



**Submission to the South
Australian Royal Commission
into Domestic, Family and
Sexual Violence**

September 2024





Good Shepherd Australia New Zealand

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We also thank our staff and colleagues in South Australia and Victoria, who generously gave their time, shared their ideas and practice wisdom with us, which we have incorporated in this submission.

Statement of Recognition

Good Shepherd Australia New Zealand acknowledges the Traditional Custodians of the lands and waters throughout Australia. We pay our respect to Elders, past and present, acknowledging their continuing relationship to land and the ongoing living cultures of Aboriginal and Torres Strait Islander Peoples across Australia. We recognise that the perspectives and voices of First Nations peoples should be at the forefront of conversations about family, domestic and sexual violence in Australia.



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About Good Shepherd Australia New Zealand

The Sisters of Good Shepherd was established in France over 400 years ago to respond to the needs of women and girls. The first program was a refuge that offered new opportunities for women and girls who were trapped in situations of poverty and exploitation who wanted to change their lives. Saint Mary Euphrasia Pelletier carried forward this mission, expanding internationally. We are now the largest, longest running organisation supporting women and girls, located in 73 countries, and with consultative status on women and girls at the United Nations. Good Shepherd has worked in Australia and Aotearoa New Zealand since 1863.

We provide programs and services that support women, girls, and their families to be safe, well, strong and connected. Our clients are at the centre of what we do. We are focused on responding to their emerging needs and on providing innovative, locally tailored responses. Our services are complemented by research, advocacy, and policy development that address the underlying structural causes of injustice and inequality to pave a way for a better tomorrow. We know one sector cannot disrupt the growing hardship in the community; we are building cross-sector coalitions to pursue our aims.

Our approach

Good Shepherd's 2023-2027 strategy clearly articulates we can have a better impact on the lives of our clients through actively partnering and investing in the development of ecosystems that enable more people to thrive, while focusing on excellence in service delivery. This includes our approach to program delivery (holistic, integrated, place-based and client-centred), how we collaboratively influence policy and systems reform, and how we engage with and amplify sustainable social impact with our partners and stakeholders across service systems. In our over 160-year history in Australia, we have continued to work in partnership with others toward system change.

Our programs

We provide a range of services and supports to women, children and families who are experiencing disadvantage, financial hardship and family violence. We provide specialist family violence programs, and we support victim-survivors, children, families and people using violence in all our programs. In financial year 2023 we provided services to just over 120,000 Australians.¹

¹ <https://goodshep.org.au/publications/good-shepherd-2022-2023-year-in-review/>



In South Australia, Good Shepherd provides financial capability and recovery programs, No Interest Loans (NILs), and the microenterprise business coaching program LaunchMe. In 2015, Good Shepherd opened the Good Money Store in Salisbury to improve access to microfinance, financial capability and counselling to communities in Adelaide's northern suburbs.² NILs is also delivered across South Australia through our network of nine partners who provided more than 1,850 loans in the 2023–2024 financial year. Good Shepherd is in the process of reimagining in the Salisbury Good Money Store to expand the place-based program offerings by working with, alongside and through local community partners.

South Australians are also served by our national family violence financial recovery program (the Financial Independence Hub). The Northern Adelaide Financial Inclusion Action Plan³ also demonstrates Good Shepherd's commitment to improving the wellbeing of South Australians through place-based coalitions between Government, community services and business sectors.

The importance of the social determinants of wellbeing

Good Shepherd is committed to applying a social determinant of health and wellbeing lens to support a holistic multi-dimensional response to support the achievement of our vision for women, girls and families to be safe, well, strong and connected.

Extensive research by Sir Professor Marmot in the United Kingdom has established that health and health inequalities are mostly shaped by the social determinants of health (SDH). Context and place matter– the conditions in which people are born, grow, live, work and age impact their wellbeing. 'Marmot Places' therefore take action to improve the health and wellbeing of their communities, and reduce health inequalities by:⁴

1. Giving every child the best start in life
2. Enabling all children, young people and adults to maximise their capabilities and have control over their lives
3. Creating fair employment and good work for all

² Eacott A (14 Aug 2015) 'Low and no interest loans offered to low-income earners in Adelaide's North', *ABC News* website, accessed 18 September 2024. <https://www.abc.net.au/news/2015-08-14/low-and-no-interest-loans-offered-to-low-income-earners/6696398>

³ <https://goodshep.org.au/publications/19267/>.

⁴ The UCL Institute of Health Equity (2024) *Taking Action: Marmot Places*. <https://www.instituteofhealthequity.org/taking-action/marmot-places>



4. Ensuring a healthy standard of living for all
5. Creating and developing healthy and sustainable places and communities
6. Strengthening the role and impact of ill health prevention
7. Tackling racism, discrimination and their outcomes
8. Pursuing environmental sustainability and health equity together.

Systemic place-based approach

Good Shepherd recognises the interconnectedness and complexity of disadvantage, harm and hardship that women and children face. We believe that to make a real difference, we must think and act differently beyond service responses. We do this through working within a place-based approach, activating and better aligning existing support and community infrastructure, building or rebuilding ecosystems of support, and integrating the social determinants of health and wellbeing. This is the only way forward in improving wellbeing.

By building family and community wellbeing, we aim to disrupt intergenerational disadvantage and trauma. In applying an adaptive whole-of-systems lens we can together strive to make progress in tackling the wicked problem of family, domestic and sexual violence.



Executive summary

Good Shepherd Australia New Zealand (Good Shepherd) welcomes the establishment of the South Australian Royal Commission into Family, Domestic and Sexual Violence.

In this submission, Good Shepherd has used insights from our delivery of family violence programs in Victoria and New South Wales well as, our experience in delivering financial wellbeing programs in South Australia.

Overview of the submission

The submission is presented in two sections. Section 1 addresses overarching principles – namely taking a whole of systems approach to integration and coordination, where we recommend:

- the amplification of place-based approaches
- ensuring service access is people focused and not only problem focused
- integrate FDSV programs with financial wellbeing programs and generalist family and child services
- recognising and responding to financial abuse
- recognising and responding to the impact of climate change and disasters.

In Section 2 we largely follow the major themes of the Issues Paper sharing our experience and insights from the Good Shepherd Victorian perspective and recommending:

In Prevention:

- utilising multi-agency and multi-cohort responses
- improving understanding of perpetrators and their tactics.

In Early Intervention:

- engaging children and young people as victim-survivors
- engaging children and young people who use violence
- improving our understanding of FDSV by leveraging and improving existing South Australian linked datasets.

In Response:

Here we draw heavily on our insights from the implementation and functioning of Victoria's FDV reforms, namely:

- The Orange Door network



- MARAM
- the Information Sharing Schemes
- refuges
- ALEXIS family violence response model
- Risk Assessment Management Panels.

In Recovery and Healing:

- We briefly state the enabling conditions, programs and systems needed to provide person-centred responses.
- We present the Peer Support Program and FIH as examples of recovery programs.

We welcome the opportunity to provide further evidence to the Commission in relation to any of the matters raised in this submission.



Recommendations

Section 1 – Taking a whole of systems approach

Amplify genuine integrated place-based approaches

Recommendation 1: Use place-based, collaborative, and co-created approaches and methodologies, better integrating, aligning with and, where appropriate, leveraging statutory service responses, throughout the domestic, family and sexual violence service sector system to expand the service response options to support victim-survivors.

Recommendation 2: Ensure program funding and contractual arrangements are flexible and adequate to support the groundwork necessary to develop place-based readiness.

Ensure access to support and services are people focused not problem focused

Recommendation 3: Improve access to FDSV support by improving the community and other sectors' workforces' capability to identify FDSV, provide support and refer victim-survivors appropriately.

Interconnectedness of service systems

Recommendation 4: Build skills and knowledge of staff in non-FDSV service sectors, especially the financial services sector, that interface with family, domestic and sexual violence and/or financial abuse, to support early identification and a trauma responsive approach to support victim-survivors and identify opportunities in their operations to more flexibly respond.

Integrate financial wellbeing into FDSV responses

Recommendation 5: Invest in building community awareness of financial abuse and how it is a form of domestic, family and sexual violence and abuse.

Recommendation 6: Continue to invest in age- and life-stage appropriate financial capability programs to improve community understanding of healthy financial relationship, financial abuse and financial wellbeing.

Recommendation 7: When developing FDSV services, integrate financial wellbeing programs, including individual support and coaching.

Recommendation 8: Develop and deliver domestic, family and sexual violence training for the financial services sector to support early identification and referral.



Impact of climate change and disasters

Recommendation 9: Invest in cross-sectoral coordination with a focus on the holistic client experience as a priority to mitigate the challenges of accessing crisis supports in disasters, noting online service navigation tools alone are not adequate to support cohorts who are experiencing complex trauma.

Recommendation 10: Train frontline disaster response professionals in understanding domestic violence to ensure trauma responsive and informed care for victim-survivors who disclose family violence.

Recommendation 11: Invest in surge capacity for domestic, family and sexual violence services to support victim-survivors in times of disaster and post-disaster recovery.

Section 2 – Insights from Victoria

Prevention

Recommendation 12: Address primary prevention by working through multi sector coordinated partnerships across community and/or Government systems (eg. housing, health, education, financial, justice, child protection) which are also tailored to the needs of specific communities and vulnerable cohorts.

Recommendation 13: Using an integrated place-based approach, raise awareness of the patterns and early warning signs of violence and abuse, including financial abuse, and provide early support and referral options.

Recommendation 14: Increase focus on sexual coercion and other forms of sexual violence as part of a place-based primary prevention response.

Recommendation 15: Invest in ongoing evaluation to continue to learn and iterate what communication and engagement strategies work to influence behaviour and reduce violence over the longer-term, in-place, in consultation with victims-survivors.

Early Intervention

Recommendation 16: Increase funding to recognise and include children as clients to fairly reflect the therapeutic investment required to work in a family systems way.

Recommendation 17: Invest in and resource all workforces to identify and accurately assess risk for all child victim-survivors.



Recommendation 18: Invest in building specialist children’s therapeutic skills in the family violence workforce to work with child and youth victim-survivors.

Recommendation 19: Ensure the family violence system can provide services outside standard business hours which are also responsive to children’s needs and lives.

Recommendation 20: Invest in research, development and scaling of effective age-appropriate child-and youth-focused therapeutic interventions.

Recommendation 21: Invest in and deliver an integrated coordinated whole of sector approach, including statutory services, when working with children and young people who use violence.

Recommendation 22: Develop and fund intensive, specialised and therapeutic services to support children and young people who use violence, ensuring a holistic, child centred and comprehensive family focused approach.

Recommendation 23: Make screening for domestic and family violence a mandated requirement for midwives and maternal child health nurses ensuring that staff are competent to ask the associated screening questions and can make referrals to relevant specialist FDSV services for both victim survivors and people who are using violence.

Recommendation 24: Provide specialised training and ensure compulsory screening for family violence at antenatal clinics to capture prevalence data and increase opportunities for early intervention through warm referrals to specialist FDSV services for both victim survivors and people who are using violence.

Recommendation 25: Develop and implement strategies to mandate screening of domestic, family and sexual violence in key settings (such as mental health and alcohol and other drug services) where evidence indicates victim-survivors and people who use violence attend to increase opportunities for early intervention.

Recommendation 26: Access data from the Federal Child Support Agency for South Australians to support identification of perpetrators of financial abuse, and work with Federal Government to develop response mechanisms to address non-payment.

Recommendation 27: Generate statewide population-based representative data and knowledge on the prevalence of perpetration of family violence through a regular survey.



Recommendation 28: Examine existing government and sector data sets to identify if they are collecting data on the prevalence of family violence perpetration, relevant risk, and protective factors.

Recommendation 29: Invest in the BEBOLD platform (University of Adelaide) to expand linkage to additional FDSV relevant datasets, and to conduct research that will inform FDSV intervention monitoring and identify, characterise, and assess outcomes for victim-survivors and perpetrators.

Response

Recommendation 30: Establish a comprehensive workforce strategy to support practitioners through sector reforms, ensuring hubs are adequately staffed and Hub Manager positions are filled before opened to public.

Recommendation 31: Establish a framework for clear governance structures with clear accountability and decision-making responsibilities to guide organisations and partnerships for implementing sector reforms and establishing integrated partnerships.

Recommendation 32: Commitment to upskill and support all providers and practitioners to operationalise integrated practice and service models enabling an agile, resilient and multidimensional workforce.

Recommendation 33: Ensure that financial services are a key partner in the support and safety hub model and investigate opportunities for further co-location of services in broader community, Local Government and business settings.

Recommendation 34: Develop a framework and assessment tools for managing risk for people using violence to be used by all sectors that interface with FDSV.

Recommendation 35: Introduce an information sharing scheme based on family violence risk to improve sharing across services keeping perpetrators in view and improving the safety of victim-survivors.

Recommendation 36: Ensure women's refuges provide a place as akin to a home as possible and operate in a shared model of decision making to address trauma related to loss of power and control.

Recommendation 37: Embed Family Violence and Men's Case Management practitioners in police stations.

Recommendation 38: Adopt place-based collaborative inter-agency panels in managing high risk perpetrators.



Recovery and Healing

Recommendation 39: Invest in the co-development of recovery and healing programs (such as peer support programs) with victim-survivors and domestic, family and sexual violence practitioners.

Recommendation 40: Ensure financial wellbeing recovery programs are available to all victim-survivors of FDSV.



Section 1 – Taking a whole of systems approach

At Good Shepherd, we believe that we can improve outcomes for our clients by ensuring that we take a whole of systems approach to the work that we do. We are of the view that an integrated ecology of support is necessary in rethinking the family, domestic and sexual violence service system in South Australia.

Good Shepherd recognises the interconnectedness and complexity of disadvantage, harm, violence and hardship that women and children face. Taking a wellbeing lens, where wellbeing is defined as the ability to live safe and strong lives, free from threat of violence or abuse, is essential.

We commend the South Australian Government for its continued vision, desire and investment into creating ecosystems of support for citizens that enable all South Australians to live a good life. We also know that this visionary focus comes with many challenges. Transitioning an existing system to a new system, to new ways of working, is challenging and requires dual focus of:

- keeping the current system working; all the while
- testing and building the new system through cycles of innovation, learning and iteration.

To make a difference, *a real difference*, we must all think and act differently. We believe working adaptively in place, where our communities are, utilising and enabling existing support and community infrastructure, building or rebuilding these ecosystems of support, addressing the social determinants of health and wellbeing – is the only way forward in improving overall wellbeing.

In redeveloping the FDSV service system in South Australia we believe the government should:

- use genuine place-based approaches
- ensure funding assists places to be 'place-based' ready
- ensure access is people focused not problem focused
- integrate FDSV services with family and child, and financial wellbeing services
- address the impact of financial abuse
- address the impact of climate change and disasters.

In considering these actions, the needs of women, children and their families must be prioritised.



Amplify genuine place-based approaches

The Australian Department of Social Services details place-based approaches as:⁵

'[being] about local people, government, service providers, and other stakeholders working together towards a shared vision to create a thriving community. They rely on teamwork, shared decision-making, and everyone being accountable for positive change.'

Typically, place-based approaches:

- focus on the unique situation of a particular place,
- include local people in decision-making, and
- use strategies tailored to the community's needs, rather than a one-size-fits-all approach.

Place-based approaches work best when:

- the focus is on fixing the entire system, not just specific programs or services,
- local people are empowered to take part in decision-making and actions, and
- all stakeholders are open to experimenting with new ideas.

Importantly, we believe that through unpacking the varied place-based power and cultural dynamics, there is an opportunity to enable alternative and new approaches that support prevention, early intervention, response, recovery and healing from domestic, family and sexual violence, as a component part of community wellbeing more broadly.

Good Shepherd understands that for place-based work to be effective, place-based approaches need to include connection to geography, land, people, institutions and the associated and varied infrastructure of each place. Place-based also 'refers to less tangible but powerful aspects of relationships, peoples, histories, stories, rituals, knowledge, energy, identity, meanings, spirit, lifeforce. The lens of place grounds us in the context of history including past harms and trauma, as well as the characteristics, strengths, capacities and cultures of a

⁵ Australian Dept of Social Services (2024) 'What does place-based mean?', <https://www.dss.gov.au/place-based-collaboration>.



place and communities within it'.⁶ In this way 'place' becomes more than a site that we deliver into, it becomes a holistic approach that activates and equally contributes to community wellbeing.

Taking a place-based approach creates the conditions for community participation and creation. Enabling responses that are fit for the diverse contexts, histories and stories of metro, regional, rural and remote areas. When done well, we see power sharing take hold and can co-create and co-deliver approaches, strategies and responses that are informed and owned by communities in place.

'In place-based & community-led approaches, value is co-created, power is made visible & is collective. Flows of information, learning, authority are mutual & there is a real leveling of power, a commitment to co-creation of structures not just practices, there is recognition of mutual learning & local expertise & an activating of local authority & power' (Burkett et al 2023)

Central to co-creation and co-design processes is the need to centre diverse expertise and experience. Typically, this includes⁷: lived (or living) experience, someone who is directly affected by the issue in their personal life; practice expertise, someone holding professional experience of what has and has not worked; research evidence, accessed through the most relevant and scientifically sound research; and cultural knowledge⁸, which provides the connection to community and stories embedded in place. (TACSI, 2023; Blomkamp, E., 2024)

Good Shepherd is well versed in sharing responsibility and power with a view to generate deeper and sustained change for women, girls and families. Examples of our work, embedded in place includes Financial Inclusion Action Plans (FIAP) in a number of locations nationally, and the High-Risk Panel (Panel) in the Victorian context of domestic, family and sexual violence.

FIAP is an innovative place-based response that calls diverse actors from across all sectors to partner and play their part in promoting and enabling financial resilience and wellbeing in Australia. In South Australia, we supported the development of the Northern Adelaide FIAP, bringing together 10 local

⁶ Burkett I, Hagen P, Tangaere A and Hauraki W (2023) 'Connecting to place and being in place', *Griffith Centre for Systems Innovation*, accessed 15 September 2024.

<https://medium.com/good-shift/connecting-to-place-being-in-place-49c31bcab65f>

⁷ The Australian Centre for Social Innovation (2023) '*Peer to peer and co-design*' online learning module.

⁸ Blomkamp, E., (2024) '*Shades of co-design*' accessed 18 Sept 2024,

<https://emmablomkamp.com/blog/shades-of-co-design>.



stakeholders, businesses and community partners to work towards ‘build[ing] a financially resilient community where people thrive’⁹. Through the Northern Adelaide FIAP and others nationally, Good Shepherd is demonstrating its ability to foster unique cross-sector collaborations to tackle complex systems.

Good Shepherd co-chairs the Victorian Bayside–Peninsula High Risk Panel which is one Victoria’s largest and most complex. This collaborative approach to high-risk perpetrators has mitigated the risk of victim–survivor deaths – there have been no deaths within the cohort of victim–survivors whose perpetrators were managed by the Bayside–Peninsula panel. See page 42 for more information about Victoria’s inter-agency panels managing high risk predators.

At Good Shepherd we have adopted an ecosystem enablement approach in our delivery of programs where we respond to, engage and work with complex systems and environments. For example, the Queensland Financial Resilience Program is delivered in partnership and through a network of 20 neighbourhood centres, each having its own governance and membership structures. The Queensland Program has several components: financial capability workers, NILs delivery, financial counselling and social work support. To establish the Program, we worked with individual Neighbourhood Centre to adapt and utilise key program components and adapt referral pathways into the Program as needed. Good Shepherd also ensured that across the 20 partner locations where the program is offered, that funding and contractual agreements were purposely designed around the needs of each location and community.

Recommendation 1: Use place-based, collaborative, and co-created approaches and methodologies, better integrating, aligning with and, where appropriate, leveraging statutory service responses, throughout the domestic, family and sexual violence service sector system to expand the service response options to support victim–survivors.

Recommendation 2: Ensure program funding and contractual arrangements are flexible and adequate to support the groundwork necessary to develop place-based readiness.

⁹ Northern Adelaide FIAP, (2023) The Northern Adelaide FIAP Vision, Northern Adelaide Financial Inclusion Action Plan: Impact Report, accessed 18 September 2024 <https://fiap.org.au/wp-content/uploads/2023/07/FIAP-North-Adelaide-Impact-Report-2023-Digital.pdf>



Ensure access to support and services are people focused not problem focused

We know from the ABS Personal Safety Survey that 45% of women (1 in 2) who experienced family, domestic and sexual violence from a current partner did not seek formal advice or support about the violence.¹⁰

This evidence supports the need to ensure that access to FDSV services is broadened beyond the current formal FDSV services. In South Australia, FDSV services are largely provided by organisations that provide a holistic range of services. We know that people may present with other problems (such as financial hardship) which can mask the underlying FDSV. It is therefore necessary to ensure that all workers in these organisations and formal and informal community organisations can identify and appropriately refer or support victim-survivors.

We need to focus on the person and how they can be best supported. There is extensive evidence detailing the multitude of barriers women face in reporting and seeking support to reduce or end the violence they experience.¹¹

Recommendation 3: Improve access to FDSV support by improving the community and other sectors' workforces' capability to identify FDSV, provide support and refer victim-survivors appropriately.

Interconnectedness of service systems

Like many community organisations in South Australia, Good Shepherd also delivers programs across family violence, child and family support, and financial wellbeing sectors. In addition to these areas, addressing family violence also intersects with many other social systems such as justice, housing, health, aged care, education, finance, religion, and disability. Everyday our Good Shepherd practitioners witness how these issues are interconnected and cannot be addressed in isolation. Service systems and programmatic approaches need to reflect this interconnectedness, especially for women and children.

¹⁰ ABS (2023a) *Partner violence, 2021-22 financial year*, ABS, Australian Government, accessed 12 September 2024.

¹¹ Australian Institute of Health & Welfare (2024) *Family, domestic and sexual violence – How do people respond to FDSV?*, accessed 18 September 2024, <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/how-do-people-respond-to-fdsv>



Financial abuse

Family, domestic and sexual violence includes financial abuse. Financial abuse is a systematic behaviour 'when someone takes away your access to money. Or manipulates your financial decisions or uses your money without consent'¹². Good Shepherd has been working to build awareness and educate communities on financial abuse and how perpetrators use this as a tactic of coercive control.¹³ Many victim-survivors experience financial abuse not only when in relationships but also post separation from perpetrators.

A 2022 report by the Commonwealth Bank of Australia and Deloitte Access Economics estimated that the costs of financial abuse to victim-survivors was \$5.7 billion, with the costs to the broader economy just below that at \$5.2 billion.¹⁴ This is in contrast to the total combined financial losses of \$3.1 billion in 2022 as reported by ACCC but scam prevention receives more attention and investment from government and businesses.¹⁵

The 2023 release of ABS personal safety data details the realities of what women, children and families face daily due to financial abuse.¹⁶ Specifically, the data shows the following experiences of women across Australia.¹⁷

- 78% reported 'sabotaging' behaviours
- 69% of victims are being financially controlled
- 42% reported being financially exploited
- 32% had their child support payments withheld

¹² Money Smart, (2024) *Financial Abuse – Protect yourself and your money*, accessed 19 September 2024, <https://moneysmart.gov.au/living-in-retirement/financial-abuse>

¹³ Corrie T and McGuire M (2013) *Economic Abuse: Searching for Solutions*, Good Shepherd Youth & Family Services and Kildonan UnitingCare. https://goodshep.org.au/wp-content/uploads/2020/12/economic-abuse_final-report.pdf

¹⁴ Commonwealth Bank of Australia and Deloitte Access Economics (2022, p.6) *The cost of financial abuse in Australia*,

¹⁵ Australian Competition and Consumer Commission (ACCC) (2023) *Targeting scams. Report of the ACCC on scams activity 2022*. Canberra: ACCC.

¹⁶ ABS Survey. Between March 2021 and May 2022, the ABS conducted the Personal Safety Survey with 11,905 Australians aged 18 and older (9,832 women and 2,073 men). The survey collected information about people's experience of violence since the age of 15, including experience of child abuse and witnessing domestic violence during childhood. Survey respondents only included people who lived in private dwellings (homes, flats, units) and were interviewed in person or over the telephone.

¹⁷ In their most recent past economically abusive relationship. This is the prevalence of these types of economically abusive behaviours for women who have experienced economic abuse.



- 23% were subjected to coerced debt
- 19% are being deprived of necessities, such as food, housing, assistive aids, or sleep
- 19% experienced tactics that deliberately delay financial settlement post separation

In total, 16.3% of Australian women have experienced economic abuse in intimate relationships, either by their former or current partners. This compares to 15.7% in 2012, showing that despite significant efforts there has been little improvement.¹⁸

The ABS data reflects, even understates, what Good Shepherd sees on the ground, where:

- more than 80% of victim-survivors in Good Shepherd programs have also experienced economic abuse¹⁹
- 67% of women who stay in Good Shepherd refuges have no income when they arrive
- 48% of our Financial Counselling clients have experienced financial abuse, 32% in the last 12 months²⁰

At Good Shepherd we note that these often-unseen tactics perpetuate the harm women experience, subjecting them to ongoing poverty and creating lasting harm, for both the protective parent and children. It is impossible for women to leave an abusive situation when they have no money, no assets or no safe home to go to.

¹⁸ Kutin, J., Russell, R., & Reid, M. (2017). Economic abuse between intimate partners in Australia: Prevalence, health status, disability and financial stress. *Australian and New Zealand Journal of Public Health*, 41(3), 269-274. <https://doi.org/10.1111/1753-6405.12651>.

¹⁹ Good Shepherd administrative data: 81% for Bayside Peninsula and 87% for the West.

²⁰ On 1 July 2024 Good Shepherd financial counsellors conducted an online client file review to determine the extent of financial abuse (278 client files were reviewed).



Clare's story illustrates one family's experience of the impact of her perpetrator's tactics once she left the abusive relationship.

Clare's experience of post-separation financial abuse*

Clare separated from her ex-husband after enduring more than a decade of family violence. Clare prided herself on being financially savvy and secure. Post separation however, she discovered several thousands of dollars' worth of debt had been accumulated in her name and day care fraud. She also had legal fees of more than \$60,000 for financial settlement and family law. Unable to obtain social housing, Clare and her children were left homeless.

"As I wrestled with filing for bankruptcy, my ex-husband's parting words rang in my head: "I will make you bankrupt, and you and the kids will live in housing commission".

*not her real name

We also know that financial hardship can mask financial violence. More needs to be done to ensure frontline financial sector staff are informed, trained and understand how to identify financial abuse. A similar approach has been taken within the health system, where General Practice Doctors and support staff have been trained in identifying FDSV in clients.²¹ In addition, the broader community need to understand financial and economic abuse and perpetrator tactics.

Recommendation 4: Build skills and knowledge of staff in non-FDSV service sectors, especially the financial services sector, that interface with family, domestic and sexual violence and/or financial abuse, to support early identification and a trauma responsive approach to support victim-survivors and identify opportunities in their operations to more flexibly respond.

²¹ The Recognise, Respond, Refer model has been developed to support primary care workforce provide trauma-informed support with a focus on safety and recovery to victims and survivors of FDSV, more information is available <https://bsphn.org.au/community-health/commissioning/domestic-and-family-violence#domestic-and-family-violence-training-for-general-practices>



Integrate financial wellbeing into FDSV responses

As gender inequality is both a driver and a cause of gendered violence, boosting women's financial independence and capability is a long-term strategy that can redress gender inequality and thereby prevent financial abuse.²² This takes both a primary prevention approach (targeting whole of community) and a 'recovery as prevention' approach (breaking intergenerational cycles).²³ To do this, women need greater access to programs that help them build financial stability and security. Similarly, people who are potential perpetrators, mostly men, also need access to programs or initiatives that are aimed at preventing FDSV as well as financial abuse.

Community awareness of the definition of domestic, family and sexual abuse including financial abuse is varied. The National Community Attitudes Towards Violence Against Women Survey found that financial control was one of the least recognised forms of domestic violence²⁴. Continued work in improving community understanding of financial abuse (and all forms of domestic violence) is necessary for prevention and early intervention efforts. This includes providing appropriate age and life course specific training in financial literacy, resilience and wellbeing.

To better understand the incidence of FDSV across financial support programs within Good Shepherd, we have invested in working with the national network of No Interest Loans²⁵ (NILs) Program providers. This has included: providing trauma informed training; adapting data collection processes to ensure FDSV questions are asked; and providing training in what to do if clients disclose active FDSV.

Similarly, we have partnered with CommBank Next Chapter to co-design a program of support that specifically provides free financial support for those who have experienced financial abuse to recover from the negative impacts. Co-

²² Our Watch (2021).

²³ Commonwealth of Australia (2022).

²⁴ Coumarelos C, Weeks N, Bernstein S, Roberts N, Honey N, Minter K and Carlisle E (2023, p. 93) *Attitudes matter: The 2021 National Community Attitudes towards Violence against Women Survey (NCAS), Findings for Australia*. (Research report 02/2023). ANROWS.

²⁵ The No Interest Loan Program is funded by the Federal Department of Social Services and in South Australia with support from the South Australian Government. The program operates in partnership with the National Australia Bank who provides the loan capital at no interest and no fees to clients. The program allows eligible participants to apply for loans for up to \$2000. NILs are delivered in South Australia via our Salisbury Good Money Store and a network of nine delivery partners who have issued over 1,850 no interest loans in the 2023-24 financial year.



designed with victim-survivors, the program aims to build confidence, financial independence and work toward future financial security. The program provides one-to-one support and coaching for as long as needed and access to practical financial supports such as NILs.

The FIH program provides trauma aware and trauma responsive support for victim-survivors and blends both financial capability and financial counselling with best-practice social work and case management. This ensures victim-survivors can access both financial support *and* specific domestic violence case management supports, ensuring the integration of both specialist fields in one response.

Program Spotlight: Financial Independence Hub

Good Shepherd's Financial Independence Hub (FIH) is an example of a program for survivors of financial abuse who are recovering and are ready to build financial independence. The FIH was co-designed with survivors and has invested in a program of high-quality, client-centred services. Good Shepherd delivers the program in partnership with CBA, and it is open to all women affected by family violence and financial abuse. It provides:

- One-to-one financial coaching to build a financial independence roadmap
- Tailored tools and resources to build financial capability and confidence
- Pathways and referrals to services to ensure holistic support
- Support to understand money, including areas that were not previously within the participant's control, such as bills and debts.

Good Shepherd also supports women's economic development through LaunchMe which is designed to develop, launch or revitalise their small business or micro-enterprise, through one-to-one business coaching. In South Australia we have support over 50 women in the past year, with five women disclosing a history of domestic, family and sexual violence – a subject not typically shared in a small business coaching program, indicating that more women may be facing similar experiences. Whilst not specifically a FDSV program, business coaches have been trained in trauma-responsive practice and are trained to respond to disclosures of FDSV, which has been invaluable in the support of the five participants who disclosed as being victim-survivors.

Recommendation 5: Invest in building community awareness of financial abuse and how it is a form of domestic, family and sexual violence and abuse.



Recommendation 6: Continue to invest in age- and life-stage appropriate financial capability programs to improve community understanding of healthy financial relationship, financial abuse and financial wellbeing.

Recommendation 7: When developing FDSV services, integrate financial wellbeing programs, including individual support and coaching.

Recommendation 8: Develop and deliver domestic, family and sexual violence training for the financial services sector to support early identification and referral.

Impact of climate change and disasters

There is building evidence of the correlation between climate changes and the increasing incidence of natural disasters due to changes in weather patterns globally. The Australian Disaster Resilience Knowledge Hub details 'climate change is influencing weather patterns and extreme weather events in Australia'.²⁶

In recent years, Good Shepherd has been assisting women who have experienced family violence in the context of disasters, through our women's small business recovery program and financial capability program in northeast Victoria and East Gippsland following the 2019–20 bushfires; South Australian Flood Response 2022–23; the Financial Independence Hub; and the No Interest Loan program.

Good Shepherd practitioners have noted increases in family violence following disasters such as the 2019–20 'Black Summer' bushfires, and the extensive floods in eastern Australia in 2022, consistent with research into the 2009 'Black Saturday' bushfires.²⁷ In Good Shepherd's post-bushfire financial capability program, family violence support was the second most common type of referral need, indicating strong demand for family violence services post-disaster.

Consistent with current analysis about the drivers of family violence risk in disasters (e.g. Our Watch²⁸), practitioners have observed various situational

²⁶ Australian Institute for Disaster Resilience, 2024, *Natural hazards and climate change*, accessed 19 September 2024 <https://knowledge.aidr.org.au/resources/natural-hazards-and-climate-change/>

²⁷ Parkinson D (2017) 'Investigating the increase in domestic violence post disaster: An Australian case study', *Journal of Interpersonal Violence*, 34(11): 1, <https://doi.org/10.1177/0886260517696876>. Gibbs L, Molyneaux R, Harms L et al. (2020) *10 years beyond the bushfires report 2020*, University of Melbourne.

²⁸ Our Watch (2021) *Change the story: A shared framework for the primary prevention of violence against women in Australia* (2nd ed), Our Watch.



factors in disasters that create social stressors, weaken prosocial behaviours, and increase the likelihood of family violence. This includes:

- social isolation, with women and children trapped with perpetrators within their homes and isolated communities
- a lack of alternative housing and severe constraints on emergency housing for victim-survivors
- and limited or no access to family violence services at evacuation, crisis and recovery stages.

Practitioners have expressed frustration that surge capacity is not made available for family violence services in disaster contexts, despite growing awareness of increased risks in crisis settings.

While ground-breaking research has been undertaken at various points (principally on the 2009 'Black Saturday' bushfires), there is still much that is not known about the prevalence, nature and drivers of family violence among different types of disasters (including floods), and the risk factors for this violence. For example, research is needed on the associations between financial stress and hardship within the context of disasters, given there is evidence showing a relationship between income reductions following disasters and increased risk of family violence; the exact causal relationship is not clear.²⁹ COVID-19 lessons are also instructive, with economic insecurity during the pandemic associated with increased likelihood of intimate partner violence among women.³⁰

Good Shepherd has heard from victim-survivors of the challenges of navigating various support services within the context of accessing specialist financial and domestic violence supports during disasters. Specifically online tools are barriers to access. This can result in disengagement or failure to seek assistance. The evaluation of our bushfire-response program in Victoria's fire affected regions found that in-person place-based supports, embedding local staff into the local service ecosystem built trusting alliances with communities and organisations. Access to referrals and support for financial hardship, food relief and family violence were reduced by being in-person and in-place.

Recommendation 9: Invest in cross-sectoral coordination with a focus on the holistic client experience as a priority to mitigate the challenges of accessing

²⁹ Molyneaux R, Gibbs L, Bryant RA et al. (2020) 'Interpersonal violence and mental health outcomes following disaster', *BJPsych Open*, 6(1): e1, doi.org/10.1192/bjo.2019.82.

³⁰ Morgan A and Boxall H (2022) Economic insecurity and intimate partner violence in Australia during the COVID-19 pandemic, Research report, 02/2022, ANROWS.



crisis supports in disasters, noting online service navigation tools alone are not adequate to support cohorts who are experiencing complex trauma.

Recommendation 10: Train frontline disaster response professionals in understanding domestic violence to ensure trauma responsive and informed care for victim-survivors who disclose family violence.

Recommendation 11: Invest in surge capacity for domestic, family and sexual violence services to support victim-survivors in times of disaster and post-disaster recovery.



Section 2 – Insights from Victoria

In the first section of this submission, we presented an overview of overarching principles that we believe are crucial considerations in reviewing family, domestic and sexual violence services system.

In this section we respond to the questions raised in the Issues Paper informed by our work in family and domestic violence services, family and children's services and financial wellbeing programs across Australia.

We wish to share with the Royal Commission our experience in family violence program delivery since the Victorian government's Royal Commission reforms.

Prevention

Include multi-agency and multi-cohort responses

Good Shepherd supports the national prevention strategy as set out by Our Watch³¹ which recognises that the root cause of family and domestic violence is gender inequality – this is however a long-term strategy. We also support a concurrent approach as outlined in the recent report: *Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence*.³² Prevention efforts should expand through family and domestic violence touchpoints in other sectors such as health, family and youth services, financial services, education and housing.

The *Unlocking the Prevention Potential* report also recommends prevention through people approach which recognises that a focus is required on vulnerable population groups including but not limited to young people, migrant and refugee communities, women and children with disabilities, LGBTIQ+ community, older

³¹ Our Watch (2018) *Changing the picture, Background paper: Understanding violence against Aboriginal and Torres Strait Islander women*, Our Watch, Melbourne, <https://assets.ourwatch.org.au/assets/Key-frameworks/Changing-the-picture-background-paper-AA.pdf>. Our Watch (2021) *Change the story: A shared framework for the primary prevention of violence against women in Australia*, Our Watch, Melbourne, <https://assets.ourwatch.org.au/assets/Key-frameworks/Change-the-story-summary-AA.pdf>

³² Rapid Review Expert Panel (2024) *Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence*, Department of Prime Minister and Cabinet, Canberra.



women and women in regional and remote areas. A multi-agency and multi-cohort approach is needed.

Results from the *National Community Attitudes Towards Violence Against Women* survey demonstrates that more work needs to be done in the community so that there is a shared understanding and knowledge of domestic, family and sexual violence (including financial abuse).³³

Improve understanding of perpetrators and their tactics

Prevention efforts should also focus on a better understanding of perpetrators and their tactics.

Currently perpetrator-related risk factors are only applied when victims are in crisis and perpetrator factors are used to assess and manage risk. Focusing on and raising awareness of perpetrators' tactics of power and coercive control can help women to recognise the signs of domestic, family and sexual violence. Assisting women, adolescent girls and children to identify the patterns of violence, including financial abuse, and seeking support early is a key strategy that can be delivered using an integrated place-based approach.

Good Shepherd is collaborating with Queensland University of Technology in an ANROWS funded project to better understand perpetrator characteristics and tactics in a community sample in New South Wales.³⁴ The results of this research will shed light on the extent and patterns of perpetration – especially of those who have yet to encounter the judicial and family violence service systems.

While the drivers of sexual and other intimate partner violence are multifaceted, violence-supportive and hostile masculine attitudes are a consistent predictor of the perpetration of domestic, family and sexual violence.³⁵ Most sexual violence starts in the teenage years and persists. The risk markers for sexual coercion and other forms of violence must therefore be addressed early in people's lives, including through Respectful Relationships and age-appropriate sex education in

³³ Coumarelos C, Weeks N, Bernstein S, Roberts N, Honey N, Minter K and Carlisle E (2023, p. 23) *Attitudes matter: The 2021 National Community Attitudes towards Violence against Women Survey (NCAS), Findings for Australia*. (Research report 02/2023), ANROWS.

³⁴ See <https://www.anrows.org.au/project/measuring-domestic-family-and-sexual-violence-perpetration-in-australia/>.

³⁵ Flood M, Brown C, Dembele L and Mills K (2022) *Who uses domestic, family and sexual violence, how and why? The State of Knowledge Report on Violence Perpetration*, Queensland University of Technology.



primary and secondary schools.³⁶ These initiatives should be informed by prevalence of perpetration data, including at geographic levels.

Recommendation 12: Address primary prevention by working through multi sector coordinated partnerships across community and/or Government systems (housing, health, education, financial, justice, child protection) which are also tailored to the needs of specific communities and vulnerable cohorts.

Recommendation 13: Using an integrated place-based approach, raise awareness of the patterns and early warning signs of violence and abuse, including financial abuse, and provide early support and referral options.

Recommendation 14: Increase focus on sexual coercion and other forms of sexual violence as part of a place-based primary prevention response.

Recommendation 15: Invest in ongoing evaluation to continue to learn and iterate what communication and engagement strategies work to influence behaviour and reduce violence over the longer-term, in-place, in consultation with victims-survivors.

Early Intervention

Engage children and young people as victim-survivors of family violence

It is well documented that childhood victimisation is a significant risk factor for later perpetration of domestic, family and sexual violence.³⁷

Children in families with persistent family violence have worse health, educational and social outcomes than children in families without violence and are at greater risk of impaired parenting.³⁸

Our experience at Good Shepherd highlights the dire need to engage and acknowledge children as victim-survivors. Programs, funding and the collection of administrative data need to consider the current and future needs of children. In addition, program funding needs to fairly reflect the additional intensiveness of

³⁶ Flood M, Brown C, Dembele L and Mills K (2022) *Who uses domestic, family and sexual violence, how and why? The State of Knowledge Report on Violence Perpetration*, Queensland University of Technology.

³⁷ Flood et al (2022).

³⁸ ANROWS (2018) *Research summary: The impacts of domestic and family violence on children*, 2nd ed, ANROWS Insights 11/2018, ANROWS.



service delivery when working with women with children, which increases in complexity with each child.

Good Shepherd's experience working with children in Victoria

In FY2022-23, Good Shepherd assisted just over 1,000 children through our comprehensive family violence programs in Melbourne's south and west (excluding the Orange Door service). These programs include family violence case management, family violence after-hours outreach crisis response, family violence counselling, and refuges.

Looking at individual programs, in FY2022-23, children comprised just over half (52%) of all clients in our family violence case management services. These programs support women and children with risk and safety assessments, safety planning, and recovery. Over the same period, children also comprised the majority (58%) of clients in Good Shepherd's refuge network, which supports women and children at immediate risk of serious harm or lethal violence. Children are also a significant proportion (33%) of clients in our after-hours domestic violence outreach crisis response program, which provides material aid and emotional support to women and children in emergency accommodation.

In supporting child victim-survivors, Good Shepherd engages with children directly (rather than through the parent/and or alongside parents or caregivers) and develops individualised case and safety plans that are geared to the needs of the child. Children are not treated as an adjunct to adult case and safety plans. Practitioners can more effectively create these plans when children have an opportunity to express their own needs. For example, in one case, when creating a plan for a family to return home after a stay elsewhere, the adult victim-survivor informed the practitioner that her child was refusing to go to school. By working directly with the child, the practitioner learnt that the child did not want to go to school because he was distressed about missing tests. The practitioner facilitated planning with the school to address this and the child felt much better, which supported both his own needs and that of the adult victim-survivor in returning home and establishing safety.

Recommendation 16: Increase funding to recognise and include children as clients in their own right to fairly reflect the therapeutic investment required to work in a family systems way.

Recommendation 17: Invest in and resource all workforces to identify and accurately assess risk for all child victim-survivors.



Recommendation 18: Invest in building specialist children’s therapeutic skills in the family violence workforce to work with child and youth victim-survivors.

Recommendation 19: Ensure the family violence system can provide services outside standard business hours which are also responsive to children’s needs and lives.

Recommendation 20: Invest in research, development and scaling of effective age-appropriate child- and youth-focused therapeutic interventions.

Children and young people who use violence

Violence in the home perpetrated by young people is a critical area where service coordination is essential. The complexity of the issue means that many sectors need to respond in a coordinated way. This includes child protection, child and family services, police, specialist family violence services, drug and alcohol services and mental health services.

As a service provider to young victim-survivors, we see value in the resourcing of specialised services for children and young people who use violence. This is particularly pertinent with the evidenced overlap between being a victim of adult-perpetrated family violence and using violence in the home as a young person.³⁹

We also see value in supporting services to improve their ability to identify and support young users of violence. Services need additional supports and resources to ensure that they can provide a therapeutic response and where possible a family focused approach.⁴⁰

Adopting this comprehensive family-focused approach is particularly important as an early intervention strategy, possibly avoiding future statutory and justice responses for children and young people.

Recommendation 21: Invest in and deliver an integrated coordinated whole of sector approach, including statutory services, when working with children and young people who use violence.

³⁹ Fitz-Gibbon K, Meyer S, Boxall H et al. (2022) *Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts*, Research report 15/2022, ANROWS.

⁴⁰ See for example Morris A and Humphreys C (2023) ‘What about the child? Bringing children to the fore in Australia’s national domestic and family violence agenda’ in Sturmey P (ed), *Violence in families: Integrating research into practice*, 307-330.



Recommendation 22: Develop and fund intensive, specialised and therapeutic services to support children and young people who use violence, ensuring a holistic, child centred and comprehensive family focused approach.

Engage with victim-survivors and people who use violence early

There are several touchpoints that victim-survivors and people who use violence have with other social and health services which provides opportunities for early intervention.

For example, evidence indicates that pregnancy is a high-risk time for male partners to commence or escalate violence against women⁴¹. There is also an association between the perpetration of violence and poor mental health, alcohol and other drug use.⁴² Given this, pregnancy is also an opportune time for screening. Whilst many jurisdictions have midwives screen for domestic and family violence, few have it as a mandated and compulsory requirement across their health systems. Evidence also tells us that women are reluctant to disclose unless they are directly asked about family and domestic violence.⁴³

Recognising pregnancy as a risk factor there is an opportunity to train frontline health professionals to better identify, respond to and refer both victim-survivors and perpetrators as an early intervention response. Pregnancy and parenting is especially important for preventing abuse of children and breaking intergenerational cycles of violence that will help Australia end violence against women and children in a generation.

Recommendation 23: Make screening for domestic and family violence a mandated requirement for midwives and maternal child health nurses ensuring that staff are competent to ask the associated screening questions and can make referrals to relevant specialist FDSV services for both victim survivors and people who are using violence.

Recommendation 24: Provide specialised training and ensure compulsory screening for family violence at antenatal clinics to capture prevalence data and

⁴¹ Escribà-Agüir V, Ruiz-Pérez I, and Saurel-Cubizolles MJ (2007) Screening for domestic violence during pregnancy. *Journal of Psychosomatic Obstetrics & Gynecology*, 28(3), 133-134.

⁴² Australian Institute of Health and Welfare (2024) 'Factors associated with FDSV' 2021-22 analysis', accessed 16 September 2024. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/factors-associated-with-fdsv>

⁴³ Heron RL and Eisma MC (2021) Barriers and facilitators of disclosing domestic violence to the healthcare service: A systemic review of qualitative research, *Health Soc Care Community*, 11(1), 10-18.



increase opportunities for early intervention through warm referrals to specialist FDSV services for both victim survivors and people who are using violence.

Recommendation 25: Develop and implement strategies to mandate screening of domestic, family and sexual violence in key settings (such as mental health and alcohol and other drug services) where evidence indicates victim-survivors and people who use violence attend to increase opportunities for early intervention.

Improve FDSV data collection and linkage to better understand perpetration and perpetrators

Good Shepherd recently lodged a submission (Appendix 1) and gave evidence to the Victorian Legislative Assembly Legal and Social Issues Committee *Inquiry into capturing data on family violence perpetrators in Victoria*.⁴⁴ In that submission we discussed the use and utility of both administrative data collected in the FDSV and other sectors, and population-based data.

Typically, FDSV perpetrator data is most visible in crime statistics. However, the Australian Institute of Health and Welfare (AIHW) has found that police recorded data underestimates rates of family violence offending.⁴⁵ Our knowledge about family violence perpetration is diminished due to the lack of data collected on the majority of perpetrators who will never come into contact with the criminal justice system or family violence services⁴⁶. Australian Institute of Criminology Deputy Director Dr Rick Brown recently stated:

"Perpetrators who have contact with the criminal justice system represent only a small proportion of those who have perpetrated sexual violence. The vast majority of offences and perpetrators are never reported to police"

in relation to the recent study on sexual violence⁴⁷.

⁴⁴ Good Shepherd Australia New Zealand (GSANZ) (2024) *Submission to the Inquiry into capturing data on family violence perpetrators in Victoria* [Submission 65]. <https://www.parliament.vic.gov.au/fvpdata>.

⁴⁵ Australian Institute of Health and Welfare (AIHW) (2024) *FDV Reported to Police*, AIHW. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/police/fdv-reported-to-police>.

⁴⁶ Flood, M., Brown, C., Dembele, L., and Mills, K. (2022) *Who uses domestic, family, and sexual violence, how, and why? The State of Knowledge Report on Violence Perpetration*. Brisbane: Queensland University of Technology.

⁴⁷ Australian Institute of Criminology (2024) *New research examines prevalence of sexual violence perpetration in Australia* accessed 26 Sept 2024 <https://www.aic.gov.au/media->



Relying predominantly on victims to be the source of data about perpetrators also places a systemic burden on victim-survivors to be the ones continually sharing difficult information. Regular retelling of traumatic experiences or providing information about a perpetrator can create more harm to victim-survivors as well.

We noted in that submission that data collection and sharing has been enabled and improved in Victoria over recent years following implementation of recommendations from the Royal Commission into Family Violence. We now know more about individual perpetrators from the data collected and shared between services and police through the Victorian Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) and High-Risk Panels. We better understand system responses to criminal perpetration of family violence through the collation of police and court records by the Victorian Criminal Data Agency.

However, we also identified many gaps and areas for improvement. Data and knowledge on the prevalence and risk and protective factors associated with perpetration of DFSV and perpetrators is lacking. Representative surveys of people's use of types of violence have provided valuable insights into people's reasons for and patterns of perpetration of FDSV⁴⁸. New research examines the prevalence of sexual violence perpetration in Australia⁴⁹ and the best method to understand the scale and prevalence of FDSV perpetration required to inform policy responses. Community survey results assist to identify trends and understand risk and protective factors that can support early intervention and the reduction of family violence that victimisation data cannot provide.

Funded through ANROWS, Good Shepherd is partner with QUT and The Equality Institute to undertake the first representative self-reporting survey on FDSV perpetration, using NSW as the sample. The survey will be complemented by analysis of service level collected data to inform what may be core concepts for a

centre/news/new-research-examines-prevalence-sexual-violence-perpetration-australia#:~:text=The%20most%20common%20forms%20of,2.4%25)%%3B%20pressuring%20someone%20to

⁴⁸ Flynn, A., Powell, A., & Wheildon, L. (2024). *Workplace technology-facilitated sexual harassment: Perpetration, responses and prevention* (Research report, 03/2024). ANROWS.

⁴⁹ Australian Institute of Criminology (2024) *New research examines prevalence of sexual violence perpetration in Australia* accessed 26 Sept 2024 [https://www.aic.gov.au/media-centre/news/new-research-examines-prevalence-sexual-violence-perpetration-australia#:~:text=The%20most%20common%20forms%20of,2.4%25\)%%3B%20pressuring%20someone%20to](https://www.aic.gov.au/media-centre/news/new-research-examines-prevalence-sexual-violence-perpetration-australia#:~:text=The%20most%20common%20forms%20of,2.4%25)%%3B%20pressuring%20someone%20to)



minimum data set for collection on perpetration. It is intended this pilot provide the proof of concept for a nationally representative study that will provide a benchmark for measuring the efficacy of collective efforts to intervene and prevent FDSV perpetration. As all state and territories have different populations it is recommended that a South Australian place-based survey would be beneficial to inform to South Australian actions to address reducing the perpetration of FDSV and also to enhance understanding of protective factors that may prevent FDSV.

In addition, existing government and sector datasets could be used to collate data on the prevalence of FDSV perpetration, and relevant risk and protective factors. For example, we know that 32% of financial abuse victims have child support payment withheld by their ex-partner,⁵⁰ (our child support system requires change).⁵¹ Therefore, connecting to Child Support Agency payments, and to tax data would be of value to targeting perpetrators. We recommend that the data in these sectors and their various systems be mapped to determine their use and utility.⁵²

We note that BEBOLD (Better Evidence Better Outcomes Linked Data platform) is a South Australian data resource managed by the University of Adelaide and could be a useful tool to support the identification of key trends for specific high-risk cohorts.⁵³

We refer the Commission to our Perpetrator Inquiry submission in the Appendix for a detailed discussion and our recommendations.

Recommendation 26: Access data from the Federal Child Support Agency for South Australians to support identification of perpetrators of financial abuse, and

⁵⁰ ABS (2023) 'Personal Safety Survey 2021-22, Partner Violence, Tables 22 and 23', *Women's experiences of partner economic abuse*, released 11:30am, 22 November 2023.

<https://www.abs.gov.au/statistics/people/crime-and-justice/partner-violence/2021-22#data-downloads>.

⁵¹ Natalier K (2018). State facilitated economic abuse: A structural analysis of men deliberately withholding child support, *Feminist Legal Studies*, 26(2), 121-140.

doi.org/10.1007/s10691-018-9376-1.

⁵² The Victorian Law Foundation recently completed a comprehensive data mapping project of the civil legal system, see <https://www.victorialawfoundation.org.au/research-projects/mapping-justice>. Good Shepherd has been funded to undertake a perpetrator survey and data mapping project, with Queensland University of Technology, funded by ANROWS, see <https://www.anrows.org.au/project/measuring-domestic-family-and-sexual-violence-perpetration-in-australia/>.

⁵³ BEBOLD information can be found at the following link <https://health.adelaide.edu.au/betterstart/bebold>.



work with Federal Government to develop response mechanisms to address non-payment.

Recommendation 27: Generate statewide population-based representative data and knowledge on the prevalence of perpetration of family violence through a regular survey.

Recommendation 28: Examine existing government and sector data sets to identify if they are collecting data on the prevalence of family violence perpetration, relevant risk, and protective factors.

Recommendation 29: Invest in the BEBOLD platform (University of Adelaide) to expand linkage to additional FDSV relevant datasets, and to conduct research that will inform FDSV intervention monitoring and identify, characterise, and assess outcomes for victim-survivors and perpetrators.

Response

In this section we offer the South Australian government insights from Good Shepherd's experience in delivering family and domestic violence programs since the major reforms of the Victorian Royal Commission.⁵⁴

The Orange Door – (Vic) centralised intake and assessment

Since 2018, Good Shepherd is the largest Orange Door provider in Victoria serving the Bayside Peninsula area.⁵⁵ Good Shepherd was involved in the establishment and implementation of the first Orange Door in Victoria and are a unique partner as we deliver two service streams (Family Violence and Child Wellbeing).⁵⁶

Good Shepherd's integrated place-based service delivery model is an ecological response to victim-survivors, ensuring their needs are met beyond the presentation of family violence. Assisting victim-survivors with financial support, parenting support, counselling services and housing. Our approach aligns with the *Family Violence Case Management Requirements*,⁵⁷ the *Crisis Response*

⁵⁴ <https://www.vic.gov.au/about-royal-commission-family-violence>.

⁵⁵ The Bayside-Peninsula region in Victoria spans several local government areas south from Melbourne's CBD: Bayside, Kingston, Frankston and Mornington-Peninsula.

⁵⁶ <https://www.vic.gov.au/orange-door-annual-service-delivery-report-2022-23/introduction>.

⁵⁷ <https://fac.dffh.vic.gov.au/case-management-program-requirements-specialist-family-violence-services-which-support-victim>.



*Model*⁵⁸ and the *No Wrong Door* approach. With this experience, we believe that we can contribute our experience and knowledge to the South Australian Government.

Prioritise the workforce training and change management strategy

While the reforms in Victoria were welcomed by the sector it was recognised that the reforms meant major changes to the social services, community sector, health sector and the family violence sector. There was significant financial investment into the sector to establish The Orange Door network, however this was not matched with a workforce strategy that prepared practitioners, who before the establishment of The Orange Door network had been working in specialised fields and were now expected to work in an integrated service offering.

Asking organisations with different purposes, missions, program logics and cultures to now work together proved challenging. In its haste the Victorian Government failed to implement a change management strategy to support workforce collaboration and partnership. It is therefore imperative for the South Australian government when embarking on sector reform to ensure aligned stewardship across providers regarding workforce capability and change management are adequately funded and implemented. It is imperative that there is investment in developing an agile, resilient and multidimensional workforce.

Allow sufficient time for recruitment to new positions and new services

A lack of skilled and qualified practitioners also meant that some Orange Doors opened before positions were filled. This caused a backlog of referrals causing greater wait times for victim-survivors and pressure on services in managing a growing wait list of clients.

In response to the Government's 12-month review Good Shepherd along with other service providers recommended that no Orange Door should open to the public unless it was 80% staffed by skilled practitioners. In addition, feedback highlighted that it was essential to have the Hub Manager position in place before opening to the public.

⁵⁸ <https://providers.dffh.vic.gov.au/sites/default/files/2023-02/12.%20Family%20violence%20crisis%20response%20model%20-%20frequently%20asked%20questions%20-%20FINAL%20OCTOBER%202022.docx>.



Recommendation 30: Establish a comprehensive workforce strategy to support practitioners through sector reforms, ensuring hubs are adequately staffed and Hub Manager positions are filled before opened to public.

Carefully plan governance and leadership structures and stewardship

The Orange Door governance was set up as a collective leadership model aligned in stewarding the change. Partnership agreements formalised the governance for each Orange Door. This proved complicated in some areas where different agencies had different visions and expectations. In the Bayside Peninsula Orange Door, Good Shepherd's reputation and collaborative approach to working in partnership with others stood us in good stead for this new governance model. While the model still has its challenges it has matured over time as roles and responsibilities have become clearer and accountability and decision making has been defined.

Recommendation 31: Establish a framework for clear governance structures with clear accountability and decision-making responsibilities to guide organisations and partnerships aligning to sector reforms and establishing integrated partnerships.

Provide training and support for the delivery of integrated services

While the Orange Doors have been operational now since 2018, there is still much learning and commitment needed to operationalise integrated practice in some Orange Doors. This is particularly the case when there are multiple organisations and government agencies interfacing and aligning their services in an integrated context. Prior to the establishment of The Orange Door, Good Shepherd has always delivered both specialist family violence services and generalist child and family services. Good Shepherd was experienced in working with an integrated service delivery model. However, some services were not familiar with this service structure.

Recommendation 32: Commitment to upskill and support all providers and practitioners to operationalise integrated practice and service models enabling an agile, resilient and multidimensional workforce.

Integrate financial support services in safety hubs

Not having suitable housing options or financial support are reasons why women return to violent relationships. Data from the Personal Safety Survey shows – in the case of previous partners – that 13.3% of female victim-survivors (81,900



Australian women) said they returned to the perpetrator because they did not have money or financial support.⁵⁹

Of greatest concern is that of women who are in current violent relationships, whereby 46.4% (89,700 women) have wanted to leave their current partner but never have and are therefore stuck in violent relationships.⁶⁰ Again, the most common reason for being unable to leave was because they had no money or no financial support.⁶¹

In a detailed analysis of the Personal Safety Survey it was found that of the estimated 275,000 women in Australia who had suffered physical or sexual violence from their current partner, 81,000 (30%) had left their violent partner on at least one occasion but 12,000 (15%) later returned and then 70% choose to stay – their main reason for staying was a lack of money or financial support.⁶²

This data highlights the importance of co-locating financial services in The Orange Door network to safely support women in their efforts to gain financial independence. While this opportunity was missed in Victoria, we feel that South Australia has an opportunity to consider this as part of both response and recovery services for victims and survivors.

As an example, Good Shepherd have discretely co-located family violence, financial support (specifically through the Financial Independence Hub), and community legal services within the Brimbank Aquatic and Wellness Centre. The

⁵⁹ ABS (2017) *Personal Safety, Australia, 2016. 49060DO0003_2016. Data tables.* Table 22.3 and Table 22.1. <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release#data-download>.

⁶⁰ ABS (2017) *Personal Safety, Australia, 2016. 49060DO0003_2016. Data tables.* Table 22.3 and Table 22.1. <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release#data-download>.

⁶¹ ABS Personal Safety Survey data (Table 22.3) reports 25.2% of women unable to leave because they do not have enough money, followed by the next most frequent reason being 'wanted to try and work things out' (22.1%). However, because the margin of error exceeds 10 percentage points, these estimates are less reliable. In the case of never having left because they do not have money, the true estimate (95% confidence interval) lies between 12.6% and 37.8%. See <https://www.abs.gov.au/statistics/detailed-methodology-information/concepts-sources-methods/survey-income-and-housing-user-guide-australia/2019-20/reliability-estimates#measures-of-reliability>. ABS accepts up 10% error margins.

⁶² Summers A (2022: 15) *The Choice. Violence or poverty.* Sydney, Australia, University of Technology Sydney.



Centre also houses health, recreational facilities and childcare.⁶³ This approach provides a public community space, ensuring discreet access for victim-survivors and reduces the risk of alerting perpetrators and providing dignity to people.

Recommendation 33: Ensure that financial services are a key partner in the support and safety hub model and investigate opportunities for further co-location of services in broader community, Local Government and business settings.

Multi Agency Risk Assessment and Management (MARAM) Framework – a comprehensive and standardised tool for assessing risk and safety planning

The Victorian Government also introduced the Multi Agency Risk Assessment and Management Framework (MARAM). MARAM provides a singular risk assessment framework and outlines responsibilities for all staff and sectors that intersect and work in family violence and child safeguarding.

MARAM has provided services across multiple sectors to have shared understanding, consistent language and responses, to family violence. The development of consistent assessment tools for victim-survivors has improved the way we all assess risk, ensuring that risk is assessed and managed the same way.

While in Victoria we have embedded the MARAM in responding to victim-survivors we believe that more investment is needed to develop a framework for responding to people using violence. This area is underdeveloped at present in the state. There is an opportunity for the South Australian Government to develop these areas concurrently with Victoria.

Recommendation 34: Develop a framework and assessment tools for managing risk for people using violence to be used by all sectors that interface with FDSV.

Information sharing scheme – improving interagency collaboration

The Victorian Government introduced the Family Violence and Child Information Sharing Scheme to improve collaboration and reduce the barriers to the sharing of information about family violence risk across sectors that intersect with family violence and children at risk.⁶⁴ The Scheme created a two-tier system of:

⁶³ <https://bawc.brimbank.vic.gov.au/facilities-and-services/good-shepherd-australia-new-zealand>.

⁶⁴ <https://www.vic.gov.au/family-violence-information-sharing-scheme>.



1. Risk Assessment Entities (RAE) who can request and share information for assessment and protection purposes and
2. Information Sharing Entities (ISE) who can request and share information from other ISEs for protection purposes.

ISEs cannot request information from RAEs for assessment purposes and RAE's do not have to share information with ISE's. Because the scheme is based on program function, programs in the same organisation can be prescribed as RAE's while other programs are prescribed as ISE's, limiting sharing within the same organisation.

This two-tier system has created confusion and division amongst agencies about when to share and request information. We believe that if the South Australian Government is considering introducing an Information Sharing Scheme similar to the Victorian approach, a consideration should be made to enable sharing of information to be based on family violence assessment and risk rather than agency function. This will ensure that all agencies can make considered and informed risk assessments.

Recommendation 35: Introduce an information sharing scheme based on family violence risk to improve sharing across services keeping perpetrators in view and improving the safety of victim-survivors.

Refuge

Good Shepherd's refuge and accommodation model is underpinned by a trauma informed, strengths-based, dignified service delivery model. We aim to provide a home for victim-survivors through the Core and Cluster Refuge model. Refuges were previously domestic homes with commonly shared spaces. The new Core and Cluster model allows for independent living and privacy while also providing access to support. Each family has their own fully equipped independent family apartment, next to a core facility which provides access to services.⁶⁵

While the physical environment is important, we work with each family independently and seek to understand their immediate safety needs alongside what impact violence has had on their other life domains such as housing,

⁶⁵ The core and cluster refuge is highlighted in our two most recent annual reports (including photographs and case studies). See Year In Review 2021-2022, pp. 34-35 (<https://goodshep.org.au/publications/good-shepherd-2021-2022-year-in-review/>) and Year In Review 2022-2023, pp.52-53 (<https://goodshep.org.au/publications/good-shepherd-2022-2023-year-in-review/>).



education and training, employment, economic status, and health and wellbeing. We look at their individual experience and provide dignified service accordingly.

We aim to make the Refuge feel as much as a home as possible, ensuring that victim survivors bring their children, both daughters and sons. In addition, we provide accommodation that supports women and their children to bring their pets, as we know that this can be a barrier in leaving family violence relationships. Approximately 67% of our Refuge residents are from culturally and linguistically diverse backgrounds – we also ensure that our Refuges are culturally safe and appropriate.

It is essential that refuges do not continue to perpetuate violence and control in their implementation of the "rules" that govern service delivery. In Good Shepherd's model, staff at our refuge apply a pragmatic and flexible approach which ensures safety and compliance with regulations but also give residents choice and control. An example of this are curfew rules for residents that most refuges enforce. We have removed curfews as we know these women and children have experienced this a tactic of control in their relationships.

Recommendation 36: Ensure women's refuges provide a place as akin to a home as possible and operate in a shared model of decision making to address trauma related to loss of power and control.

ALEXIS Family Violence Response Model

The ALEXIS Family Violence Response Model is a co-designed model developed and delivered in partnership by Good Shepherd, The Salvation Army and Victorian Police. The ALEXIS model is an adaptation of a similar response seen in Queensland. The domestic violence service embedded a family violence worker into the police station to provide an intensive response to families identified as recidivist or high risk. This integrated response facilitated the identification of:

- high-risk cases
- adequate support referrals for women classified as high risk and joint monitoring of children's safety
- as well as perpetrator compliance with Domestic Violence Order (DVO) conditions.

In Victoria, Police prioritise the need to focus on family violence recidivist offending. Gaps had been identified in police responses to several high-profile cases in the Southern Region of Melbourne.



The Alexis – Family Violence Response Model (A-FVRM) co locates both a Specialist Family Violence Practitioner and a Men's Case Management Practitioner within the Police Family Violence Unit. Referrals are received from the Police.

Cases are discussed and triaged by the Police, Specialist Family Violence Practitioner and the Men's Case Management Practitioner daily and Police members accompany practitioners to visits with the families until it is safe to meet without them. Visits are scheduled as soon as possible after an incident to optimize engagement and ensure safety for the victim-survivor.

The role of the specialist practitioners is to provide interim support and case management.

The ALEXIS model is a multi-Agency collaboration and ensures:

- stronger integration of services across sectors, including but not limited to, justice, health, housing and family violence
- a smoother interface for clients working with multiple agencies
- rapid re-engagement of clients where disengagement occurs
- mitigate risk by sharing information and taking a coordinated approach to service delivery

An evaluation completed by RMIT in 2017, following the outcomes of 117 families, found a significant drop in recidivism (repeat police callouts) with a drop of on average 5.5 police reports (L17s) per client before the intervention, to 0.8 FV police reports 12 months after the client file was closed. The evaluation demonstrated that the model of service delivery was effective for these families who typically had not previously engaged with family violence services.⁶⁶

Recommendation 37: Embed Family Violence and Men's Case Management practitioners in police stations.

Risk Assessment Management Panels – managing high-risk perpetrators

In Victoria, Risk Assessment Management Panels (Panels) are multi-agency panels convened by the Specialist Family Violence Service and local Police.⁶⁷ Good Shepherd co-chairs the Bayside-Peninsula Panel. The Panel includes members

⁶⁶ Harris L, Powell A. and Hamilton G (2017) *Alexis – Family Violence Response Model*, School of Global, Urban and Social Studies, RMIT University, Melbourne.

⁶⁷ For an overview see: <https://safeandequal.org.au/working-in-family-violence/assessing-managing-risk/ramps/>.



from corrections, mental health, alcohol and other drug, Men's Behaviour Change, Child Protection, Housing, and Child and Family Services with other members invited as required.

The Panels focus on the perpetrator while simultaneously centralising the safety of victim-survivors, mostly women and their children. Referrals into Panels are generally received from family violence case management services. They are engaged when the usual service system has not or cannot mitigate serious risk posed by the perpetrator due to systemic and structural barriers and/or intensifying, overt, calculating and immutable perpetrator behaviour. There are 18 Panels across Victoria. Panels are not a substitute for the existing system but work to enhance the response to high-risk clients.

Guiding principles of Panels are:

- Perpetrator accountability and threats posed by perpetrators
- Best interests of victim-survivors and their children
- Respect for culture
- Child focused response
- Confidentiality and information sharing
- Strengthening the family violence service system response
- Multi-agency commitment and collaboration
- Accountability of the Panels

Meetings are held monthly or more frequently if required. On average Panels cover five new cases per month along with existing cases. There is no set time limit for the meetings, they simply end once all cases have been heard and the safety of victims/survivors has been assessed.

Good Shepherd co-chairs the Bayside Peninsula High Risk Panel along with Victoria Police. The role of the Chair is to:

- Support decision making
- Chair meetings
- Monitor completion of action plans
- Review RAMP performance
- Contribute to partnership development

The Bayside Peninsula Panel is one of the largest and busiest Panels in Victoria, covering three police divisions. As Co-Chair Good Shepherd's role is to ensure that the Panel has the right services and representatives present. It is essential that organisational representatives are senior clinicians who have the authority to



make decisions quickly and that the shared goal is always to keep victims safe and hold perpetrators in view and accountable.

As Co-Chair, Good Shepherd has been able to identify potential: service gaps; risks; and hold services accountable. This is with a view to improve system responses and increase safety for victims.

At times victims have declined engaging with the Panels fearing that it may put them at greater risk. Our relationships and ability to work collaboratively has meant we are able to work in the background to wrap supports around victims and ensure safety. Since 2017, 206 cases have been referred to the Panel and no client has been killed.

It is essential that Panels can request and share information across the broader service system, so that they are able to gain a comprehensive understanding of risk. The introduction of the Family Violence and Child Information Sharing Scheme has improved the efficiency of Panels and enabled them to make informed decisions based on information received. The sharing of information about perpetrators of family violence without consent means that he is kept in view and always held accountable.

Recommendation 38: Adopt place-based collaborative inter-agency panels in managing high risk perpetrators.

Recovery and Healing

*'Recovery and healing is an essential component of the National Plan and recognises that even after violence has ended, the effects on victim-survivors' health and wellbeing continue. Victim-survivors often need life-long support to recover and heal from trauma.'*⁶⁸

The domestic, family and sexual violence recovery and support sector remains fragmented and scarce, with existing services and funding often focused on crisis. This is an opportunity to lead and support the Federal Government's recovery strategy in the National Plan to End Violence against Women and Children 2022-

⁶⁸ Department of Health and Aged Care, (2024) *Model of Care: Supporting Recovery – a pilot program to provide trauma-informed recovery care for victim-survivors of family, domestic and sexual violence*, pg 5, accessed 13 September 2024, <https://www.health.gov.au/sites/default/files/2023-11/supporting-recovery-pilot-model-of-care.pdf>.



2023, building on the South Australian model of Northern Domestic Violence Prevention and Recovery Hub.

Enabling conditions, programs and systems for holistic person-centred responses

Working with victim-survivors, including children and young people, to support their healing and recovery is critical. For Good Shepherd this includes the provision of client-centred care and support through:

- Therapeutic counselling for both victim-survivor adults, children and young people
- Support for connection between parent and child/youth
- Peer Support groups for victim-survivors
- Financial Wellbeing support for victim-survivors
- Economic opportunities through engagement in business coaching and development programs.
- Facilitating access to practical resources such as NILs, relief grants, emergency relief etc.

Case study: Financial Independence Hub (FIH)

The Financial Independence Hub is a national, hybrid (in person or online) program that supports victim-survivors seeking to rebuild their financial wellbeing after family violence and financial abuse. Most women spend up to eight months in the program, but there is no time limit. The program is delivered at a pace that suits women's circumstances and individual recovery pathways. In the FY 2022/23, 1,598 women were supported in rebuilding their financial wellbeing following experiences of family violence.

The program is highly successful, with 96% of participants experiencing improved financial outcomes. A high-quality planning and coaching process assists women to set meaningful, practical goals that make a real difference to their lives.

"It has been a life-change experience, honestly... to have this person working with you and know there is no time limit. It's the most encouraging, empowering feeling"
- FIH Participant

"I was homeless and depressed, and she helped me find ways to survive... How to live, how to take care of myself, take care of my kids and how to look after my family" - FIH Participant accessing the holistic support FIH provides



Peer Support as a recovery strategy

Peers and peer support is a well-known response in disability, alcohol and other drug, and mental health sectors. In these sectors, there are well documented benefits of the value of peer support in and through services.

It is also beginning to gain more traction across the child and family support system. We note the recent Department of Human Services strategic cross sector project to develop a Peer Workforce Strategy for the South Australian Child, Family Support System.

Good Shepherd has trialled a Family Violence Peer Support Group, with a view to evidence its ability to generate post-traumatic growth and healing. Indicative outcomes from the first 6 months of the pilot include:

Increases in participants':

- social connection, friendship and peer network support, where social connections have continued beyond the eight-week program.
- emotional wellbeing, reporting feeling more relaxed, calmer, lighter and clearer.
- understanding of family violence and its impacts, with participants reporting deeper understanding of the cycle of family violence, power and control, service system navigation and family court proceedings.
- understanding of family violence impacts on the body, nervous system and brain
- strategies to cope with the impacts of family violence, applying their newly acquired skills from the peer group sessions in the real world, resulting in peers reporting that they are better able to regulate their emotions and have greater self-compassion



Victim-survivor feedback on the Peer Support Program

"I suppose [it developed] organically, then we just started to talk and open up and without discussing our shared experiences, I keep on using the phrase kindred spirit. It was like I was actually being heard without having to say a damn thing to say anything really. And I felt really a sense of comfort walking away from that session."

– Support group participant

"But it is good because you're in a room with people that have gone through the same experiences but different versions of the same. And it's good that as you say, you don't have to be worried about what you're saying. They get it, they get where you are."

– Support group participant

Recommendation 39: Invest in the co-development of recovery and healing programs (such as peer support programs) with victim-survivors and domestic, family and sexual violence practitioners.

Recommendation 40: Ensure financial wellbeing recovery programs are available to all victim-survivors of FDSV.



The Financial Independence Hub is an emancipatory program. It allowed me to protect myself and my children's financial future and security from being sabotaged by abuse.

I was able to not only rebuild my financial assets after losing my house and having less than \$2,000 in the bank but to develop a new relationship with money that has freed me from any dependence on the kids' dad.

I feel safe and am able to provide the life I have imagined and worked so hard for, for myself and my children. FIH has helped me break intergenerational cycles of financial disadvantage and abuse.

FIH client



Appendix 1

Good Shepherd's submission to the inquiry into capturing data on family violence perpetrators in Victoria

Victorian Legislative Assembly Legal and Social Issues Committee

Parliament of Victoria

June 2024



Submission to the Inquiry into capturing data on family violence perpetrators in Victoria

Victorian Legislative Assembly Legal and Social
Issues Committee, Parliament of Victoria

June 2024





Good Shepherd Australia New Zealand

June 2024

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About Good Shepherd Australia New Zealand

The Sisters of Good Shepherd was established in France over 400 years ago to respond to the needs of women and girls. The first program was a refuge that offered new opportunities for women and girls who were trapped in situations of poverty and exploitation who wanted to change their lives. Saint Mary Euphrasia Pelletier carried forward this mission, expanding internationally. We are now the largest, longest running organisation supporting women and girls, located in 73 countries, and with consultative status on women and girls at the UN. Good Shepherd has worked in Australia and Aotearoa New Zealand since 1863. We provide programs and services that support women, girls, and their families to be safe, well, strong and connected. Our clients are at the centre of what we do. We are focused on responding to their emerging needs and on providing innovative, locally tailored responses. Our services are complemented by research, advocacy, and policy development that address the underlying structural causes of injustice and inequality to pave a way for a better tomorrow. We know one sector cannot disrupt the growing hardship in the community; we are building cross-sector coalitions to pursue our aims.

Acknowledgement of Country

Good Shepherd Australia New Zealand acknowledges the Traditional Custodians of the lands and waters throughout Australia. We pay our respect to Elders, past and present, acknowledging their continuing relationship to land and the ongoing living cultures of Aboriginal and Torres Strait Islander Peoples across Australia. We recognise that the perspectives and voices of First Nations peoples should be at the forefront of conversations about family, domestic and sexual violence in Australia.



Executive summary

Good Shepherd welcomes the opportunity to provide a submission to the Victorian Legislative Assembly Legal and Social Issues Committee Inquiry into capturing data on family violence perpetrators in Victoria.

In this submission, Good Shepherd has responded to all the questions as set out by the Committee using insights from our delivery of family violence programs, and research and social policy work.

Good Shepherd collects data on individual perpetrators of family violence across its specialist family violence programs including the Orange Door. In addition, Good Shepherd co-chairs a Risk Assessment and Management Panel (RAMP) focused on perpetrators at the highest risk of family violence.¹ Our social policy and research work focuses on the prevalence, risk factors, and perpetration of family violence. Specifically, Good Shepherd has partnered with Queensland University of Technology who are piloting a population-based survey on the perpetration of domestic, family, and sexual violence (DFSV).

Our key recommendations therefore focus on two main areas:

- The collection, use and utility of **administrative data** (data collected by agencies providing family violence services).
- The collection, use and utility of **population-based data** (data collected through surveys of the general community).

Data collection and sharing has been enabled and improved in Victoria over recent years following implementation of recommendations from the Royal Commission into Family Violence. We know more now about individual perpetrators from the data collected and shared between services and police through the Victorian Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) and RAMPs. We now also better understand system responses to criminal perpetration of family violence through the collation of police and court records by the Victorian Criminal Data Agency.

There remains, however, challenges in maximising the utility and access of administrative data to effect real-time sharing between relevant agencies, timely threat orchestration, and to deliver interventions for low and mid-level risk perpetrators. While visibility of perpetrators is increasing, there are still gaps in

¹ For an overview see: <https://safeandequal.org.au/working-in-family-violence/assessing-managing-risk/ramps/>.



uniform collection of administrative data and limitations on sharing that may create risk or points of failure in our responses to perpetrators.

Our knowledge about family violence perpetration is diminished due to the lack of data collected on the majority of perpetrators who will never come into contact with the criminal justice system or family violence services.

There are many opportunities to improve the use of existing data sets through investment in technology such as Application Programming Interface (API), increased database functionality and machine learning, data linkage and upskilling of the family violence workforce in data collection and research capability.

Good Shepherd is also mindful of the need to protect the privacy and safety of women and children victim/survivors of family violence. Their safety is always Good Shepherd's priority, which may constrain the use and utility of data collected about perpetrators.

We welcome the opportunity to provide further evidence to the Legal and Social Issues Committee in relation to any of the matters raised in this submission.



Recommendations

Administrative data

Recommendation 1: Provide comprehensive training to personnel on correct data collection and recording to increase accuracy and mitigate against bias and errors within administrative data.

Recommendation 2: Implement uniform data collection protocols across all agencies, including the requirement to collect data on both the sex and gender of perpetrators.

Recommendation 3: Improve interoperability between databases, such as through Application Programming Interfaces (APIs), to improve real time information sharing.

Recommendation 4: Allocate resources specifically for improved database functionality and capability to analyse collected data across all capturing agencies and organisations.

Recommendation 5: Ensure administrative data collected is research ready.

Recommendation 6: Utilise data to develop targeted prevention, harm minimisation, and rehabilitation programs for people who perpetrate family violence.

Recommendation 7: Use data collected by victim survivor services to measure effectiveness of violence reduction, perpetrator interventions and rehabilitation programs.

Population-based data

Recommendation 8: Generate statewide population-based representative data and knowledge on the prevalence of perpetration of family violence through a regular survey. The results will assist to identify trends and understand risk and protective factors that can support early intervention and the reduction of family violence that victimisation data cannot provide. Collection of information must include:

- specific demographics such as sex, gender, class, First Nations, LGBTIQ+, racially and culturally marginalised communities, and people with disabilities to understand diverse experiences and needs,
- detailed information on multiple forms of family violence such as coercive control, financial abuse, psychological abuse, and other non-physical forms of violence, which are currently underreported,



- psychosocial factors such as mental health disorders and factors (for example, narcissistic traits and attachment style), substance abuse, socio-economic status, cultural, religious, and attitudinal factors to understand casual, propensity for family violence perpetration,
- history and motivations of violence, triggers, and recidivism, and
- demographic information about who they victimise.

Recommendation 9: Examine existing government data sets to identify if they are collecting data on the prevalence of family violence perpetration, relevant risk, and protective factors.

Recommendation 10: Reduce barriers to access existing data sets, such as costs, and increase data linkage and access across and between jurisdictions such as the Person Level Integrated Data Asset (PLIDA) and the Centre for Victorian Data Linkage (CVDL).

Recommendation 11: Use population-based data to inform policy decisions through comprehensive analyses as part of making evidence-based policy and program development, for evaluation of statewide strategies and benchmarking progress.

Recommendation 12: Share findings of family violence perpetration prevalence, and use aggregated data to raise public awareness, drive community-level prevention efforts, and inform responses.

Other data collection and barriers

Recommendation 13: Enact laws that mandate and protect data collection processes and develop clear protocols. Address privacy issues through robust data protection measures. Ensure data collected is research ready.

Recommendation 14: Allocate resources specifically for improved data collection and analysis across all capturing agencies and organisations, including increased staffing levels to allow for greater capacity and uplift in skills.

Recommendation 15: Undertake an intersectional review of Victorian data collection standards and protocols to identify inherent bias.

Good Shepherd also supports the submission and recommendations provided by Catholic Social Services Victoria.



Data collection, storage and access

This section responds to the committee's questions about what perpetrator data is collected, who collects it, how it is stored, and how these processes could be improved. Specifically, the committee asked:

- What data on the profile and volume of family violence perpetrators [people using family violence] is collected in Victoria?
 - Who collects it? When and how is it collected?
 - Where is it stored? Who has access to it?
 - How could these processes be improved?

Information about the prevalence of perpetration and the characteristics of perpetrators can be found in administrative data as well as population-based survey data.

Administrative data

Who collects it? When and how is it collected?

The primary collectors of administrative data are law enforcement agencies, family violence services such as Good Shepherd, the judicial system, and correctional institutions. Data is collected during the reporting of incidents, investigations, and court proceedings. While offenders are in the correctional system, administrative data is collected during health consultations, and intake, assessment and ongoing case management for other support services. In addition, a significant amount of information is collected about perpetrators by services that support victim survivors.

Data is also collected by health service providers, specialist family violence support organizations (for people who use violence and victim survivors), and child protection.

The Flood et al (2022) *State of Knowledge* report highlighted that the way that administrative data are collected – particularly by police – means that these data may be flawed, including:

- Misidentification of victim survivors as perpetrators/primary aggressors
- Inconsistent definitions of DFSV across services, sectors, and jurisdictions
- Structural racism forming the context for the collection resulting in over representation of some groups and under representation of others, and



- Political influence determining what gets researched and which data is collected.

While administrative data can build a rich picture of perpetrators of family violence when their victims are engaged in services or they come into contact with the criminal justice system, services tend to prioritise high risk victim survivors or perpetrators. This means that the complete picture of perpetration is not available to inform policy, other responses, or to tailor interventions. Administrative data needs to be complemented with population-based surveys that a more nuanced profile and prevalence of perpetration can be determined – for all perpetration – not just events that led to service, justice system or other government engagement (such as child protection).

What data are collected?

Currently, demographic data collected on family violence perpetrators, as reported through the Crime Statistics Agency in Victoria, is predominantly collected through administrative data such as incident reports and legal outcomes and. This data often comes from police reports (L17s), court records, and correctional facilities.²

Good Shepherd collects detailed information about perpetrators from the victim survivors they support through completing the MARAM risk assessments and undertaking safety planning.

At Good Shepherd, our family violence programs (for victim survivors) collect the information about perpetrators through MARAM risk assessments. We also share and collect information about high-risk perpetrators as co-chairs of a Risk Assessment and Management Panel (RAMP). At the RAMP we participate in multi-agency risk assessments of perpetrators who pose high risk of serious harm with other key local agencies and organisations.

Table 1 details the type of data collected through the MARAM process and at RAMP.

² <https://www.crimestatistics.vic.gov.au/about-the-data/how-the-data-is-collected-and-processed>.



Table 1. Overview of perpetrator demographic data fields collected in the specialist family violence program assessment (MARAM) and the RAMP program

Characteristic	MARAM	RAMP
Sex	Not collected	Possibly – this depends on the sources of information. Police L17s collect Sex
Age	Collected	Collected
Gender	Collected	Collected
Sexuality	Collected	Collected
Aboriginal and Torres Strait Islander Status	Collected	Collected
Cultural and Linguistically Diverse (CALD) status	Collected	Collected
Disability	Collected	Collected
Rural	Collected	Collected
History of violence	Collected	Collected
Recency of violence	Collected	Collected
Type of violence perpetrated	Collected	Collected
Imminence of violence/escalation	Collected	Collected
Risk to children	Collected	Collected

Table note: RAMP = Risk Assessment and Management Panel. MARAM = Family Violence Multi-Agency Risk Assessment and Management Framework.

The MARAM data collected regarding factors relevant to the perpetrator are themed across general history of violent and controlling behaviours, recency, perpetrator actions, self-assessment (of risk), and imminency. There are over forty questions regarding the perpetrator’s behaviour, such as:

- shown signs of a mental health condition?
- misused alcohol, drugs or other substances?
- been obsessively jealous towards you?
- harmed or threatened to harm a pet or animal?
- has ever harmed or threatened to harm victim or family members (including child/ren)
- tried to choke or strangle you?

There are additional questions relevant to addressing risks for/to specific cohorts including children, Aboriginal and Torres Strait Islander, LGBTQI+, older people, rural communities, culturally and linguistically diverse communities, and people with disabilities. Please see an example MARAM Adult Victim Survivor Comprehensive Risk Assessment Tool at Appendix 2.

The RAMP receives all data collected through MARAM information and from other agency sources. The MARAM is a core source of information that RAMP receives



along with additional information, assessments and reports. RAMP cases are high-risk cases where risk is imminent, so information is gathered from Child Protection, Corrections, Victoria Police, Mental Health and Alcohol and Other Drugs (AOD) services, men's behaviour change programs, Aboriginal Community-Controlled Organisations (if appropriate), Department of Families, Fairness, and Housing, The Orange Door and others. Any service that holds relevant information about risk posed by the perpetrator will have their information presented through the Specialist Family Violence Service or by being invited to attend the panel.

As noted in Table 1, sex is a key demographic factor that is not collected consistently across all agencies. Importantly, sex is not being collected in MARAM risk assessments. A person's sex, gender, and sexuality all have implications for a person's level of potential risk, likelihood of injury, and their ability to carry out physical violence (Messing, 2021). Sex and gender should not be conflated or used interchangeably for data collection on family violence (Sullivan, 2020).

Capturing sex, gender, and sexuality is relevant to assessing family violence risks. If a person identifies as a woman and has gone through male puberty, they still have a significant physical advantage over a female in muscle mass and explosive strength, particularly in the upper body (Hilton and Lundberg, 2021). The majority of intimate partner homicides in Australia have been perpetrated by a male offender (not trans men – women who identify as men) against a female intimate partner (Boxall et al. 2022).

Further, a person's sex and sexuality have implications for the likelihood of non-fatal strangulation perpetration and injuries from non-fatal strangulation. Messing et al (2021), analysing 2,207 police reports, found that non-fatal strangulation was reported at almost double the rate in different-sex couples (detected in 9.8% of reports) than in female and male same-sex couple cases (5.2% and 5.3% respectively). However, same-sex couples reported more injuries from non-fatal strangulation compared to different-sex couples.

It is critical for the protection of victims, understanding of perpetration types, risk analysis, and accurate data to inform responses and research that a person's sex, gender, and sexuality are all collected. Without information about a person's sex, gender, and sexuality a knowledge gap is created about a perpetrator that could prevent the appropriate risk level being applied and response provided.



Where is it stored? Who has access to it?

Administrative data is stored in databases managed by respective agencies and services, as varied as police departments, courts, correctional services, GP and health clinics, hospitals, and individual service providers such as Good Shepherd.

Since the Royal Commission into Family Violence, the Victorian Government has implemented three related information sharing schemes that allow Information Sharing Entities (ISEs)³ to share information to facilitate the assessment of family violence risk to children and adults through the: The Child Information Sharing Scheme,⁴ Family Violence Information Sharing Scheme,⁵ and the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM).⁶

In addition, programs, typically family violence programs, can also be registered as Risk Assessment Entities (RAEs).

There are 8,255 organisations registered as ISEs but only 208 agencies or services registered as RAEs.⁷

Good Shepherd's client programs are registered ISEs (such as our Homelessness Service, financial counselling service, and community-based youth and family services), and our family violence services are registered RAEs.

While the MARAM framework and information sharing schemes have improved cross-agency information sharing, there are still some limitations on what can be shared between differently designated entities that prevent the complete picture of any one individual's various points of contact across systems.

RAEs have greater access and powers to share information between them than ISEs. Within Good Shepherd this means that if a client is being supported by our youth services (an ISE) and family violence services (a RAE) that our family violence services may have more information about that client than the youth services team and may not be to share that information with youth services. This has implications for providing a consistent client centred response across our organisation.

³ An information sharing entity (ISE) is a service prescribed by legislation. A public register is held of prescribed organisations. See <https://www.vic.gov.au/information-sharing-entity-list>.

⁴ <https://www.vic.gov.au/child-information-sharing-scheme>.

⁵ <https://www.vic.gov.au/family-violence-information-sharing-scheme>.

⁶ <https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management>.

⁷ <https://www.vic.gov.au/ise-list-search?rae=yes>.



Many service level databases are not interoperable or able to share data directly between them (even when enabled by legislation to do so). This can create delays and multiple potential points of failure and data loss when relying on manual transfers and entries across systems. It is also inefficient and inhibits real-time data sharing and threat orchestration to enhance timely responses and interventions. Use of technology such as application programming interfaces (APIs) can assist interoperability for real time sharing.

There is sometimes limited and disparate functionality within and across program or service level databases to extract or analyse de-identified datasets that can assist identifying and understanding trends in family violence perpetration. Investment is required to upgrade databases with these functions to improve the insights that can be gleaned from existing service level and cross sector data sets.

Only some of the data collected by government, health, police, courts, family violence service agencies etc is accessible to researchers, and require strict confidentiality agreements. Consent for individuals' data to be used for research would also need to be sought in alignment with privacy legislation, and processes implemented to appropriately remove identifying features.

Recommendations for how could these processes be improved?

Recommendation 1: Provide comprehensive training to personnel on correct data collection and recording to increase accuracy and mitigate against bias and errors within administrative data.

Recommendation 2: Implement uniform data collection protocols across all agencies, including the requirement to collect data on both the sex and gender of perpetrators.

Recommendation 3: Improve interoperability between databases, such as through APIs, to improve real time information sharing.

Recommendation 4: Allocate resources specifically for improved database functionality and capability to analyse collected data across all capturing agencies and organisations.

Recommendation 5: Ensure administrative data collected is research ready.



Population-based data

Who collects it? When and how is it collected?

Government agencies and academic institutions, such as universities, collect population-based data. Data are collected usually through interviews or large-scale surveys administered in-person or by phone, but more often now, online. Currently there is no single mechanism that explicitly collects data on the prevalence of family violence perpetration in Victoria at a population level.

What we understand from the *State of Knowledge* report is that “the vast majority of domestic, family, and sexual violence is committed by individuals who are not – and probably never will be – identified or sanctioned by the authorities” (Flood et al. 2022 p.5). For types of violence such as sexual assault, it is likely that up to 98% of perpetrators will never be identified or captured in existing data systems (Flood et al. 2022).

The Victorian Crime Statistics Agency collects information on reported criminal offences, demographics on perpetrators and victim survivors, and progress of family violence incident through the criminal justice system. This information is collated and publicly reported on the Family Violence Dashboard.⁸

Capturing data on and researching people who come into contact with the criminal justice and related systems (such as family violence services) for perpetrating family violence can provide useful information but it may also, unintentionally, provide a skewed understanding of ‘who’ perpetrators are.

The Australian Institute of Criminology’s detailed analysis of intimate partner homicides found there are three primary pathway trajectories⁹ of family violence perpetration that led to lethal force being used against a victim (Boxall et al. 2022). Only one of these three groups was highly visible to the criminal justice prior to committing homicide. Thus, focussing on this group as a means to understand ‘who’ perpetrators of family violence are misses two out of the three primary pathway profiles for potential lethality in family violence offending (Boxall et al. 2022).

The Australian Bureau of Statistics (ABS) collects data on the prevalence of family violence victimisation nationally, solicited through interviews with people about

⁸ <https://www.crimestatistics.vic.gov.au/family-violence-data/family-violence-dashboard>.

⁹ The three trajectories identified were ‘fixated threat pathway’, ‘persistent and disorderly pathway’ and ‘deterioration and acute stressor pathway’ (Boxall et al. 2022).



their experiences of family violence in the Personal Safety Survey (PSS) every four years.¹⁰ PSS data sets at the state level can be requested from the ABS.

Victimisation data has often been used as a proxy indicator for the prevalence of family violence perpetration, however they are not interchangeable.

Under the National Plan to End Violence Against Women and Children, the Australian Institute of Health and Welfare (AIHW) has been funded to collate multiple government and administrative sources of data relating to domestic, family, and sexual violence nationally.¹¹

What is collected?

The Victorian Crime Statistics Agency collects information on reported offences, including demographic information about the perpetrator of family violence such as age, country of birth, number of incidents per unique perpetrator, rates of recidivism (Crime Statistics Agency 2023). However, the Australian Institute of Health and Welfare (AIHW) has found that police recorded data underestimates rates of family violence offending (AIHW 2024). Additionally, only violence that fits within the state's definition of a criminal offence is captured and criminal definitions differ across states and territories.

Police-recorded FDV data are an underestimate of FDV-related offences. For example, the 2016 Personal Safety Survey includes data on most recent incident of physical and/or sexual assault by a family member or intimate partner in the last 10 years. AIHW analysis of this data for female victim-survivors found that police were contacted in relation to around:

- 1 in 3 (32% or 278,000) FDV-related physical assaults by a male
- 1 in 6 (17% or 18,100) FDV-related physical assaults by a female
- 1 in 7 (14% or 50,100) FDV-related sexual assaults by a male (ABS 2017)

Good Shepherd understands that more detailed information on perpetrators may be captured through the PSS. Further research is required to examine if existing data sets to identify if they are collecting data on the prevalence of family violence perpetration, relevant risk and potential protective factors.

Collecting data on individual perpetrators from their victims (such as the PSS) can be a rich source of information. It does not yield the same results as representative sampling of the general population specifically to research the

¹⁰ <https://www.abs.gov.au/methodologies/personal-safety-australia-methodology/2021-22>.

¹¹ <https://www.aihw.gov.au/family-domestic-and-sexual-violence/resources/fdsv-summary>.



prevalence of family violence by asking people about their perpetration of abusive, controlling, coercive, or violent behaviour.

Relying predominantly on victims to be the source of data about perpetrators also places a systemic burden on victim survivors to be the ones continually sharing difficult information. Regular retelling of traumatic experiences or providing information about a perpetrator can create more harm to victim survivors as well.

Data collected from victim survivors or third parties (such as neighbours) about perpetrators may also be incomplete or inaccurate. For example, some perpetrators will use false names or deliberately mislead their victims about their backgrounds and personal details.

Where is it stored? Who has access to it?

Population-based data is stored by government agencies or by the research institution who collected and owns it.

Some data is made public and easily accessible online, some data sets can be requested from the owner/custodian. For example, the Australian Bureau of Statistics publishes many results from the PSS online. The ABS can also make data sets from the PSS available to researchers or other government agencies, however the cost can be prohibitive and requires investment in training as well.

There are data linkage programs for trusted **whole-of-population de-identified linked data** at the national level, the Personal Level Integrated Data Asset (PLIDA)¹² and state levels, the Centre for Victorian Data Linkage (CVDL)¹³ that enable access for researchers and policymakers.

Academic research results are often published in journals, which may or may not be publicly accessible or there may be a fee involved to access them.

Recommendations for how could these processes be improved?

Recommendation 8: Generate statewide population-based representational data and knowledge on the prevalence of perpetration of family violence through a regular survey. The results will assist to identify trends and understand risk and protective factors that can support early intervention and the reduction of family

¹² <https://www.abs.gov.au/about/data-services/data-integration/integrated-data/person-level-integrated-data-asset-plida>.

¹³ About The Centre for Victorian data linkage | Victorian Agency for Health Information (vahi.vic.gov.au).



violence that victimisation data cannot provide. Collection of information must include:

- detailed information on multiple forms of family violence such as coercive control, psychological abuse, and other non-physical forms of violence, which are currently underreported,
- psychosocial factors such as mental health disorders and factors (for example, narcissistic traits and attachment style), substance abuse, socio-economic status, cultural, religious, and attitudinal factors to understand casual, propensity for family violence perpetration,
- specific demographics such as sex, gender, class, First Nations, LGBTIQ+, racially and culturally marginalised communities, and people with disabilities to understand diverse experiences and needs,
- history and motivations of violence, triggers, and recidivism, and
- demographic information about who they victimise.

Recommendation 9: Examine existing government data sets to identify if they are collecting data on the prevalence of family violence perpetration, relevant risk and protective factors.

Recommendation 10: Reduce barriers to access existing data sets, such as costs, and increase data linkage and access across and between jurisdictions such as the PLIDA and the CVDL.



Data use and purpose

This section responds to the committee's questions about the use and intended purpose of data collected on family violence perpetrators. Specifically:

- How is the current data on the profile and volume of family violence perpetrators [people using family violence] used in Victoria?
 - What is the purpose of the data collection?
 - How could the way this data is used be improved?

Administrative data

How is the data used?

The data is primarily used for legal proceedings, risk assessment, developing intervention programs, and reporting to funding agencies. It can support identifying high-risk individuals and tailoring support services.

Current data collected is also used to inform policymaking and resource allocation for victim support services. In the recent past, the limited visibility of state and federal governments of individual services' data and aggregate data on perpetrators has implications for demand led state and the federal government funding to address the scale of the family violence perpetration.

What is the purpose of the data collection?

Good Shepherd's purposes for collecting data on family violence perpetrators are:

- safety planning for victims,
- collecting evidence for legal proceedings,
- identifying risk factors,
- developing effective prevention and intervention strategies,
- monitoring the effectiveness of policies and programs aimed at reducing family violence.

There is an intention for this data to ensure justice for victims, hold perpetrators accountable, and inform prevention and intervention strategies. However, lived experience and rates of attrition across justice systems from reports to charges, to convictions and sentencing, as collected in the by the Victorian Crime Statistics Agency in the Progress of Family Violence Incidents through the Justice System Dashboard (2023), demonstrate that this is rarely achieved.



Recommendations for how could the way this data is used be improved?

Much of the data collected by Good Shepherd is used to provide relevant services and support to our clients, predominantly women and children who are the victims of family violence. We hold large amounts of detailed information about perpetrators that is currently underutilised for the prevention and reduction of family violence perpetration, except at the highest risk levels.

With the right investment, the data Good Shepherd holds could be drawn upon to improve interventions for lower risk perpetrators, reducing crime and the impact on victims sooner and increasing the ability of women, girls, and families living full and dignified lives.

Recommendation 6: Utilise data to develop targeted prevention, harm minimisation, and rehabilitation programs for people who perpetrate family violence.

Recommendation 7: Use data collected by victim survivor services to measure effectiveness of violence reduction, perpetrator interventions and rehabilitation programs.

Population-based data

How is the data used?

Population-based data collection on family violence in Australia is used for several critical purposes, including policy and program development, monitoring and evaluation.

Findings and insights from population-based data improve our understanding of trends, risk factors and efficacy of interventions. This data helps monitor the incidence and prevalence of family violence over time. They are also used to raise public awareness of family violence, education and training.

Governments also use this data allocate resources and funding of services such as legal aid, refuges, and counselling, for legislative reform, as well as supporting national and international reporting obligations.

What is the purpose of the data collection?

The purpose of population-based data collection on perpetrators of family violence is similar to its current uses. It is also intended for the development of solutions related to family violence and to aid in clinical research aimed at developing therapeutic interventions for both victims and perpetrators.



Advocacy groups may commission or use existing population-based data to provide a factual basis to push for better protection and support for victims and accountability for perpetrators, raising public awareness and advocating for changes in laws and societal attitudes.

Globally, population-based data is also used for benchmarking and comparisons between different regions or countries helping to identify best practice and learn from the successes and failures of others.

Overall, population-based data collection on family violence perpetration is essential for a comprehensive understanding of the issue and for developing effective strategies to address it.

Recommendations for how could the way this data is used be improved?

Recommendation 11: Use population-based data to inform policy decisions through comprehensive analyses as part of making evidence-based policy and program development, for evaluation of statewide strategies and benchmarking progress.

Recommendation 12: Share findings of family violence perpetration prevalence and use aggregated data to raise public awareness, drive community-level prevention efforts, and inform responses.

Collecting additional data and barriers

We have included what additional data and barriers exist for Good Shepherd's collection of administrative data and work with population-based data throughout this submission.

The below section addresses what other data and barriers we think are important to be considered outside the purview of our own collection and research experience, specifically:

- What additional data on the profile and volume of family violence perpetrators [people using family violence] should be collected in Victoria?
 - How will it help to achieve a full understanding of this cohort?
 - What are the barriers to collecting it? How can these be overcome?
 - What data cannot be collected?



What additional data on the profile and volume of family violence perpetrators [people using family violence] should be collected in Victoria?

Longitudinal studies on people who use family violence need to be given greater priority to track changes over time and the long-term impact of interventions. Evaluations of interventions of men's behaviour change programs are useful, however they provide a moment in time understanding of the outcomes of the program. Longitudinal studies that follow the lifepath of perpetrators may provide valuable understanding of the pathways into and out of perpetration to support both prevention and rehabilitative efforts to reduce family violence.

Recent surveys on asking people about their perpetration of other forms gendered violence such as child sexual abuse (Salter et al. 2023) and technology facilitated workplace sexual harassment (Flynn et al. 2024) have proven to provide verifiable evidence on patterns of perpetration, key information about who perpetrates these forms of violence, and their motivations. Studies such as the Man Box have started to find correlation, if not causal, relationships between attitudinal factors and men's use of violence (The Men's Project 2024).

These are important lines of inquiry if we are to understand the perpetration of family violence in order to prevent and reduce it effectively.

How will it help to achieve a full understanding of this cohort?

Additional data that improves our visibility and understanding of the pathways into and out of the perpetration of family violence, as well as people's motivation for using family violence, will provide a greater insight into the underlying causes, risks of and protective factors against family violence, enabling more effective prevention and intervention strategies.

What are the barriers to collecting it?

There are many potential concerns and barriers to collecting sensitive information. Much of these are address through human ethics and protections under privacy laws, such as balancing the tension between data collection and privacy rights, especially as family violence involves criminal acts and often personal trauma.

Resourcing constraints are also a barrier to greater and improved data collection and analysis. There is limited research funding and less for upskilling family violence personnel for comprehensive data collection. The cost of upgrading databases and implementing new technologies to improve analysis of data is



often left up to individual organisations who are not funded for these significant infrastructure investments.

There are inherent bias within systems and data collection that can skew what data is collected and how it is interpreted. This can have harmful unintended consequences for particular community groups who may be stereotyped as a result of these biases, or it may result in allocation of funding in the wrong places or interventions. For a fuller discussion on bias within and the limitations of administrative data, please see Flood et al, 2022 *Who uses domestic, family, and sexual violence, how, and why? The State of Knowledge Report on Violence Perpetration*.

Recommendations for how can these be overcome?

Recommendation 13: Enact laws that mandate and protect data collection processes and develop clear protocols. Address privacy issues through robust data protection measures. Ensure data collected is research ready.

Recommendation 14: Allocate resources specifically for improved data collection and analysis across all capturing agencies and organisations, including increased staffing levels to allow for greater capacity and uplift in skills.

Recommendation 15: Undertake an intersectional review of Victorian data collection standards and protocols to identify inherent bias.

In conclusion, improving data collection and utilisation on family violence perpetrators is essential for effective violence prevention and intervention in Victoria.



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Appendix 1. Terms of reference

On 21 March 2024, the Legislative Assembly agreed to the following motion:

That this house refers an inquiry into the mechanisms for capturing data on the profile and volume of perpetrators of family violence in Victoria and barriers to achieving a full understanding of this cohort to the Legal and Social Issues Committee for consideration and report no later than 26 November 2024.

Inquiry question prompts

As part of your submission, the Committee would appreciate your input on some or all of the below questions, as well as any other information specific to the Inquiry's terms of reference:

- What data on the profile and volume of family violence perpetrators [people using family violence] is collected in Victoria?
 - Who collects it? When and how is it collected?
 - Where is it stored? Who has access to it?
 - How could these processes be improved?
- How is the current data on the profile and volume of family violence perpetrators [people using family violence] used in Victoria?
 - What is the purpose of the data collection?
 - How could the way this data is used be improved?
- What additional data on the profile and volume of family violence perpetrators [people using family violence] should be collected in Victoria?
 - How will it help to achieve a full understanding of this cohort?
 - What are the barriers to collecting it? How can these be overcome?
 - What data cannot be collected?



Appendix 2. MARAM Adult Victim Survivor Comprehensive Risk Assessment Tool

Victim Survivor Details	
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described (please specify) <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Primary address:	Current Location:
Contact number:	Comments:
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known	CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Country of birth:	Year of arrival in Australia:
Bridging or Temporary Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what type):
Language mainly spoken at home:	Service provider client ID:
Emergency contact:	Name:
Relationship to victim survivor:	Contact Number:

Perpetrator Details	
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described (please specify) <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Primary address:	Current Location:
Relationship to victim survivor:	Service provider client ID:



Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known	CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Further details	

Child 1 Details#	#Separate risk assessment must be completed
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described (please specify) <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Primary address:	Current Location:
Contact number:	Comments:
Relationship to victim survivor:	Relationship to perpetrator:
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known	CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Child 2 Details#	#Separate risk assessment must be completed
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described (please specify) <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Primary address:	Current Location:
Contact number:	Comments:
Relationship to victim survivor:	Relationship to perpetrator:
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known



<input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known	Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Child 3 Details# #Separate risk assessment must be completed	
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described (please specify) <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Primary address:	Current Location:
Contact number:	Comments:
Relationship to victim survivor:	Relationship to perpetrator:
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known	CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

Has the adult victim survivor been asked screening questions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, please indicate if any of the following risk factors were identified in the screening assessment.</i>		
Factors relevant to adult victim survivor <input type="checkbox"/> Self-assessed level of risk Factors relevant to perpetrator <input type="checkbox"/> Has ever harmed or threatened to harm victim or family members (including child/ren)	Factors relevant to perpetrator (continued) <input type="checkbox"/> Controlling behaviours* <input type="checkbox"/> Physical harm <input type="checkbox"/> History of family violence <input type="checkbox"/> Emotional abuse	
<i>If no, please ask the following questions about the perpetrator, in addition to the set of questions below.</i>		
Question	Y e s	N o
	Comments (or not known)	
Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?*		
Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you)		

	Ye s	No	Comments (or not known)
Question			
Is more than one person making you feel afraid? (Are there multiple perpetrators)			
<i>The following risk related questions refer to the perpetrator:</i>			
RECENTY	Are they currently unemployed?*		
	<i>Have they recently...</i>		
	shown signs of a mental health condition?		



	threatened or attempted suicide or self harm?*			
	misused alcohol, drugs or other substances?*(specify substance)			
	followed you, repeatedly harassed or messaged/emailed you?*			
	been obsessively jealous towards you?*			
	has any violence increased in severity or frequency?*(what and how)			
PERPETRATOR ACTIONS	<i>Have they ever...</i>			
	controlled your access to money, or had a negative impact on your financial situation?			
	seriously harmed you?*(identify type of harm)			
	assaulted you when you were pregnant?*			
	threatened to kill you?*			
	threatened or used a weapon against you?*			
	tried to choke or strangle you?*			
	forced you to have sex or participate in sexual acts when you did not wish to do so?*			
	been reported to police by you or anyone else for family violence?			
	breached or broken the conditions of an intervention order or a court order?			
	had a history of violent behaviour to previous partners, other family members or non-family members?(specify details)			
	harmed or threatened to harm a pet or animal?*			
	been arrested for violent or other related behaviour?			
	been to court or been convicted of a violent crime or other related behaviour?(specify details)			
	Do they have access to weapons?*			

*May indicate an increased risk of the victim being killed or almost killed.

SELF-ASSESSMENT	Do you believe it is possible they could kill or seriously harm you?*			
	Do you believe it is possible they could kill or seriously harm children or other family members?*			
	From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now?(enter number in space provided)			
	Do you have any immediate concerns about the safety of your children or someone else in your family?			
	Do you feel safe when you leave here today?			
	Would you engage with police if you felt unsafe?(If no, discuss barriers to why not)			
IMMINENCE	Have you recently separated from your partner?*			
	Do you have pending family court matters?			
	Are they about to be, or have they recently been, released from jail or another facility?(Specify when)			



	Has a crime been committed? (Not to be asked directly of victim survivors. Criminal offences include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching IVOs)			
--	---	--	--	--

*May indicate an increased risk of the victim being killed or almost killed

RISK TO CHILDREN

Question	Yes	No	Comments (or not known)
Have they ever threatened to harm the child/children?*((identify which children)			
Have they ever harmed the child/children?*			
Have children ever been present during/exposed to family violence incidents?			
Are there child/children in the family who are aged under 1 year?*			
A separate risk assessment must be completed for each child discussed in this assessment.			

*May indicate an increased risk of the victim being killed or almost killed

ADDITIONAL CONSIDERATIONS

ABORIGINAL AND TORRES STRAIT ISLANDER

Question	Yes	No	Comments (or not known)
Are you able to get support from your family and community?			
Are you concerned that other people in the community or other family members will find out what is occurring?			
Are you concerned about further violence from other family members or the community?			
Have you ever been made to go or stay somewhere you didn't want to be?			
Have you been deprived access to your culture? (including language, community events, sorry business)			

LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX, QUEER (LGBTIQ)

Question	Yes	No	Comments (or not known)
Have they undermined or refused to accept your identity, including in public and with other family members? (sexual orientation and gender identity)			
Are you concerned that other people in the community or other family members will find out what is occurring?			
Have they outed you or threatened to do so, when you did not want them to?			



If affirming your gender, have they stopped you from taking steps to do so?			
Have they ever stopped you from accessing medication? (e.g. Hormones, HIV medication)			
OLDER PEOPLE			
Question	Yes	No	Comments (or not known)
Are you dependent on them to meet your daily needs?			
Are they dependent on you or are you dependent on them financially?			
Have they threatened to relocate you or make you stay somewhere you do not want to go? (e.g. forced into care, forced to downsize home)			
Do you feel isolated / lonely or not have the level of contact with other people that you would like?			
If on medication, do you manage your medication on your own?			
RURAL			
Question	Yes	No	Comments (or not known)
Do you have mobile reception where you live?			
Do you have people close by to help you should you need practical assistance?			
Are you concerned that other people in the community or other family members will find out what is occurring?			
Is your closest police station located far from your property or is it open only limited hours?			
Do you have access to transport?			

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES			
Question	Yes	No	Comments (or not known)
If you are not a citizen or permanent resident, have they threatened your immigration status or made			



threats to send you or your children overseas, or threatened to or taken away your passport?			
If you were thinking about separating from your partner would your family or friends be supportive? (Exploration of other risks in relation to this question, such as honour killings)			
Are you concerned that other people in the community or other family members will find out what is occurring?			
Are you dependent on them for financial needs? (consider ineligible for Centrelink or work rights in Australia, access to own bank account)			
Are you restricted from having contact with your family, friends and community in Australia or overseas? (including children)			
Did you have a choice about being married? (Only applicable if married)			
Are there any cultural or religious beliefs that would prevent you from leaving the relationship?			

PEOPLE WITH DISABILITIES

Question	Yes	No	Comments (or not known)
Does anyone in your family use your disability against you? (consider whether they, or any other family member, withheld, misused or delayed needed supports, or stopped the victim survivor from accessing therapy, aids, equipment, medication, or control disability support payment or NDIS funding (if relevant?))			
Do you have access to support from services and/or your community?			
If supported by the person using violence, do you fear they will stop supporting you?			
Does anyone in your family control your daily activities, such as your engagement with family, friends, services or the community?			
To be safe, are there more support services that you need? (this question is relevant to considering what supports a person with disability might need when supports relating to their disability were being provided by a family member but are no longer being provided by them - or is there a new support they might need to be safe)			

Further details



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RISK SUMMARY
Protective factors
Risk level assessment and rationale
<input type="checkbox"/> Serious risk (<input type="checkbox"/> and requires immediate protection) <input type="checkbox"/> Elevated risk



<input type="checkbox"/> At risk
Rationale:
NEEDS AND SAFETY
Needs assessment
Safety plan has been completed? (see separate template)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

Child 4 Details#	#Separate risk assessment must be completed
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described (please specify) <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Primary address:	Current Location:
Contact number:	Comments:
Relationship to victim survivor:	Relationship to perpetrator:



Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known		CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	
Child 5 Details#		#Separate risk assessment must be completed	
Full Name:		Alias:	
Date of Birth:		Also known as:	
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described (please specify) <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown		Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown		Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	
Primary address:		Current Location:	
Contact number:		Comments:	
Relationship to victim survivor:		Relationship to perpetrator:	
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known		CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	
Child 6 Details#		#Separate risk assessment must be completed	
Full Name:		Alias:	
Date of Birth:		Also known as:	
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described (please specify) <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown		Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown		Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	
Primary address:		Current Location:	
Contact number:		Comments:	
Relationship to victim survivor:		Relationship to perpetrator:	
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known		CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	



Child victim survivor assessment Tool – if assessing with an adult victim survivor

If assessing a child victim survivor through an adult victim survivor, demographic details for a child victim survivor may be captured in the adult victim survivor's assessment.

Child 1:	Child 2:
Child 3:	Child 4:
Person answering on behalf of the child/ren:	

Was a parent/guardian/adult assessed using the adult victim survivor form prior to this assessment? Yes
No

If yes, please indicate which of the following risk factors were identified in the adult victim survivor assessment:

Factors relevant to adult victim survivor

- Physical assault while pregnant/following new birth*
- Isolation
- Self-assessed level of risk

Factors relevant to adult victim survivor and perpetrator's relationship

- Planning to leave or recent separation*
- Escalation – increase in severity and/or frequency of violence*
- Financial difficulties
- Imminence

Factors relevant to perpetrator

- Use of weapon in most recent event*
- Access to weapons*
- Has ever harmed or threatened to harm victim or family members (including child/ren)
- Has ever tried to strangle or choke the victim*
- Has ever threatened to kill victim*
- Has ever harmed or threatened to harm or kill pets or other animals*

Factors relevant to perpetrator (continued)

- Has ever threatened or tried to self-harm or commit suicide*
- Stalking of victim*
- Sexual assault of victim*
- Previous or current breach of intervention order
- Drug and/or alcohol misuse/abuse*
- Obsession/jealous behaviour toward victim*
- Controlling behaviours*
- Unemployed/Disengaged from education*
- Depression/mental health issue
- History of violent behaviour (not family violence)
- Physical harm
- History of family violence
- Emotional abuse
- Property damage

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors)

REMEMBER

You may use a variety of sources to answer questions and inform this assessment. Possible sources include:

- Using information obtained from external sources (external agencies, L17 data, or other relevant sources)
- Using information the adult victim shares about the children during their own adult victim assessment by asking the adult victim appropriate questions about the child victim survivor, or



- By asking the child victim survivor questions directly, when appropriate.
 Questions are divided into two sections (appropriate questions to ask children / appropriate questions to ask an adult). However, the decision on what source of information informs this assessment is based on professional judgement.

QUESTIONS ABOUT THE CHILD VICTIM SURVIVOR

The following questions can be asked directly of a child victim survivor where it is assessed as safe, appropriate and reasonable to do so considering: their age and capacity; their level of maturity; and, their ability to understand the question. Please use your professional judgement to decide on how to frame the questions and whether they should be asked directly of the child victim survivor, an adult, or answered through information received from external sources.
 Consider your possible legal or policy obligations to report concerns for children's safety and/or wellbeing.

Question	Child 1	Child 2	Child 3	Child 4
Has the child been exposed to or participated in violence in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments (or not known):</u>				
Has the child telephoned for emergency assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments (or not known)</u>				
Has the child ever been removed from parental care against their will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments (or not known)</u>				
Has the child witnessed either parent being arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments (or not known)</u>				
Has the child been asked to monitor you by the other parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments (or not known)</u>				
Has the child intervened in any incidents of physical violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments (or not known)</u>				
Has the child had contact with the perpetrator post-separation and is it supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments (or not known)</u>				
Has Child Protection ever been involved with the family or other children in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments (or not known)</u>				
Has the child ever accessed counselling or support services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



<u>Comments (or not known)</u>				
Do you have possession of the family's passports? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
<u>Comments (or not known)</u>				
Has a crime been committed? (Not to be asked of victim survivor. Criminal offenses include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching Intervention Orders) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
<u>Comments (or not known)</u>				

QUESTIONS FOR THE CHILD VICTIM SURVIVOR

Questions that may be appropriate to ask younger children that may be unable to complete detailed questions. Consider your possible legal or policy obligations to report concerns for children's safety and/or wellbeing.

Question	Child 1	Child 2	Child 3	Child 4
Are you scared of either of your parents/caregivers or anyone else in the home? (From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now?) ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments (or not known):</u>				
Have you ever been physically hurt by either of your parents/caregivers or anyone else in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments (or not known):</u>				
Have you ever tried to stop your parents/caregivers from fighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments (or not known):</u>				
Has your parent/caregiver said bad things to you about your other parent/caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments (or not known):</u>				
Have you ever had to protect or be protected by a sibling or other child in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments (or not known):</u>				

¹This scale is not used to assess level of risk. It is an indicator of fear and may indicate the impact on the child.



Further details

RISK SUMMARY

Protective factors

Risk level assessment and rationale



- Serious risk (and requires immediate protection)
- Elevated risk
- At risk

Rationale:

Needs assessment

Safety plan has been completed? (see separate template) Yes No Not known

