sup> and the development of a robust monitoring and evaluation framework. Service provision, including the provision of behaviour change/perpetrator's programs, should be benchmarked and the management of risks to adult and child victims of violence improved.

Guiding principles for the policy framework should be consistent with objects, principles and values underpinning the *Domestic and Family Violence Protection Act 2012* and the *National Plan to Reduce Violence against Women and their Children 2010-2022* (the 'National Plan').

### A strategy to reduce DFV

In addition to the policy framework, a new Queensland 'Strategy to reduce DFV' is required, which supports the implementation of the *National Plan*. Endorsed by COAG, the National Plan provides for a staged reform process and will provide four consecutive three-year plans. Reporting to COAG, it is intended that each state produce jurisdiction-specific three-year plans to guide reforms in the state. The First Action Plan – Building a Strong Foundation (2010-2013) is now complete and the Second Action Plan – Moving Ahead (2013-2016) has now commenced. The development of a Queensland strategy should align with the framework provided in the *National Plan* and incorporate the three-year action plans, providing a Queensland action plan to 2016 with clear strategies to reduce violence, targets and a monitoring and evaluation plan. QDVSN recommends that the Queensland strategy and plan be informed by the issues raised in this submission and that the plan be developed in consultation with stakeholders.

QDVSN would welcome the opportunity to work as a co-design partner with the Queensland Government to develop the policy framework. In addition QDVSN is well placed to provide ongoing

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<sup>10</sup> Previously articulated in *For our sons and daughters: A Queensland Government strategy to reduce domestic and family violence 2009-2014*, Queensland's DFV policy is due for review.

<sup>11</sup> Replacing existing Queensland practice standards, which are due for review: *Professional Practice Standards – Working with men who perpetrate domestic and family violence*; and *Practice Standards for Working with Women Affected by Domestic and Family Violence* (2002).

policy advice and support to the development of policy, law and (integrated/coordinated) service responses, which work toward the achievement of longer-term social and cultural changes.

### Governance

Governance is an important aspect of system accountability. The responsibility for planning, implementation and monitoring of policy, legal and service responses to DFV should be clearly defined. In the past DFV councils and ministerial advisory bodies/councils have supported the work of the relevant minister and government department. Currently, Queensland does not define a structure or mechanisms for governance of responses to DFV.

The framework operating in Victoria provides a useful point of reference for any consideration of possible governance structures. A series of local and state-wide committees are supported by funded Regional Integration Coordinators, which participate in the development of regional integrated responses. Mechanisms such as this could ensure support for local development and implementation and accountability under a state-wide governance structure.

QDVSN recommends structural changes, which require relevant departments and regional/local committees to report to a state-wide steering committee, including community representation and an independent chairperson. Reporting to an oversight body would also be necessary. The state-wide steering committee and relevant Ministers would report to the Premier, or a parliamentary committee, who is responsible for overseeing the reforms and ongoing delivery, monitoring and evaluation of responses.

### Recommendations

**QDVSN recommends the development of:**

- **A policy (and systems) framework, which is accountable to adult and child victims of DFV and incorporates the following principles: a gendered analysis of violence and abuse against women and children; the safety of women and children is paramount and central to responses to DFV; and perpetrators of violence are held accountable for their abuse.**
- **A Queensland Strategy to reduce DFV, implementing the First and Second Action Plans of the *National Plan* and articulating measurable targets.**
- **Minimum practice standards for all responses to DFV (discussed in Section 6).**
- **A reporting, monitoring and evaluation framework for all policy, legal and service responses to DFV (discussed in Section 8).**
- **Structural reform to improve governance of DFV responses in Queensland:**
  - **establishing of a state-wide steering committee, with community representation and an independent chairperson, to oversee regional/local committees and report to the Premier;**
  - **relevant Ministers report directly to and are accountable to the Premier for their performance in relation to DFV responses; and**
  - **the Premier is responsible for overseeing the reforms and ongoing delivery, monitoring and evaluation of responses.**

Further, QDVSN recommends that bi-partisan support is obtained for the DFV policy, legislative and systems reforms to ensure that a longer-term approach is taken and consistency in systemic responses can be achieved.

## 2. The Service System

The most effective interventions<sup>12</sup> to DFV are informed by a synthesis of practice wisdom and research, including hard evidence and grey literature. Specialised ongoing reflexive practice and organisational cultures that promote learning and analysis, as in Specialist DFV Services, support the development and delivery of effective evidence informed practice and sustainable practice by specialist workers.

Specialist services, including Specialist DFV Services, refuges, specialist children's services, sexual assault services, community legal centres such as Women's Legal Services and services for diverse and disadvantaged communities, such as specialist Indigenous services and services for women with disabilities must be valued and supported to complement generalist services and dedicated DFV workers within universal health and other service systems.

### What are Specialist DFV Services?

Specialist DFV Services:

- Are underpinned by an organisational commitment to:
  - a gendered analysis of violence and abuse against women and children;
  - making the safety of adult and child victims of violence and abuse central (paramount) to services; and
  - holding perpetrators accountable to adult and child victims of violence and abuse.
- Operate within a risk/protection, including a child protection, framework, and DFV is the core business of the service. As a team, the services undertake highly specialised risk assessment, safety planning and systematic monitoring, tracking and crisis management of high-risk matters.<sup>13</sup>
- Provide child focused support directly with the child, by working intensively with the child's non-violent carer and, where appropriate, coordinating support from a specialist children's service.
- Are uniquely placed to operate perpetrator's programs within coordinated responses: holding programs and participants accountable to ongoing risk assessment, utilising a dedicated (ex)partner advocate to contribute to assessment and responses to both static and dynamic risks.

Specialist DFV Services are mostly place based in local and regional communities and, as a state-wide crisis service, DV Connect is an important lifeline providing holistic and complex specialist responses across the state. The services are engaged services, utilising local and regional alliances to coordinate an individualised multi-layered systems response by relevant social services, legal responses and advocacy/support services to address identified risk and client/child needs.<sup>14</sup> The services operate with flexibility, finding creative and unique solutions to highly complex problems, within resource limitations, and often at a point of crisis when triage is required. The complexity of DFV assessment and responses undertaken by Specialist DFV services must never be underestimated.

Diversity and further specialisation across the regional/specialist services sees the sector providing extensive outreach across the state, as well as specialist services for women victims, culturally and linguistically diverse communities and Indigenous communities; men's behaviour change programs;

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<sup>12</sup> See Breckenridge and Hamer 2014, Issues Paper 26, Australian Domestic and Family Violence Clearinghouse.

<sup>13</sup> Specialised, comprehensive risk assessment is supported by the Victorian CRAF (Common Risk Assessment Framework): if risk is identified, referral is made to a specialist service for full assessment.

<sup>14</sup> E.g. housing (homelessness, refuges and emergency accommodation); health/mental health; drug and alcohol issues; sexual assault; disability; and schooling.

court assistance; safety upgrade services for housing; counselling and support for children; and community education/training.

Individualised responses to immediate and long-term risks and safety needs reflect a sophisticated and nuanced understanding of the specific nature of DFV and the dynamics of abuse, power and control.

### The specialist work team

Consistent with the international evidence base,<sup>15</sup> specialist services respond to violence with an understanding of the societal and structural causes and impacts of DFV across our culture. They have a commitment to continuous service improvement and the development of best practice from the perspective of the victim.

Case management and supervision practices in specialist services provide a supportive work environment and act as an important check and balance in the specialised assessment, monitoring and tracking of high-risk cases by the service, not just the individual worker. Services are provided within a framework of specialist service knowledge as well as worker and agency accountability - workers do not work in isolation. The collective skill and expertise of the team is continuously developed through training opportunities, supervision processes, reflexive practice and case management analysis – contributing to the ongoing development of specialist staff. The specialist service model enhances the capacity of the team to respond to DFV and violence against women beyond the capacity of other general services. Specialist services provide training and supervision, health and safety support, acknowledging their duty of care to staff that regularly work with people experiencing complex trauma.

### Recent child and family reforms

It is noted that the government has attached specialist DFV workers to the new Family and Child Connect services as part of the child and family (child protection) reforms. Depending which services are successful in the tendering process, these specialist positions may well operate outside Specialist DFV Services, and without serious reform to the service system, in services that do not operate within an evidence based DFV framework. In considering these specialist positions, it is necessary that the monitoring of these positions recognises that these workers will have specific requirements outside the ambit of their services in terms of specialist practice, development and the need for appropriate professional support and supervision, which will need to be met to ensure that the specialist nature of the positions is maintained and effective DFV responses are provided. Specific requirements for these services/positions to link and consult/coordinate with Specialist DFV Services and existing coordinated responses are required. The expertise and experience of Specialist DFV Services should be utilised to provide specialised support and supervision with these 'lone' specialist workers. The lone workers should also be mandatorily required to complete, at a minimum, the Course in Responding to Domestic and Family Violence (30629QLD) (CQU) within the first twelve months of appointment.

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<sup>15</sup> [http://www.ourwatch.org.au/MediaLibraries/OurWatch/our-publications/Policy\\_Brief\\_3\\_International\\_Evidence\\_Base.pdf](http://www.ourwatch.org.au/MediaLibraries/OurWatch/our-publications/Policy_Brief_3_International_Evidence_Base.pdf) (viewed 1 December 2014).

### Specialist work with children

Specialist work with children who have witnessed or otherwise been exposed to DFV is currently an important and developing area. Development in this area is timely and essential for providing support to families that do not meet the (new) threshold for state child protection intervention and to inform child protection responses in cases involving DFV.

Women clients of Specialist DFV Services have long reported concerns about the impact of direct and indirect DFV on their children. In response, Specialist DFV Services have developed a specialised approach to their work with children, identifying the need to assess risk and whether it is safe to work directly with the child, or whether the support should be provided by working with the protective parent/mother. Utilising this assessment process, Specialist DFV Services have worked with children either directly, or through intensive support provided to their protective carer/mother and the provision of risk assessment, and facilitated referral to lawyers, housing, health and specialist children's services. In addition to safety planning and responding to direct physical abuse, the impact of witnessing DFV and direct emotional abuse of children has dominated work undertaken by Specialist DFV Services in their work with children. Work with children is undertaken using dedicated children's counsellors, is child-centred and the safety, wellbeing and best interests of a child are paramount.

The assessment about safety is necessary as where the child continues to spend time with the perpetrator of the abuse, a professional assessment may find that the child is not emotionally and/or physically safe and/or does not have the capacity to participate in a therapeutic process. Working directly with children in these circumstances can also undermine the therapeutic relationship (trust). It can leave a child who has to keep returning to an abusive parent feeling that none of the people who are supposed to protect them can make them feel safe and this can undermine their mental health and impact on the ongoing development of their brain. Considerations in the assessment might include the nature of the violence and abuse and amount of contact the child has with their abusive parent. Safety and risk assessment is ongoing. Even where direct work with children is appropriate, services that specialise in DFV responses agree that in a DFV situation, working with the child/ren alone is inadequate. Trauma that a child has experience does not happen in isolation and there are many interacting factors outside the child's control that may impact on the child's capacity to recover from trauma, including direct abuse of their protective parent and the impact this has on that parent. Wherever possible, working with those factors, including working with the protective parent and family system is an important part of working with and supporting the child. QDVSN endorses the view that the safety and wellbeing of a child will be increased by increasing the safety and autonomy of their non-violent (protective) parent, and by enhancing that parent's capacity to protect their child.<sup>16</sup>

Many Specialist DFV Services, and other specialist children's services that specialise in DFV responses, have developed practice models for their work with children. Therapeutic interventions frequently include trauma informed therapy. QDVSN submits that further development and minimum/practice standards are required for work with children in a DFV context in Queensland, encompassing the principles discussed here to ensure that interventions are safe, adequately assess risk and protect children from harm. Expertise within QDVSN and specialist children's services *that specialise in DFV responses* should be used to inform the development of a practice model for this work. QDVSN would

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<sup>16</sup> The Child Safety Practice Paper on Responding to Domestic and Family Violence (2012).

welcome the opportunity to work alongside government and other appropriate specialist children's services to develop a model for future practice in this area. Initiatives in other states dealing with the overlap between child protection and DFV, aimed at both child protection and domestic violence workers undertaking risk assessment, also merit consideration.<sup>17</sup>

### Specialist work with perpetrators of DFV

Work with men/perpetrators of violence is a critical element in the service delivery system, working wherever possible to address underlying issues and effect change, but most importantly to hold men accountable for their use of violence and to engage with perpetrators so that a full risk assessment can be undertaken.

The Queensland Government currently funds 14 men's perpetrator programs across the State. Following the *Carmody Report* 2013, significant funding for new and enhanced responses to DFV in existing and new locations is being rolled out. Included in this new funding are approximately 14 new men's perpetrator programs across Queensland. QDVSN submits that programs need to be accountable to a higher level of scrutiny and processes that demonstrate the centralising of women's and children's safety at the centre of the program.

Funding stand-alone men's perpetrator programs without a wrap around DFV coordinated/integrated response, is ineffective, irresponsible and dangerous. The danger is, an observed lack of understanding of effective risk assessment and management of the male participants in the programs. Without an extensive range of collateral information to fully assess the level of risk and dangerousness of the perpetrator (whether voluntary (VIO) or mandated by courts) and the domestic violence history, as in current arrangements that rely on assessment by self-report from the male perpetrators, is extremely inadequate. The role of a women's advocate, working alongside the perpetrators programs to support the ex/partners of program participants is just one of the critical aspects of a coordinated approach, providing access to collateral information that will assist in the assessment and management of risk. There is currently insufficient recognition of the effectiveness of and necessity for a rigorous women's advocate program, which is fundamental to effective practice-informed perpetrator programs.

There is a commonly held myth that women and children's safety improves when a man enters a perpetrator program, although there is currently little research to definitively measure comparative risk levels. Anecdotal perceptions of women supported through a women's advocate suggest that women assume this to be true. However, during women's advocate's ongoing contact with the majority of women, the insight generated from this contact reinforces the assessment of ongoing (and sometimes heightened) risk and their need to remain vigilant around the risk and protective self care. Program providers can underestimate the level of risk that they are carrying in their work with male perpetrators, as most do not have access to the processes and protocols, which will provide them with an understanding of 'who they really have in the group program room'. The risk that sits around these men needs to be shared across a range of service systems that have the obligation to enable community safety.

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<sup>17</sup> E.g.

[http://www.dhs.vic.gov.au/\\_data/assets/pdf\\_file/0006/761379/Assessing\\_children\\_and\\_young\\_people\\_family\\_violence\\_0413.pdf](http://www.dhs.vic.gov.au/_data/assets/pdf_file/0006/761379/Assessing_children_and_young_people_family_violence_0413.pdf) (viewed 30 November 2014).



The delivery of men's perpetrator programs as an educational tool and intervention with men is far more than delivering the program each week. The daily management of risk needs to be fixed within a range of protocols and processes, that enable program management and service providers to identify and respond to risk: disclosed within the program by the men or through a dedicated women's advocate, risk information disclosed by the partner or the ex partner.

As previously stated, minimum standards are required for perpetrators programs in Queensland, along with monitoring and evaluation to ensure compliance. QDVSN submits that the minimum standards should including standards relating to compliance with the following:

- Underpinning policy requirements.
- A coordinated, specialised and standardised (and demonstrated) risk assessment and risk management processes, providing for information sharing with regional Probation and Parole.
- Development of a partnership between the program and their regional Probation and Parole Office. Probation and Parole must also be required to enter into such a partnership.
- Provision for the role of the women's advocate specifically trained in a consistent state-wide standard of service delivery (to be developed). The role provides not only support to the current or ex partner of the perpetrator on the program, but also must work extensively with Probation and Parole and other services in order to manage risk to the women and children.
- Program curriculum must be of approved, tested and from an evidence base.
- Program length needs to be of a minimum length (26 weeks minimum), preferable a 12 month program fixed within a two year continuum of intervention.
- Programs must be 'quality assured' and regularly audited by a suitable body, panel or departmental officer.

### The service matrix

There is little doubt that the capacity to identify and respond to DFV must be built across the entire human services system. This cannot be successful without the implementation of all of the elements of the blueprint discussed in this submission. General capacity building must be supported by a clear role for specialist (DFV) services.

In the UK, Independent Domestic Violence Advisors (IDVAs) provide intensive specialist support to women and their children. An evaluation of IDVAs demonstrated a link between intensive victim supports, a reduction in abuse and improvement in safety for both women victims and their children.<sup>18</sup>

Specialist DFV Services<sup>19</sup> are an important part of the service matrix. A recent stocktake of family support services conflated the roles of different services, including both DFV services and intensive family support services (IFS) services. It is important that these services, and their responses to DFV, are differentiated at a systems level. An analogy can be made to the difference between the role of the GP and specialist medical practitioner. In this case the Specialist DFV Services provide critical, highly developed specialist DFV responses, while IFS' offer generalist family support, albeit they may have a general working knowledge for clients where DFV is a factor. Specialist DFV Services

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<sup>18</sup> [http://www.caada.org.uk/policy/Safety\\_in\\_Numbers\\_full\\_report.pdf](http://www.caada.org.uk/policy/Safety_in_Numbers_full_report.pdf) ; 16 page summary at [http://www.caada.org.uk/policy/Safety\\_in\\_Numbers\\_16pp.pdf](http://www.caada.org.uk/policy/Safety_in_Numbers_16pp.pdf) (both viewed 30 November 2014).

<sup>19</sup> And refuges, sexual assault and services for diverse and disadvantaged communities, such as specialist Indigenous services and services for women with disabilities.

complement community services that provide short/long-term family support and operate as a first point of contact to identify DFV and refer for specialised assessment and support. Any dilution of the role of Specialist DFV Services, risks compromising responses to risk and the erosion of important mechanisms for the development of, and accountability to, effective/best practice.

As discussed, universal services and other service systems, including health agencies such as women's health centres, midwifery services, community health and hospitals play a critical role in identifying DFV and providing appropriate referral for specialised assessment and support. The system can operate more effectively when these complementary services/systems can utilise a common risk assessment framework and are linked to Specialist DFV Services through coordinated and integrated responses. In rural and remote locations, DV Connect and other Specialist DFV Services have already developed close working relationships with other services/systems, such as hospitals and other local health providers, as part of their local coordinated response to DFV and to work towards ensuring that assessment and support can be appropriately provided.

QDVSN submits that this is an important area for development – supporting the development of across-organisation/sector relationships and building regional and state-wide alliances to ensure coordinated/integrated service system and access to Specialist DFV Services when they are required. Coordinated and Integrated responses are discussed further in Section 6. Improved mechanisms for information sharing are discussed in Section 7.

## Recommendations

### QDVSN recommends that:

- **The role of specialist services, including Specialist DFV Services (and QDVSN) be considered in the implementation of recommendations in this submission and other reforms relating to: a policy framework for DFV/Strategy to reduce DFV; risk assessment; integration and coordination of responses; information sharing; implementation; monitoring and evaluation; and resourcing/funding of DFV responses.**
- **In partnership with QDVSN and specialist children's services *that specialise in DFV responses*, an evidence based model for counselling interventions with children who have experienced DFV be developed along with minimum/practice standards to ensure that interventions are safe, adequately assess risk and protect children from harm.**
- **Minimum standards are introduced for men's perpetrator programs (see above for details), which are specific and measurable and must be demonstrated.**
- **Men's perpetrator programs be delivered: by or in partnership with specialist women's DFV Services; in partnership with Probation and Parole (where possible); only where they are embedded within a local operational DFV Coordinated/Integrated Response.**
- **The expertise and experience of Specialist DFV Services is utilised to provide specialised support and professional supervision to 'lone' specialist workers based in generalist organisation, including Family and Child Connect services. These services/workers should be mandatorily required to link and consult/coordinate with Specialist DFV Services and utilise existing coordinated responses in their area.**

### 3. Policing and Legal Systems Responses to DFV

Comments relating to structural issues and underpinning concepts vital to the ongoing development of DFV responses are set out under the headings below. Specific recommendations relating to current practices in the policing of DFV in Queensland and other legal systems responses are outlined in Appendix 1. All QDVSN recommendations have been included in the list of recommendation at the beginning of this document.

#### Policing

Whilst acknowledging the existing workload of police in Queensland, ongoing development of and improvement in policing is critical to the reform process and to providing effective responses to DFV in an ongoing way. It is noted that recommendations from the 2005 CMC Report, Policing Domestic Violence in Queensland, have still not been implemented across the board in policing practice.

QPS has always been a key partner in the delivery of both civil and criminal responses to DFV. QPS responses are pivotal to the safety of victims of violence, but also to holding men accountable, especially through breaches and charges for other (underlying) criminal offences, which can act as a deterrent to future violence. Despite the hard-work and dedication of numerous police officers throughout the state, there is little doubt that there is a cultural hurdle still to be overcome in the policing of DFV in this state. Influenced by factors such as workload, the perception that it is a 'domestic' or private matter, and mis-perceptions of the gender role and mutuality in DFV incidents, there is a deep and ongoing problem with police responses – both civil and criminal. So much so that it is with significant hesitation that QDVSN members ever make recommendations to strengthen criminal responses for fear that a failure to apply a gendered analysis of violence, gather all of the relevant evidence and recognise defensive injuries will lead to the prosecution of women and not their violent ex/partners.

Ensuring cultural change and improved responses is critical to ensuring that women feel confident to report DFV to police. In particular, cultural barriers for women from NESB must be addressed. Interpreters are needed when police attend at a DFV incident. In addition, some women from non-English speaking countries do not report the occurrence of domestic and family violence to the police due to their experiences of living in countries where a police state exists. Previous experience of brutality and control by police ensure that many, many women are frightened of attending a police station or phoning for assistance.

As a large, male-dominated state run organisation, QPS can be slow to respond to the changing framework and principles, which underpin responses to DFV. This should be taken into account in the development of strategies to implement legislative, policy and cultural changes. reporting  
Implementation of change is discussed further in section 8 below.

Policing is the core business of QPS and it is about time this is recognised – structurally and operationally. DFV is barely even mentioned in the QPS Annual Report, despite the significant proportion of policing hours involved in responding to this issue. The QPS role in responding to DFV needs to be elevated and made visible both internally within QPS and externally. Consistent with recommendations relating to underpinning state-wide policy and governance, QPS also requires a similar underpinning evidence-based policy and a clear governance structure for responses to DFV. A commitment to focussing on early intervention, collaborative practice and participation in coordinated responses to DFV also needs to be clearly articulated.

Policing standards in responding to DFV and related charging practices require greater oversight. It is submitted that a specialist committee, comprising regional DFV Coordinators and chaired by a state

Policing DFV Coordinator, should monitor DFV responses and report directly to the Commissioner and the state-wide DFV steering committee. Existing complaints mechanisms, which require victims of violence to deal directly with officers/stations they are complaining about are inadequate and can operate as a systems abuse for already vulnerable women. It is recommended that a process is established for complaints relating to criminal charges (including breaches) be fast-tracked to the specialist oversight committee.

#### Domestic violence (response) teams and specialist policing

The ALRC supports the importance of specialised policing in responses to DFV. Specialist policing initiatives can include the use of: specialist training, experience and qualifications for officers; specialist policing teams; and specialist processes – for evidence collection, profiling/analysing case history, victimless prosecution, case management and pursuit of recidivist offenders.

Victimless prosecution reduces over-reliance on victim participation and the risk of retaliation by the perpetrator against the victim, and increases the likelihood of a successful prosecution. However, also noted by the ALRC, is the importance of appropriate police responses and engagement with victims in policing, which helps to ensure that victims are willing to participate in the legal process.

A literature review undertaken as part of a 2012 report on the Family Violence Intervention Program (FVIP) in the ACT also notes the importance of police supporting the immediate needs of victims of violence – providing a compassionate and victim-focussed response, beyond the investigation and prosecution role. Victim-focussed policing increases the likelihood that the victim will report future incidents of violence (Cussen & Lyneham 2012 p.15). The literature review also identified the importance of strategies to support victimless prosecution.

Initiatives in other jurisdictions have led to improvements in policing and it is hoped that these initiatives will be considered in Queensland. Domestic and Family Violence (Response) Teams have been introduced in a number of different jurisdictions. Whilst that term has been used to describe a number of different approaches, a number of options discussed in Finn & Compton-Keen 2014 warrant consideration in Queensland. For example:

- In the Australian Capital Territory, and some other jurisdictions internationally, specialist family violence workers attend domestic violence incidents with police to assess the safety and other needs of and provide support to the victim of violence. Notably, in the ACT, information sharing between the police and the domestic violence service is facilitated by legislation. The model in New Jersey<sup>20</sup> utilises trained ‘on call’ volunteers to provide support and information on the options available. In these models, the partnership between police and specialist workers helps to ensure that the victim of violence (the person most in need of protection) can be identified.

*“The 2012 report... identified that about half of the incidents reported to police proceed to prosecution. Further, in the 10 years from 1998-1999, family violence convictions by the Magistrates Court increased by 238%. Although the data available did not allow for a full evaluation of the program, discussion on the data available suggests that the FVIP is accomplishing what it was designed to achieve (p. 68-70). A survey conducted for the review provides some direct comparison with the Urbis Keys Young (2001) evaluation of the FVIP. Although respondents to the survey tended to describe their experiences in the context of their experiences with the whole system (rather than a part), the comparison with the earlier evaluation... suggested a favourable*

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<sup>20</sup> [http://www.njcbw.org/PDF/DVRT\\_ResponseTeamIntro.pdf](http://www.njcbw.org/PDF/DVRT_ResponseTeamIntro.pdf) (from <http://www.njcbw.org/dvTeam.html> (viewed 30 November 2014)).

*improvement in victim's experiences with police – in relation to a 'thorough investigation' and support/sympathy (p. 80)."*<sup>21</sup>

- In Western Australia, a co-located multidisciplinary team comprising police, child protection workers and DVF representative jointly assess domestic violence incident reports and provide triage as required. The incident reports relate to police attendance at DFV incidents and other notifications of risk/domestic violence made to police.

The triage process facilitates targeted responses such as child protection or police investigation, or the provision of support and safety planning by a DFV agency. Triage ensures early intervention and risk assessment, and where a high-risk is identified; the matter can be referred into a high-risk multi-agency case management process. Appropriate referrals are also facilitated to ensure that secondary service support, such as domestic violence; health (general, mental health and drug and alcohol) and housing services are provided and help to prevent the escalation and long-term effect of these issues.<sup>22</sup>

Domestic and Family Violence response teams, incorporating a role for specialist DFV workers would support police in their role of identifying the person most in need of protection where there are mutual allegations of abuse.

There are also a number of police initiatives in Victoria to target and respond to DFV and recidivist offenders. In particular, we note that a number of specialist police Family Violence Teams profile recidivist offenders and are appropriately resourced to prepare cases (e.g. gather evidence) to improve court outcomes.

## Courts

It is submitted that the courts need greater support in their role of administering the *Domestic and Family Violence Protection Act 2012*.

The Australian Law Reform Commission report *Family Violence and Commonwealth Laws – Improving Legal Frameworks (2012)* supports the establishment of specialised DFV courts. Nationally, including in parts of Victoria and Western Australia, specialised courts operate to improve the effectiveness of responses. QDVSN submits that specialised jurisdictions, with specialised lists and programs, should be introduced within existing court rooms, utilising trained and specialist Magistrates to improve the efficacy of responses to DFV. Specialised courts should be utilised to implement a 'one family one Judge' principle, ensuring that the same Magistrate considers all protection order and related criminal law/ breach proceedings.

Access to legal advice and representation is grossly inadequate, leaving women and children exposed to pressure to consent to inadequate or no orders, poor court outcomes and potentially serious risks to their safety. Services provided by police prosecutions are inadequate and frequently result in prosecutors representing aggrieveds without ever having spoken to her themselves. Timely legal advice and information for respondents could also lead to a less litigious approach to proceedings and appropriate referrals, which may benefit the aggrieved. It is submitted that the specialist court model

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<sup>21</sup> Finn & Compton-Keen 2014, GCDVIR: An examination of current practice and opportunities for development, p.12.

<sup>22</sup> Operating procedures guide the process, which is supported by an agreement between the participating agencies <http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/Bilateral%20Schedule%20FDVRT.PDF> (viewed 19 October 2014).

discussed above should be supported by the DFV duty lawyer model discussed in the recommendations below. QDVSN also commends for consideration the *'Breaking the Cycle'* Pilot trialled in Rockhampton, an innovative project which utilised aspects of coordinated responses, high-risk case management and specialist courts.

Supports for the court should also include:

- Completion of the DFV bench book project, which we understand has commenced but not yet been completed.
- Improved data systems for recording DFV proceedings and decisions, and the use of precedents in DFV cases.
- Enhanced opportunity for magistrate and related court staff accreditation and participation in interagency/coordinated responses.

### Civil law responses

Observations on the implementation and operation of the Act are contained in appendix 1.

### Family Law

Whilst the details are beyond the scope of this enquiry, Family Law continues to be one of the greatest failings in responses to DFV. The problems are extensive and well documented, however we have limited our comments to the issues that may be relevant to considerations by the Taskforce in the Queensland context. In particular, litigated cases involving sexual abuse and/or significant emotional and mental abuse continue to fail to protect children and their mothers. A paucity of evidence in sexual abuse cases, inadequate family/assessment reports, inadequately trained/experienced report writers and an extremely high standard of proof, in practice, all contribute to the problem. Enabling 'time-with' a perpetrator of violence to be prioritised over the physical and emotional wellbeing of the child and the impact of ongoing contact on a mother, who is also a victim of ongoing emotional and/or physical abuse.

Without improved consideration (understanding) of the impacts of DFV on children *in the individual case* and the importance of protecting their primary carers, the current system *enables* perpetrators to continue to their violence and abuse 'in the shadow of the law' and through the various family law system processes and resulting post-separation parenting arrangements – sometimes for many, many years after separation. In these situations, women and their children are frequently left unprotected, pushed from pillar to post searching for assistance to obtain protection for themselves and their children – from the police, Child Safety, DFV responses, the family law system and then back to the beginning again, and again, with no success. Better use of risk assessments, consideration of mechanisms for information sharing between related court proceedings<sup>23</sup>, greater efficacy in the family report writing/accreditation process and improved standards in family reports is required. In addition, participation at all levels of the family law system in integrated and coordinated responses to DFV, including multi agency high risk case management processes, is also required.

Improved culturally appropriate/responsive interventions are also required for Indigenous women and women from NESB. A failure to obtain interpreters for women from NESB leaves women unable to understand the legal process or what they have agreed to in mediation, and results in 'agreements' that contradict the express wishes/concerns of the woman.

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<sup>23</sup> Chisholm, R 2013, Information-Sharing in Family Law & Child Protection: Enhancing Collaboration.

### Criminal law responses

Criminal law has important role to play in the day-to-day administration of justice but also in achieving long-term change through the messages that it sends. These messages can be powerful and ultimately define what is acceptable and what is not. In general terms, QDVSN believes that adequate provision is made in legislation for criminal charges to be imposed for specific acts of violence and breaches of domestic violence orders, and that the system fails women and their children in the implementation of the law: in the investigation of incidents, gathering of evidence and laying of charges. However, the role of law as an instrument of change and in the implementation of a clear policy on violence against women requires that consideration should be given to the need to introduce new offences. Specifically, it is recommended that the Law Reform Commission investigate the need to introduce new offences.

In addition, strangulation is an all too common feature of DFV and is an act of violence that is a factor in considering the risk of lethality. Currently, strangulation is not adequately dealt with by the criminal law, as it is not an offence in it's own right. QDVSN understands that the introduction of the offence of strangulation in a number of states in the United States has made some inroads in holding perpetrators accountable for their violence and submits that the introduction of such an offence should be considered in Queensland.<sup>24</sup>

Finally, breaches of protection orders take all forms and range from verbal abuse and intimidation, to emails, texts or phones calls in breach of no contact provisions, other stalking and serious offences including GBH. The continuous nature of seemingly 'low level' abuse such as constant phone calls and text messages and drive bys is frequently overlooked by police, even in the context of breaches of a protection order, QDVSN argues that consideration must be given to new ways of taking into account this pattern of abuse rather than responding on an incident by incident basis. Better recording mechanisms and consideration of offences such as stalking may be one way of addressing this issue. Specialised risk assessment in these cases would suggest that this ongoing, abusive behaviour is an indicator of a higher risk and more must be done to ensure the physical and emotional safety of women and their children in these circumstances.

Even where breaches are prosecuted, research by Heather Douglas<sup>25</sup> and the experience of QDVSN members suggests that penalties for breaches frequently do not reflect the seriousness of the breach, most commonly resulting in community service, suspended sentence, recognisance to be of good behaviour for a period of time or a fine. Fines are problematic in DFV matters because of the financial impact that this often has on the victim of violence.

### Recommendations

#### QDVSN recommends that:

- **QPS implement an underpinning evidence-based policy and a clear governance structure for responses to DFV, which is consistent with the policy framework discussed in Section 1 and articulates a commitment to early intervention, collaborative practice and participation in coordinated responses.**

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<sup>24</sup> Douglas, H & Fitzgerald, R 2014, Strangulation, Domestic Violence and the Legal Response, Sydney Law Review, NSW, VOL 36:231.

<sup>25</sup> Douglas, H 2008, The Criminal Law's Response to Domestic Violence, Sydney Law Review, NSW, VOL 30:439.

- **A specialist DFV policing oversight committee, chaired by the state Policing DFV Coordinator, is established to monitor civil and criminal responses, manage complaints related to criminal investigations/responses and report directly to the Commissioner and state-wide DFV steering committee.**
- **Roles for specialist police officers/units that allow more rigorous monitoring and tracking of high-risk matters be introduced, supported by effective data management processes.**
- **Partnerships between Specialist DFV Services and QPS/the courts are explored, enhancing their roles in coordinated/integrated responses across the State.**
- **A specialised court model is introduced with jurisdiction to deal with all related DFV and criminal/breach proceedings. Consideration should also be given to provision for related family law children's matters (by consent) and child protection proceedings to be dealt with by the same court.**
- **In support of recommendations by QAILS and Women's Legal Service (Brisbane), a duty lawyer program is funded for domestic violence matters in Magistrates Courts, on the basis that:**
  - **The model includes lawyers for both the aggrieved and the respondent, providing:**
    - **advice both before and after the court appearance, including scope for limited legal drafting of court related documents and provision of advice and referral on related issues; and**
    - **legal representation during court appearances.**
  - **Funded court support programs continue, ensuring that the model includes a DFV court support worker for the aggrieved woman and information worker for the perpetrator.**
  - **The model is developed in consultation with QDVSN, Legal Aid and QAILS.**
  - **The model operates as part of the local integrated/coordinated responses and Specialist DFV Services/coordinated responses are supported to work with local CLC and Legal Aid lawyers to tailor and implement the service in their local area.**
  - **Regular opportunities are provided for ongoing professional development for the staff/lawyers participating in the model.**
  - **The local coordinated response continues to operate as an ongoing reference group for the model - as it is for the local responses generally.**
  - **A pilot is established at those locations where a coordinated/integrated response is already operating with a specialist DFV service. The model could then be refined before being rolled out across the state.**
- **The DFV bench book is completed in consultation with QDVSN, Women's Legal Services and Legal Aid.**
- **Recording of DFV proceedings and related data collection is improved, with a view to improving court accountability and establishing a system of precedents.**
- **Consideration must be given to new ways of taking into account the pattern of abuse rather than responding on an incident-by-incident basis. Better recording mechanisms and consideration of offences such as stalking may be one way of addressing this issue.**
- **The Law Reform Commission investigate the introduction of additional provisions in criminal law to enhance criminal responses to DFV and offender accountability. Specific recommendations for the Law Reform Commission are listed at the beginning of the submission.**
- **An urgent evaluation of the Act be undertaken, specifically on the effectiveness or otherwise of the measures introduced in 2012. Specific recommendations for consideration are listed in Appendix 2 and at the beginning of the submission.**
- **In relation to the intersection of DFV responses and Family Law:**
  - **The family law system, including courts, legal and mediation services, participate in coordinated responses and multi-agency high-risk teams/processes.**
  - **Mechanisms for information sharing for related state and federal court proceedings be explored.**



- **There is a call for the Taskforce to support national reforms, including: the use of risk assessment in family law; accreditation requirements for report writers (and appropriate report standards) providing expert evidence to the court; improved culturally appropriate/responsive interventions, and improved recognition in post separation parenting arrangements of the effects of emotional and mental abuse, and the importance of protecting the child/ren's primary carer.**

#### 4. Prevention, Early Intervention and Assessment

##### Prevention

QDVSN strongly endorses the need for primary prevention, including legislation, appropriate community education, school based programs and government media campaigns.

Specialist DFV Services are funded to undertake prevention activities and work to provide a holistic approach, responding to local community needs and providing appropriate and meaningful community awareness programs, community education and school education programs.

Specialist DFV Services draw on their expertise in DFV to develop and deliver effective school programs. QDVSN submits that effective respectful/healthy relationships programs must be recognised and embedded in the school curriculum and not subsumed into the broader anti-bullying programs.

Specialist DFV Services play a lead agency role in facilitating a coordinated response to domestic & family violence in their communities. This role involves encouraging other key stakeholders to engage in collaborative responses to domestic and family violence issues throughout the community to ensure safety for women and children and accountability for violent perpetrators. In providing school based training they draw on diverse skills, knowledge and experience, applying training and education frameworks with an emphasis on facilitation and group work. In this way, Specialist DFV Services are perfectly placed to continue to train, engage and support ongoing primary prevention efforts and further embed the learnings and developments from this work within local community based networks through community development processes. For example, Specialist DFV Services suggest that it is important to equip schools to move towards a 'whole school approach', which is essential for sustainability and long term effectiveness of a program.

Without a specialist approach to school DFV programs, they are implemented in a way that 'ticks the box', but provides little or no opportunity for students to engage with the content and develop positively as a result. Even worse, in QDVSN's experience the programs can be implemented in ways that are potentially harmful to students. In contrast, elements of the approach taken by Specialist DFV Services in the delivery of respectful/health relationships programs in schools include: prioritising the demonstration of respectful relationships through co-facilitation and co-learner engagement with students; and fostering rich discussion and support for young people in skill development of communication, dialogue and respectful relationship practices. Having the training embedded with the specialist domestic violence service enables the worker to link relevant, local and culturally specific examples of domestic and sexual violence to the broader context of male violence against women. It also enables the worker to have access to best practice risk assessments, referral points and wrap-around supports. In addition, maintaining the feminist and gender informed analysis underpinning the program, as Specialist DFV Services do, is essential to its effectiveness in reducing and preventing male violence against women.

QDVSN recommends that Specialist DFV Services are resourced to play a key role in the development and delivery of appropriate school programs in partnership with schools. It is understood that

significant work is being undertaken in Victoria, developing the evidence base for effective school programs. Naturally these developments should be used to inform the approach in Queensland.

QDVSN also supports prevention initiatives designed to achieve longer term cultural/societal change. Messages must be tailored by or endorsed by DFV experts to ensure they reflect key underlying principles and values and evidence-based practice. QDVSN endorses initiatives under the National Plan and supports the work of Our Watch in this area.

QDVSN submits that societal and cultural change will take time. This is supported by the policy work of Our Watch and the staged process recommended by the *National Plan*. Important work is being done in this area, including *An Emerging Theory of Change 2014*<sup>26</sup>, and should be considered in prevention initiatives and funding programs in Queensland.

QDVSN also submits that the appropriate implementation of reforms is a critical element of the change process. The process of implementation is discussed further in section 8 below.

### Early intervention

Assessment of need, including the identification of DFV, is critical for early intervention.

Without appropriate expertise during client intake into family services, the specialist needs of the 16% of Queenslanders who are socially excluded or at risk of social exclusion<sup>27</sup> will not be identified – including, DFV, health (including mental health and drug and alcohol services), housing and disability needs.

In addition, responding effectively and promptly to DFV is a critical element of early intervention and prevention. It prevents the escalation of abuse within families and, longer-term, it can address and prevent the intergenerational effects of DFV, as discussed in the QCPCI, which can perpetuate health/housing problems and further violence and abuse.<sup>28</sup>

Policy and program initiatives aimed at early intervention will be supported by the introduction of a common risk assessment framework, the development of coordinated/integrated responses centred on victim safety and better mechanism for sharing (appropriate) information relevant to risk. These issues are discussed in greater detail in Sections 5, 6 and 7 below.

### Recommendations

#### QDVSN recommends that:

- **Appropriate and meaningful healthy/respectful relationships programs are recognised and embedded in the school curriculum and not subsumed into the broader anti-bullying programs.**
- **Specialist DFV Services are resourced to play a key role in the development and delivery of appropriate programs.**

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<sup>26</sup> [http://www.ourwatch.org.au/MediaLibraries/OurWatch/our-publications/Policy\\_Brief\\_2\\_Theory\\_of\\_Change.pdf](http://www.ourwatch.org.au/MediaLibraries/OurWatch/our-publications/Policy_Brief_2_Theory_of_Change.pdf) (viewed 30 November 2014).

<sup>27</sup> Queensland Commission of Audit 2013.

<sup>28</sup> **Note:** 35% of substantiated cases in 2007 had two or more DV incidents within the last year.

Department of Child Safety 2009, Characteristics of parents involved in the Queensland child protection system report 6: summary of key findings, Queensland Government, Brisbane. (Cited at p.47 of the QCPCI).

## 5. Common Risk Assessment

It is noted that some work has been undertaken by the Queensland Government to develop evidence informed risk assessment processes and tools, at an individual service level by QPS and for specific purposes in the service system (e.g. the QHIP homelessness information initiative). However, the use of a common risk framework across service systems would improve the identification and assessment of need in DFV cases, lay important structural foundations for coordinated/integrated responses and facilitate earlier intervention in high-risk cases. A common risk assessment framework ensures that the same system can be used across general and specialised services from police, to hospitals, housing, health services and government agencies, to identify DFV and determine whether referral for specialist assessment and support is required.

Western Australia<sup>29</sup> and Victoria<sup>30</sup> have both introduced state-wide risk assessment frameworks, utilised across diverse (all) sectors to identify DFV and assess risk. The framework works to ensure that any agency can identify DFV during screening or intake and may be able to undertake a preliminary risk assessment, with comprehensive risk assessment undertaken by specialist DFV service providers. The purpose of a common framework/tool informed by evidence-based practice is that common principles and values are identified, a common language is used and there is a consistent approach to DFV disclosures regardless of where they are made.

In Western Australia, for example, the framework and common risk assessment tool is used by specialist family and Domestic Violence Response Teams (FDVRT) to identify matters that are high-risk and then refer them to a multi-agency high risk case management process. FDVRTs are staffed by a police, DFV and child protection representative and jointly assess cases.

Under the Victorian framework if risk/ danger is identified, the matter should be referred to a specialist service for full assessment if it is identified during a preliminary assessment by a professional who works with victims of DFV but for whom it is not their only core business. The benefit of specialist, comprehensive risk assessment is that 'high' and 'imminent' risks may be identified. Specialist risk assessments require the use of evidence based (lethality) indicators (or established risk and dangerousness assessment tools), the expertise and practice experience of the specialist worker and the assessment of risk by the woman victim of violence. Once a high-risk has been identified, specialised and coordinated responses, discussed in sections 6 and 7 below are required.

### Recommendations

#### QDVSN recommends that:

- **Service system responses in Queensland are aligned to ensure consistent processes for identification and response to disclosures of DFV, including by police, Child Safety, the courts and the broader health and family service system.**
- **A common risk assessment framework is developed to identify when (routine) screening for DFV must be undertaken; ensure that DFV can be identified in this process; and ensure that**

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<sup>29</sup> <http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/CRARMF.pdf> (viewed 30 November 2014).

<sup>30</sup> [http://www.dhs.vic.gov.au/\\_data/assets/pdf\\_file/0010/718858/1\\_family\\_violence\\_risk-assessment\\_risk\\_management\\_framework\\_manual\\_010612.PDF](http://www.dhs.vic.gov.au/_data/assets/pdf_file/0010/718858/1_family_violence_risk-assessment_risk_management_framework_manual_010612.PDF) (viewed 30 November 2014).

**specialised risk assessment is facilitated with victims of violence and perpetrators in appropriate circumstance.**

- **The framework is developed having regard to the need to facilitate safe (confidential) and effective responses in remote locations and the need for culturally appropriate service delivery. For example, it is acknowledged that accessibility in remote locations may only be facilitated by technology such as telephone and skype and support may need to be facilitated by generalist services such as health services to preserve the safety and confidentiality of victims of violence.**
- **Consideration should also be given to the benefit of developing suitable tools to be used during screening, preliminary and comprehensive assessment (including assessment in high-risk processes).**

## 6. Integrated and Coordinated Responses

Victims of violence seeking help typically require a number of specialised and generalist services to meet their needs and enable them to quickly establish a stable environment for themselves and their children. The service system requires vertical and horizontal coordination to maximise the benefits of finite resources and to ease the burden on clients negotiating the system to achieve safety and well-being for themselves and their children. Coordinated systems and service responses are critical to effective responses to DFV.

The term 'integrated' is frequently used interchangeably with 'coordinated' or 'collaborative' when describing various models of inter-agency work. A brief review of the literature on these terms and various models is provided in Nancarrow & Viljoen. There is a broad consensus in the literature that this range of terms is best understood as a continuum. This concept is presented in Appendix 3. QDVSN adopts the descriptors in Appendix 3 as appropriate definitions. Integrated service delivery "is more than coordinated service delivery – it is a whole new service"; or a whole new system. Full service integration can be difficult to achieve and is often aspirational. QDVSN identifies that 'coordination' is generally the best fit along the 'co-operative continuum' for the current practice in the broader community services sector.

The aim of a coordinated community service response (CCR) is to facilitate inter-agency collaboration to support at-risk family members and hold perpetrators accountable. This includes connecting services, giving information, providing support structures and sharing resources to provide joint advocacy, child safety and protection, community development, counselling, court support, crisis care, education, information, police liaison, refuge/shelter, peer support and case conferencing (de-identified). The Duluth model identifies the importance of centralising victim safety (and dedicated victims services) and considering the system's responses from the standpoint of the victim. It suggests that key objectives include (Pence and McMahon 1997 cited in Finn & Compton-Keen 2014):

- Creating a coherent philosophical approach, which centralises victim safety.
- Developing "best practice" policies and protocols for intervention agencies.
- Reducing fragmentation in the system's response.
- Building monitoring and tracking into the system.
- Ensuring a supportive community infrastructure.
- Intervening directly with abusers to deter violence.
- Undoing the harm violence to women does to children.
- Evaluating the system's response from the standpoint of the victim.

Current examples of coordinated responses and integration in Queensland include: Coordinated Community Responses (CCRs) facilitated by regional/specialist domestic violence services within the local community to ensure an appropriate and effective response is provided regardless of the first point of contact in the system. It is noted that the current implementation of the CBIR (informed by the HOF pilot), combined with IFS and additional domestic violence services in a number of locations across the state, is also aimed at achieving a degree of coordination/integration.

QDVSN supports the ongoing development of coordinated service and system responses in Queensland as a means of improving responses to DFV. Consideration of the elements of the blueprint for responses to DFV discussed in this submission suggest the importance of the underpinning policy framework, a common risk assessment, effective legal responses and the centrality of Specialist DFV Services in coordinated and integrated responses to DFV. Information sharing, monitoring and evaluation and resourcing are also key and will be discussed in sections 7-10 below.

In addition to providing Specialist DFV Services and facilitation of CCRs, many Specialist DFV Services have introduced a specialist risk management process for matters identified as high-risk, building on their long term work in crisis management. However, QDVSN is not aware of any significant progress that has yet been made in Queensland in the development of formal coordinated multi-agency high-risk case management models. It is noted, however, that some CCR's, including programs such as the GCDVIR (Gold Coast), PRADO (Caboolture) and Breaking the Cycle (Rockhampton) have made some inroads in the development of limited interagency high-risk assessment processes. At a local level, CCRs have been hampered in this development by a current lack of state-wide policy, including guidelines on information sharing between agencies for the purpose of (high) risk case management. Currently many Specialist DFV Services use their own specialist high/risk assessments to inform individualised interventions, safety planning and facilitated referral, liaising individually with agencies within and outside the CCR. However, these initiatives have not yet been able to develop to the level of sophistication seen in multi-agency high-risk models.

### Multi-agency high-risk management processes

The incidence of serious injury and deaths as a result of domestic violence requires specialised high-risk multi-agency responses to identify and respond to risk.

Nationally and internationally, multi-agency high-risk processes have been introduced to: better identify high-risk matters; facilitate comprehensive risk assessment; improve responses to high-risk matters; reduce the risk of DV related serious injury and death; and holding perpetrators of violence accountable for their violence and abuse. The consideration of risk and dangerousness increases the visibility of perpetrators of violence and responses targeted to the risk/perpetrator rather than focussing on the victim of violence. Models introduced in Australia and elsewhere retain the use of Specialist DFV Services to inform the coordinated response. In addition, multi-agency participation generally increases the options available to hold perpetrators accountable.

Evaluations of the Cardiff MARAC model have been undertaken.<sup>31</sup> In the six-month evaluation of the Cardiff MARAC, success was measured by the number of police domestic violence complaints. The majority of women victims (about 6 in 10) had not been re-victimised since participating in the MARAC. Twelve months later the number was still 4 in 10, still a significant achievement remembering that the cases had extensive histories of DFV and were assessed as having a high-risk for repeat incidents. The research suggests that MARACs can reduce recidivism in high-risk cases and that there is

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<sup>31</sup> <http://www.caada.org.uk/policy/WSU6.pdf> ; <http://www.caada.org.uk/policy/WSU8.pdf> (both viewed 30 November 2014).

a link between number of services offered and a reduction of the abuse. The potential barriers to the effectiveness identified included the resources available and obtaining victim co-operation. The role of the police and actions/ follow-up by police appear to have been particularly valuable in the MARAC.

In parts of the United States, such as Virginia, Massachusetts and Maryland, multi-disciplinary high-risk teams have also been established. The teams are made up of police, victim advocates, perpetrator programs, child welfare, lawyers, probation officers and other relevant organisations. In the United States, there is some evidence that the high-risk teams are working. For example, in the Maryland District, there has been a reduction in murders from 89 in 2003 to 38 in 2010.<sup>32</sup>

In South Australia (FSF), the Northern Territory (FSF) and Western Australia (MACM), the processes have been established by the state and are supported by governance, policy and process documentation. In Victoria, as with the Victorian integrated responses, the two funded RAMP pilots (demonstration sites) have been developed at a more local level. Under the models, generally partner (and maybe other) agencies refer into the process using a common risk assessment tool. The role of agencies in making a referral is to identify matters suitable for case management by a multi-agency process, whilst continuing to provide their services and support to the client. The models vary in their definition of high-risk and some appear to relate to 'very' high or 'imminent' (e.g. South Australia) high-risk matters. For example, the locally developed High-Risk Client Strategy model (Western Melbourne) focuses on 'extreme' high-risk cases. This model is unique in that it also includes participation of the victim of violence in the case management meeting. A 'high-risk' assessment may result in a greater caseload than a 'very' or 'imminent' high-risk assessment. Whatever the threshold of risk for referral into the process, adequate resources must be made available to support the process (including a coordination role), the interventions that result and the referrals made to services, increasing the demand on sometimes already stretched services.

In Australia, multi- agency high-risk management processes generally include steps based on the following:<sup>33</sup>

1. If possible, consent obtained to gathering information for the purpose of risk assessment (and to share if required in a multi-agency risk management process).
2. Partners to the process risk assessment using agreed risk assessment tool.
3. Referral to the Process coordinator for approval.
4. Meeting notification and request for information sent to relevant/partner agencies.
5. High-risk (case) management meeting (confidentiality agreement signed at each meeting).
6. Multi-agency assessment and safety planning.
7. Inform the woman victim of the outcome of the meeting.
8. Implementation of the safety plan.
9. Ongoing risk assessment and case coordination by a lead agency/coordinator.
10. Case management review/monitoring until the matter is closed when the matter no longer high-risk (although it may be assessed as high-risk at a later date).

The multi-agency assessment process could be conducted by phone, via video-link or face-to-face meetings, usually on a regular basis (monthly or fortnightly) and as required. QPS, QCS and Child Protection are critical partners to have at the table. Some other agencies may be identified as 'core' to

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<sup>32</sup> Cited in the Women's Legal Service submission to the Queensland Crime Inquiry (submission 60).

<sup>33</sup> Finn & Compton-Keen 2014.

the model, whilst others may only participate in relation to families where they have a pre-existing involvement and have information or expertise to contribute to the meeting. At the meeting agencies joint assess the risk, sharing information from their engagement with the children, perpetrator of violence or victim of violence that is relevant to risk. The process ensures that the information and expertise available for risk assessment is multiplied and enables a single multi-agency risk management (or 'safety') plan to be developed to address and reduce the risk - identifying opportunities for actions by police and corrections to hold perpetrators accountable. The process itself can identify potential evidence and help improve evidence gathering in criminal matters. It may provide information that is relevant to the investigation/prosecution of a matter, during sentencing or to the role of Probation and Parole (QCS). Partner agencies retain their own service functions/client relationship, policies and responsibility (e.g. duty of care), however, the process does hold partner agencies accountable to each other through participation in the process, completion of agreed tasks, reporting back and review of the safety plan/case. The process improves the accountability of the system.

It is important that meeting are given priority at a sufficiently high-level within the participating agencies. Meeting attendees must have adequate authority to share information and make decisions, but sufficient case/content knowledge to participate fully.

Many of the models have identified the importance of ensuring that the voice of the woman is maintained in the process. This can be achieved by one agency acting as an advocate at the meeting, and keeping her informed of the interventions agreed upon.

### Recommendations

#### QDVSN recommends that:

- **Systems responses are aligned and coordinated, utilising the elements of the blueprint outlined in this submission.**
- **Specialist DFV Services remain central to developing coordinated/integrated service delivery responses to DFV in Queensland.**
- **Adequate funding is provided for the coordination role in coordinated responses, to reinforce compliance with memoranda of understanding that underpin the coordinated response across partner agencies and facilitate the integration of partner agencies' resources/tools and policies.**
- **A model for multi-agency high-risk management processes/teams is developed by the government in consultation with stakeholders and gradually introduced across suitable integrated and CCR responses as adequate resourcing can be made available.**

### 7. Information Sharing

Many states, including Victoria, South Australia, Northern Territory and Western Australia have published guidelines to relating to sharing of confidential information. The guidelines provided in these states operate in addition to the usual mandatory notification requirements. In these jurisdictions, disclosure without consent (as distinct from mandatory notification) *generally*: (a) relates to the purpose for which information was collected (e.g. risk assessment), where this purpose was made clear at the time of collection and/or consent to the disclosure was obtained; and/or (b) where there is a serious threat to life or health. Despite the guidelines, the option of obtaining consent for the disclosure of the information is generally emphasised as a preferred option.

In South Australia the guidelines, developed for use in the multi-agency high risk (Family Safety Framework) process, guide decision making for employees in relevant organisations and extend to the recording of the decision to share the information, the information shared, appropriate use of the information and storage of it. In addition, the Client Information Handout: Information for Women victims (Appendix 8 to the FSF policy document) explains the risk management process for the client.

Currently, despite exceptions within privacy legislation for information to be shared in some circumstances, there is a lack of understanding and confidence about what the constraints are. It is recommended that Queensland introduce policy or guidelines for information sharing, within the constraints of the *Privacy Act 1988*, the *Information Privacy Act 2009*, the Privacy Principles<sup>34</sup> and other relevant legislation, identifying the purpose of sharing the information, nature of the information that could be shared and the circumstances under which it would be shared without consent.

### Recommendations

**QDVSN recommends the development of clear and accessible guidelines for the scope of and mechanisms for information sharing.**

#### 8. Implementation

Despite legal and social service responses to DFV for over 30 years, women and children continue to die from DFV. The recent case of Tania Simpson provides a salutary example of the risks associated with domestic violence and inadequate skills to effectively recognise and respond to it. Ms Simpson, her friend and her daughter were all murdered by Ms Simpson's ex-partner, Paul Rogers. Mr Rogers had never assaulted Ms Simpson during their relationship but began stalking her and behaving strangely after their separation. Ms Simpson raised her concerns with police and saw a psychologist who was also extremely worried about Mr Rogers' irrational behaviour. The psychologist referred Ms Simpson to mediation for a parenting plan, which she sought through a mainstream counselling agency, to ensure that Mr Rogers could not take the children away without Ms Simpson's permission.

The Coroner found that neither the psychologist nor the counsellor acted against policy, or otherwise inappropriately, but did find that nine out of 12 risk factors most commonly present in domestic and family violence homicides were present in this case, as follows:

1. Actual or pending separation;
2. Obsessive behaviour displayed by perpetrator (i.e., stalking);
3. Perpetrator depressed (in opinion of professionals and/or family, friends or colleagues);
4. Victim had intuitive sense of fear;
5. Prior threats/attempts to commit suicide;
6. Prior threats to kill victim;

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<sup>34</sup> It is noted that agencies not bound by legislation to comply with the Privacy Principles are generally bound to comply with the principles under their government funding agreements. Specific exceptions applying to law enforcement agencies (including QPS and Corrections) and health agencies should be considered.



7. Perpetrator unemployed;

8. Prior attempts to isolate the victim; and

9. An actual or perceived new partner in victim's life.

We have previously stated that each of the elements of the blueprint discussed in this submission are parts of a 'whole' system and cannot be introduced in isolation from each other. In particular, the effective operation of the service system rests on effective implementation of underpinning policy and systematic working towards cultural and societal change. Further, effective legal responses rest on effective services, systems, coordination and effective implementation of underpinning policy.

Reform is only as good as the implementation process. The legal, policy and program designs are just the idea, effective implementation is the larger task and requires more substantial resources and time, utilising effective training/accreditation and other supports to achieve cultural and practice changes. It has been said that 'the idea' is just 10% of the task and that the other 90% is implementation.<sup>35</sup> QDVSN submits that the allocation of more resources and application of new processes for more effective implementation of existing legal responses and the reforms proposed in this submission will provide better outcomes: reducing deaths from DFV, making perpetrators accountable for their use of violence and improving safety for women and children.

### Change management

Policy, legal, policing, process and service system changes need to be supported by a change management methodologies to ensure the changes are embedded by cultural and societal changes. QDVSN also commends to the Taskforce the Our Watch publication, *An Emerging Theory of Change 2014* for considerations relevant to the implementation and 'change process'.

### Recruitment and training

Minimum qualifications and/or experience in DFV are required across the board to support DFV reform, particularly the ongoing development of coordinated/integrated responses and implementation of a common risk assessment framework in Queensland.

Specialist DFV Services are uniquely placed to provide services using highly skilled and qualified workers. In the recruitment process they assess for a level of expertise gained through both formal qualifications and extensive practice experience and expertise. In addition, these services have committed to ensuring that all specialist DFV staff, whilst often credited with recognised prior learning through their experience in the sector, will attain a qualification in Course in Responding to Domestic and Family Violence (30629QLD) (CDFVR), or similar. However, it must be noted that, to date, whilst much needed funding has been provided to support the delivery of CDFVR course 30629QLD to specialist ATSI DFV workers, no funding has been extended to support participation by Specialist DFV Services or, perhaps more importantly, generalist service providers.

Minimum qualifications and training across the broader service system require immediate attention.

Training is more than information; it is a process of developing and measuring skills or competencies for specific, stated tasks. It therefore involves at least two stages; instruction and assessment of skills

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<sup>35</sup> Paul Ronalds, CEO, Save the Children, Australian Institute of Family Studies Conference 2014.

learned. Training may result in a specific qualification if a) the course or unit of competency is accredited **and** b) the trainer is appropriately qualified and holds the relevant training qualification **and** c) it is delivered through a Registered Training Organisation, which has the accredited course within its scope. It is important that high-level training and accreditation processes support the implementation of reforms and the recent expansion of the service system.

The Course in Responding to Domestic and Family Violence (30629QLD) (CDFVR) was initially introduced in 2007 to train frontline services, such as health services, and benchmark/standardise the skills required to identify and appropriately respond and refer to DFV matters. The Course was completed by approximately 400 from 2007- 2013, when the course was primarily delivered by TAVAN Intitute's Betty Taylor, a very experienced DFV practitioner.

However, it should be noted that there is no current requirement to ensure that any training delivered is sufficiently rich in nature to provide adequate knowledge and skills. For example, any RTO can apply for an extension of scope to cover the Course in Responding to Domestic and Family Violence (30629QLD) (CDFVR). Whilst course trainer needs to hold that qualification themselves, a training qualification and 'currency' in the field, there is no requirement for any DFV training for trainers to hold a minimum amount of experience acquired through working in a specialist DFV service. This means that in practice, some training is being provided in Queensland by organisations that do not specialise in domestic and family violence. Such trainers may have a more limited capacity to respond to issues raised during the training, particularly in important areas such as risk assessment, safety planning and referral. In addition, training provided by generic RTOs and trainers, often based in areas outside the region where the training is to take place, have a limited understanding of the community needs and resources available when responding to domestic and family violence. For example, a Brisbane-based RTO and trainer would have limited knowledge to impart concerning appropriate referral or crisis responses in a community based in Far North Queensland, where access to transport is non-existent and the next nearest town is four hours or more away.

Specialist DFV Services that employ community education and training workers, who meet the course qualification requirements, are uniquely placed to offer such training, and indeed, at least one service has been doing so through a partnership with a RTO. Extending the ability of all QDVSN members to provide training would not only allow for higher-level training but also ensure trainers are able to disseminate place-based, best-practice responses to course participants. Through its CQU association, CDFVR has RTO status and can work with other QDVSN members in the provision of training.

In addition, there is currently no requirement for registered social workers, psychologists or other relevant professionals to demonstrate a minimum level of skill in responding appropriately to domestic and family violence. Workers in specialist domestic and family violence services are relatively well positioned to acquire this knowledge and the skill required through on-the-job peer training, reflective practice and case management debriefing. Workers in generalist services are not so well placed to acquire the skills through these methods.

QDVSN submits that the expanded service system and any DFV reforms must be supported by systematic professional development/training across all service providers and systems responding to DFV. QDVSN acknowledges the Grad. Cert. Social Science (Male Family Violence)<sup>36</sup> and notes that in Queensland the CDFVR course 30629QLD has been tailored to workers who work with perpetrators of violence. QDVSN would welcome the opportunity to co design further suitable training with government.

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<sup>36</sup>Swinburne University, Victoria.

### Other professional and practice development

Formal training and accreditation are not the only methods of achieving required skills and practice. Multidisciplinary and multi-agency practice can be a powerful process in skill/ practice development and change. We have discussed above the use of case management and reflexive practice as a means of building skills within Specialist DFV Services. In addition, CCRs and integration, particularly in multi-agency high- risk case conferencing, can also build skills and understanding across organisations and service systems. The ability to pool experience and expertise and discuss, sometimes robustly, the issues can build individual and system understanding and capacity. Recent research undertaken within NSW health supports the use of interagency work not only to achieve wrap around services but also to build competency and compliance with a policy framework and desired practice.<sup>37</sup>

### Recommendation

#### It is recommended that:

- **An implementation strategy/plan is developed for DFV responses and to achieve cultural and societal change, and the plan is adequately resourced to reflect the size of this task and the length of time it will take to achieve.**
- **The Queensland Government support the need for specialist DFV training and the Course in Responding to Domestic and Family Violence (30629QLD) (CQU) to be delivered by specialist DFV workers/services in collaboration with CDFVR/CQU (RTO); and that this requirement is included in any tender specifications for funding made available for the delivery of such training.**
- **QDVSN asserts that all family/health services, which may need to respond to victims and /or perpetrators of DFV, should require staff to have/acquire a minimum level of demonstrated competency to do this work; and that the *Statement of Attainment in Course in Responding to Domestic and Family Violence (30949QLD)*, or similar, should be a minimum qualification requirement for government-funded positions.**
- **QDVSN work with government in the co design of suitable training to support the expanded service system and the implementation of DFV reforms.**
- **Services will require funding for staff professional development and it is imperative that courses are offered at a reasonable cost.**
- **The value of integrated and coordinated responses as a mechanism for professional development and training is considered in the development of systems reforms in Queensland.**

## 9. Monitoring and Evaluation

Monitoring and evaluation frameworks are beyond the expertise of QDVSN, however we provide the following comments for your consideration.

A whole of system reporting, monitoring and evaluation framework is required for all DFV policy, laws/legal responses and funding programs. Mechanisms for accountability must be built in throughout the system. Measurable outcomes should be identified and meaningful data collected to ensure that there can be a meaningful monitoring and evaluation. Evaluation is an important mechanism for ensuring system accountability to adult and child victims of DFV. Monitoring and evaluation processes must be informed by research and evidence on effective methodologies. ‘Effectiveness’ is a critical discussion to be had in the design of monitoring and evaluation framework and resulting processes. They must also be informed by the underpinning policy goals and values.

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<sup>37</sup> Stewart, S 2014, Learning domestic violence interagency work: enacting “practice multiple”, Journal of Workplace Learning, Vol. 26 Iss: 6/7 pp.432-443

Once evidence based processes have been identified, ministerial reporting and evaluations must be provided to the Premier, under the governance framework discussed in Section 1, and tabled before parliament, requiring a response. This is another important mechanism for system accountability and will help ensure the ongoing continuous improvement of responses to DFV.

It is noted that Queensland has recently released the new performance measures for service provision in Queensland, including 'outputs', 'throughputs', 'demographics' and 'impact' outcomes. Effective service provision requires that all steps through the system, including measurements, reporting requirements, monitoring and evaluation *all* reflect underpinning policy, values and goals. A miss - match results in services cutting corners to meet outputs and throughputs and undermines effectiveness and safety.

QDSVN submits that the new performance measures are not appropriated for responses to DFV, particularly where intensive support and risk management is required. In addition, this data will not significantly assist in the evaluation of service provision as it does not address the issue of the 'effectiveness' of service delivery. Comparative data on reduction in risk and the number/nature of interventions to reduce risk may be more appropriate measures.

It is important that it is recognised that this is an opportunity align all system processes, including financial administration, measurement and monitoring to enhance the safety of adult and child victims of violence. QDVSN asserts that performance measures should be consistent with the monitoring and evaluation framework and assist in these processes. QDVSN would welcome the opportunity to have further discussions with government on service monitoring and performance measures. And, as discussed above, submits that evidence based practice in this area should be drawn on to inform Queensland's approach.

### Death Reviews

A Domestic and Family Violence Death Review Unit (DFVDRU) was established in the Office of the State Coroner in early 2011. The Unit has been assisting the Coroner in considering implications of domestic and family violence related homicides in relation to service and systems' development. To date, QDVSN understands that there have been 3 inquests relating to DFV deaths.

The unit is based on domestic violence death reviews operating in North America for more than a decade. These reviews are considered best practice in addressing domestic violence related homicide. A domestic violence death review process "is a process of examination carried out by a multi-disciplinary board/team to examine a number of deaths over a defined period of time looking for common traits, trends and missed opportunities for intervention. The identification of patterns or trends or traits can then assist with the development of improved responses to domestic and family violence".<sup>38</sup>

QDVSN holds concerns that since the initial pilot of the DFVDRU the initial funding commitment has not been sustained. The ability of the unit to resource the Coroner to address systemic issues is critical, with the aim of preventing future DFV related deaths. In particular, the ability in the individual case to engage with services and systems that have had contact with the deceased and the perpetrator of DFV, as in the recent Beutel inquest, is an important mechanism for identifying gaps in the system. In addition, the capacity to reflect on a number of deaths over a period of time to identify themes and

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<sup>38</sup> Taylor, B 2008, Dying to be Heard, Domestic Violence Death Review Action Group, Brisbane, Qld.

similarities can be important in identifying broader systemic issues and the need for law reform. For example, internationally, themes identified from death reviews have led to the introduction of the specific offence of strangulation and the improvement of risk assessment processes in identifying indicators for lethality.

### Recommendations

#### It is recommended that:

- **An evidence based monitoring and evaluation framework be established.**
- **Data collection, performance measures and reporting reflect the monitoring and evaluation framework.**
- **New performance measures relating to Specialist DFV Services are developed in collaboration with QDVSN to better reflect the work and performance of these services.**
- **The DFVDRU is adequately resourced to support the Coroner and the death review process.**

### 10. Resources

QDVSN is concerned that development and reform to legal and service responses are frequently siloed and ad hoc. A whole-of-system approach to responses and appropriate funding distribution across the systems is required. In particular, we note that without consideration of the ‘social impact’ and resource implications of changes, reforms can have a significant effect on responding organisations. For example, the introduction of the changes to police referrals for DFV made with the establishment of SupportLink have resulted in substantial and significant increases in referrals to Specialist DFV Services. In one case, a specialist DFV service has recorded through their data collection processes that these referrals have doubled over the last two years. Whilst SupportLink has been well resourced to facilitate the referral process, Specialist DFV Services have not received additional funding to respond to the increased demand. SupportLink provides an important service in facilitating referral to specialist agencies and the seriousness of the matters referred has left DFV services in a position where they ‘dare not take them’. However, in the absence of additional funding, this response diverts DFV resources away from women victims who may self refer to the service and therefore impacts negatively on the overall systems response.

### Recommendation

**QDVSN submits that effective DFV responses will require funding programs and resource distribution across multiple government department legal and service systems to reflect the elements of the blueprint for responses to DFV (and recommendations) discussed in this submission. QDVSN recommends that resources are distributed to give effect to and implement the following:**

- **The recommended underpinning evidence based policy framework.**
- **A service system that values diversity, particularly the importance of specialist services.**
- **High performing specialised policing and effective legal responses to DFV.**
- **Specialised primary prevention initiatives.**
- **A Common Risk Assessment framework for use with victims and perpetrators.**
- **Integration/ coordination of responses and multi-agency high-risk management responses.**
- **Guidelines for the scope of and mechanisms for information sharing.**
- **Adequate support for implementation and change management to achieve societal change.**

- **The Collection of meaningful data and use of a monitoring and evaluation framework.**

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## Appendix 1

### Current practice in policing and legal systems responses to DFV

#### Policing

QDVSN members express concerns about the implementation of the QPS Operational Procedures Manual (OPM), specifically noting that guidelines around the investigation of criminal offences and investigation/recording of reported breaches are not reflected in policing practice. Specialist DFV Services unequivocally report that despite high (rising) numbers of charges/convictions for breaches of protection orders in this state, the actual incidence of breaches, including serious underlying offences, is much, much higher. QDVSN questions the public interest test utilised in the consideration of laying criminal charges and welcomes the opportunity to contribute to a review of this test. QDVSN members also report that police do not apply for conditions on a protection order that are tailored to meet the needs of the aggrieved and her children, such as an ouster condition or condition requiring the respondent to remain a certain distance away from the aggrieved or her home. Generally, police apply for a standard order, which only requires the respondent to be of good behaviour and not perpetrate DFV against the aggrieved. Further, the OPM does not provide adequate guidelines in this regard. With around 45% of homicides a result of DFV, serious action is required to ensure that that policing is utilised to improve the safety and lives of victims of violence.<sup>39</sup>

#### Civil Law Responses

##### Implementation of the *Domestic and Family Violence Protection Act 2012*

Feedback from QDVSN on the changes made to the DFV legislation in 2012 (the *Domestic and Family Violence Protection Act 2012* – ‘the Act’) suggests that parts of the Act and the intent of the legislation are not yet reflected in practice, nor in the policing of DFV. Specific feedback includes:

- The intent of the legislation to address the problem of cross applications in intimate personal relationships (where protection orders are in place for both parties to a relationship) has not played out in the application of the Act. Feedback suggests that cross applications and orders are still a problem now ‘as much as they ever were’, maybe more so. Under the legislation it is intended that both the police and the court will ‘identify the person most in need of protection’ to avoid cross orders being made in all but the most exceptional cases. QDVSN members report that there do not seem to be any clear QPS strategies or procedure in place to accurately identify the person most in need of protection and, in some cases, the police continue to make cross – applications for both parties or erroneously identify the perpetrator as the person most in need of protection.
- References in the Act to the civil responses acting in conjunction with the criminal law are inadequate. More changes and strategies for implementation of a ‘pro criminal investigation’ response are required.
- Section 78 of the Act does not go far enough in preventing protection orders and family law orders from being made which are inconsistent. The provision introduced in 2012 providing that the DFV Court ‘*may consider*’ changing a family law order that is inconsistent with the proposed protection order has not adequately addressed the problem and women and children are still left unsafe, with the mother required to comply with an inconsistent family law order for the child/ren to see their abusive father.
- Operationally the introduction of Voluntary Intervention Orders (VIO’s) in the 2012 Act has been inadequate. QDVSN is aware that Ms Robyn Carmody a JR at Southport Court was tasked with a special project by the Chief Magistrate to research and report on the consistency of application,

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<sup>39</sup> Office of the State Coroner Annual Report 12-13.

accountability and another associated matters. The Taskforce may seek out this report to better inform of the Magistrates Court 's recommendations in regard to VIO's being made in Queensland Courts.

- Overwhelmingly, the feedback is that the men who 'volunteer' for VIO's are more violent than men who have previously been participating in perpetrator's programs.
  - There is little or no consequence if a perpetrator does not agree to a VIO in the first instance or comply with the VIO if one is made
  - VIO's are being used to enrol men in group and 1:1 counselling programs. Inadequate protections are in place to undertake a full risk assessment, assess criminogenic needs, engage with the aggrieved and respond to the safety needs of the aggrieved and her children.
  - There are currently insufficient perpetrator programs,<sup>40</sup> resulting in lengthy delays before the program can be commenced.
  - Some Magistrates are bargaining with perpetrators, offering a reduced term of the protection order for agreement to a VIO and compromising the safety of victims of DFV. Or, deciding not to grant a protection order where the perpetrator complies with the completion requirements for the program.
  - It is acknowledged that the language of the use of VIO's in the Act is gender neutral. However, there has been a disturbing trend in recent times where more women are being named on VIO's, without a proper assessment of the domestic violence history and who is really the primary aggressor/person most in need of protection. At this time QDVSN is not aware of any service delivering specifically designed programming for women who have been referred via VIO. The QDVSN can anecdotally report that there have been a number of cases where women have been referred to another agency and mandated to 14 plus weeks of counselling sessions as a respondent, when have been identified as participating in support and counselling with a women's specialist DFV regional service as a victim.
- QDVSN submits that greater oversight by the court of the completion of programs is required and that the programs should be court mandated as part of civil or criminal proceedings, with consequences for non-compliance. It is proposed that cases are reviewed by the court during participation and upon completion/non-completion. This ensures the accountability message is delivered directly by the justice system, and enables submissions relating to risk to be considered and protection conditions adjusted accordingly. Ideally, the matter would be listed for mention in court six months later for review, as part of the routine follow-up following a program intervention. As discussed in Section 2, the programs would need to operate within/in partnership with a specialist DFV service, and responses to the participants and their ex/partners would be managed as part of a coordinated response and (where appropriate) a multi-agency high-risk case management team.
  - QDVSN questions why police protection notices are not being used to any great extent by QPS. As one of the options in the 'tool kit', QDVSN submits that there are many circumstances where they are not but could be used to enhance the safety of the victim of violence, providing an interim measure of safety and enabling the victim to seek further advice and protection.
  - Despite a requirement in the Act for a Magistrate to consider whether children require protection under the protection order, frequently children are still not being named on orders.
  - It appears that there is an inconsistent practice across the state relating to the granting of ouster conditions/orders. The right of appeal is not frequently used in DFV cases due to cost and Legal Aid restrictions, and the fact that the protection responses required are time sensitive and may not be served by an appeal process. These barriers serve to undermine the accountability of the courts in

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<sup>40</sup> Note the specific comments in Section 2 about the need for high-quality, practice informed programs that comply with appropriate minimum standards.

administering the Act. Better data systems for recording DFV cases and precedents may improve consistency, however, ensuring that Magistrates are aware of alternative housing options for perpetrators and the limited options for victims of violence may also serve to promote the making of ouster conditions in appropriate circumstances.

- More specific provision is required in the Act in relation to the length of orders. Lawyers too easily bargain orders down in an attempt to get the perpetrator of violence to consent to the order. This frequently happens even in cases where there is good evidence, it compromises victim safety and results in many women have to repeat the stressful procedure all over again sometimes only a few months later.
- Further, more guidance is required for the making of longer orders. Protection orders should be automatically extended where there is a criminal conviction (including breach). Five year, ten year and indefinite orders should be considered in these circumstances, depending on the seriousness of the breach/underlying offence and whether there has been more than one breach. In addition, longer orders should be considered where the perpetrator of the violence has used stalking type behaviours, strangulation and threats to kill.
- Mechanisms for Child Safety to seek a protection order in child protection proceedings are not utilised in practice. It has been reported to QDVSN that the Department policy is not to seek a protection order.
- The protection order application process needs to be simplified and the form reviewed. Women in crisis are frequently traumatised by the violence and struggle to recall the details. In addition, Specialist DFV and court based court assistance services are not adequately funded to meet the demand from women requiring assistance to complete the level of detail required by the form to support an order being made. Important questions relating to requesting a temporary order, naming children and disclosure of other orders can be lost in the detail of the form and result in the aggrieved not obtaining the protection/responses she needs. The questions relating to tenancy changes and representation by a prosecutor seem to have dropped off entirely! The question relating to temporary orders is unclear and being interpreted by courts in differing ways across the state. It is not clear whether the question relates to an urgent temporary order (and urgent court date) or whether a temporary order should be considered in the ordinary course of events to provide interim protection before the final hearing. The form needs to provide clearly for both.
- Although interpreters can be engaged for women from NESB there is a reluctance to do so by the court. In QDVSN's experience, on numerous occasions the woman victim has had no understanding of what has occurred in court or the requirements of the protection order.

Noting, the observations above, QDVSN submits that an urgent evaluation of the Act is required, specifically on the effectiveness or otherwise of the measures introduced in 2012.

#### Other legal systems responses

Entitlements to Centrelink and housing for women and their children escaping violence are grossly inadequate. QDVSN understands that there has not been an increase in the capacity of refuges to provide safe accommodation for decades. Emergency Centrelink assistance for relocation expenses *as of right* and access to medium and longer term housing needs to be overhauled and expanded, including the introduction of 'special circumstances' for women yet to obtain a property settlement – even if this required women to commence proceedings within a reasonable period of time. It is well documented that DFV is a leading cause of homelessness for women and their children and a redistribution of resources is required to prevent an escalation of homelessness. Many women who are eligible for a property settlement do not have access to assets or income in the short term and are currently excluded from assistance by Centrelink and state housing.

Adequate resourcing across the state for safety upgrades is required to support ouster order mechanisms in the Act, so that women and their children can remain *safely* in their homes.

## Recommendations

### QDVSN recommends that:

- The QPS Operational Procedures Manual is reviewed in consultation with QDVSN and that consideration be given to supporting the implementation of the OPM by further training and accreditation for specialist officers. Specific consideration should be given to mandatory requirements for police to collect all evidence at a DFV incidents; improving identification of the person most in need of protection; use of criminal sanctions (in particular, charging for breaches) and tailoring conditions on protection orders to meet the needs of the aggrieved.
- Consideration is given to police/Child Safety action when a child is not returned after 'time-with' (contact) where there is a history of DV, DVO, recidivist offender or the matter is identified on a high-risk list. Action taken could include a mandatory safety/welfare check and/or expedited issue of a child alert (Amber alert) and could be informed by a multi agency high-risk process/team.
- The Act is urgently evaluated. Specific recommendations include:
  - Mandating the use of interpreters by courts and police attending DFV incidents.
  - S41 of the Act is amended to '*must consider*' the previous protection order application where there is a cross application. The section should also ensure where the earlier application has not yet been determined that they '*must*' be considered together and that the 'person most in need of protection' is also considered.
  - S78 of the Act is amended to '*must consider*' [existing family law order].
  - The Act is amended, introducing court monitoring for perpetrators programs so that programs are mandated and the matter is brought on for review at the court during participation, when the program has been contravened/completed and for a six-month follow-up. In addition, programs approved for court ordered programs must be group programs that meet minimum standards.
  - Police prosecutors undertake a DFV Risk Assessment when a perpetrator program referral is made at Court (from information from DV applications and Court files), to ensure that these referrals can be prioritised by program providers and ensure a timely response to high-risk offenders.
  - The Act is amended to improve guidance on the length of protection orders, including restrictions on bargaining between the parties for short orders. Better provision is also needed for the making of longer orders. Protection orders should be automatically extended where there is a criminal conviction (including breach). Five year, ten year and indefinite order should be considered in these circumstances, depending on the seriousness of the breach/underlying offence and whether there has been more than one breach. In addition, longer orders should be considered where perpetrator of the violence has used stalking type behaviours.
  - The protection order application form is reviewed (DV1) in consultation with QDVSN.
- Emergency Centrelink assistance for relocation expenses is granted *as of right* and access to medium and longer term housing is overhauled and expanded, including the introduction of 'special circumstances' for women yet to obtain a property settlement.

## Appendix 2

### **A brief description of QDVS member agencies**

#### ***DVConnect –***

DVConnect provides a free, confidential state-wide telephone service for men and women affected by domestic and family violence. The telephone service for women (Womensline) is a 24-hour, seven days a week service providing crisis counselling and refuge placements for Queensland women and their children. Mensline operates from 9 am to midnight seven days a week and provides counselling, support and referral around family and relationship issues affecting Queensland men.

#### ***Queensland Centre for Domestic and Family Violence Research (CDFVR) –***

CDFVR is jointly funded by the Department of Communities, Child Safety and Disability Services and CQUniversity. Its primary role is to support government and community agencies deliver effective policy, programs and support to people affected by domestic and family violence. To achieve this, CDFVR conducts and synthesises research and evaluation and distributes the results; creates and distributes information to the wider community to provide victims and perpetrators of violence, directly or indirectly, with information to encourage access to specialised services at the earliest possible opportunity; and ensures that workers in front-line services have access to the necessary knowledge and skills for an early, effective response. CDFVR's work is conducted in collaboration with DVConnect, the Immigrant Women's Support Service, regional domestic violence services and a wide range of government and community agencies to ensure its work is responsive to the needs of Government and community agencies and their clients.

#### ***Immigrant Women's Support Service (IWSS) –***

IWSS provides a specialist domestic violence and sexual assault integrated response to women of non-English speaking backgrounds and their children. IWSS provides case management support (including assistance to access the justice system, income support, crisis accommodation and other relevant services) and counselling for women of non-English speaking backgrounds in the Greater Brisbane area. However, due to the dispersed geographic location of immigrant and refugee communities and the lack of specialist services, IWSS provides a telephone response to women and their children in South East Queensland, and offers specialised advice and assistance to service providers elsewhere supporting women of non-English speaking backgrounds. IWSS is also involved in law reform and other advocacy activities seeking to promote and respond to the needs and issues of women of non-English speaking backgrounds affected by domestic and/or sexual violence in Queensland.

#### ***Regional domestic violence services –***

Each regional domestic violence service provides a number of programs including counselling and referral for women and children, court assistance, behaviour change and education services for perpetrators of domestic and family violence, community education and inter-agency coordination. Some regional domestic violence services provide all of the preceding programs; others provide only some of them, according to funding and service agreements with the Department of Communities, Child Safety and Disability Services.

The 12 regional domestic violence services are:

1. Brisbane Domestic Violence Advocacy Service;
2. Caboolture Regional Domestic Violence Service;
3. Cairns Regional Domestic violence Service;
4. Centacare Domestic and Family Violence Services (Sunshine Coast);
5. Domestic Violence Service of Central Queensland (Emerald);
6. Domestic Violence Prevention Centre Gold Coast;
7. Domestic Violence Resource Service (Mackay & Region) Inc.;
8. Domestic and Family Violence Prevention Service (South West);
9. Ipswich Women's Centre Against Domestic Violence;
10. North Queensland Domestic Violence Resource Service (Townsville and Mt Isa);
11. Safer Families Support Service (Roma); and
12. Working Against Violence Support Service Inc.

The following map identifies the location of the regional domestic violence services and includes reference to the two state-wide services and the Immigrant Women's Support Service. The North Queensland Domestic Violence Resource Service provides a service in Townsville and surrounding areas; and in Mt Isa and communities in the Gulf and far western Queensland. Mt Isa is included on the map because there is a unit of the North Queensland Domestic Violence Resource Service established there; however most regional domestic violence services also deliver their services well beyond the location of their offices.



\*The Immigrant Women's Support Service is based in Brisbane and provides support services in the south east region.

### Appendix 3

#### The co-operation – integration continuum

Autonomy	Co-operation	Coordination	Collaboration	Integration
<p>Agencies act without reference to each other, although the actions of one may affect the other(s).</p>	<p>Agencies establish ongoing ties and provide limited support to an activity undertaken by the other agency. Communication and sharing information is emphasised. Requires a willingness to work together for common goals, goodwill and some mutual understanding.</p>	<p>Separate partners plan the alignment of their activities.</p> <p>Duplication of activities and resources is minimised.</p> <p>Requires agreed plans and protocols or the appointment of a coordinator or manager.</p>	<p>Partners put their resources into a pool for a common purpose, but remain separate. Responsibility for using the pooled resources is shared by each of them. Requires common goals and philosophy and agreed plans and governance and administrative arrangements.</p>	<p>Links between separate agencies draw them into a single system.</p> <p>Boundaries between the agencies dissolve as they merge some or all of their activities, processes or assets.</p>
	<p><b>Examples</b> include learning and information sharing networks and open access to each other's facilities and services.</p>	<p><b>Examples</b> include the appointment of a hub coordinator to provide strong links between existing child care services, or developing joint funding proposals for new coordinated programs.</p>	<p><b>Examples</b> include the establishment of shared service centres or developing joint management structures.</p>	<p><b>Examples</b> include preventative or community-based place management programs. It can also involve the merger of similar agencies to form a single larger organisation.</p>

Adapted from Cairns et al, 2003; Fine et al, 2005; and