

General Purpose Standing Committee No. 2 Inquiry into  
Child Protection

Supplementary questions for Domestic Violence NSW, 26  
September 2016 hearing



## About Domestic Violence NSW (DVNSW)

Domestic Violence NSW Inc. is the peak body for specialist domestic and family violence services in NSW. DVNSW provides a representative and advocacy function for specialist services and the women, families and communities they support.

DVNSW's mission is to eliminate domestic and family violence through leadership in policy, advocacy, partnerships and the promotion of best practice. We work with our members, state and federal government and communities to create a safer NSW for all.

DVNSW member services represent the diversity of specialist services working in NSW to support women, families and communities impacted by domestic and family violence including:

- Crisis and refuge services
- Transitional accommodation and community housing providers
- Family support services
- Neighbourhood centres and drop in centres
- Specialist homelessness service providers
- Men's behaviour change programs and networks
- Community organisations working with high risk communities
- Specialist women's legal support services
- Women and children's support services
- Safe at Home programs

DVNSW members are all non-government organisations, some entirely government funded, others supported through philanthropic donations or partnerships with industry or the corporate sector. Many of our members have multiple government and non-government funding streams. DVNSW advocates for best practice, continuous system improvements and innovative policy responses to domestic and family violence including building workforce capacity and representation at all levels of government. We provide policy advice to multiple departments in the NSW Government on prevention and response. We work with communities and the media to increase awareness and represent the sector on a number of state and federal advisory bodies including the NSW Premier's Council on Homelessness, the NSW Domestic and Family Violence Council, the NSW Early Intervention Council, the NSW Reference Group for Men's Behaviour Change, the ANROWS Practitioner Engagement Group, AWAVA. We co-convene and provide a secretariat function for the NSW Women's Alliance with Rape and Domestic Violence Services Australia.

We acknowledge the work and practice wisdom of specialist women's services and domestic and family violence practitioners in the sector that underpin the recommendations in this inquiry supplementary reply. DVNSW thanks the specialist services that have developed best practice over decades of working with women and children and shared their expertise with us. We also pay tribute to those who have experienced domestic or family violence and to our advocates, colleagues and partners in government and non-government agencies.

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Domestic Violence NSW undertook consultation with our member services to produce our original submission to the 2016 NSW Child Protection Inquiry. Following our appearance before the committee, we have undertaken further analysis of the data to provide detailed responses to the supplementary questions.

**1. What has DVNSW observed to lead it to the conclusion that child and family caseworkers are poorly resourced? (page 8 of submission)**

DVNSW's member consultations highlighted the value of connected relationships and interactions between domestic violence sector workers and FACS child protection caseworkers in cases where child protection issues and domestic or family violence (DFV) were suspected to be present. DFV sector practitioners noted that best practice responses to families occurred in locations and situations where child protection workers had an embedded understanding of DFV and participated in cross-sector training and networking opportunities, where priority was given to working within a trauma-informed framework, value and respect were given to DFV expertise and local service knowledge and local data was used to co-design improvements for better outcomes in the local child protection system. All these approaches require substantial commitment and resourcing from FACS, individuals and services and ongoing training with FACS staff at all levels of child protection (caseworkers, managers and reform designers).

Our research also consistently identified that where caseworkers have a nuanced understanding of trauma and the impacts of violence, they are less likely to blame mothers or penalise them for their circumstance. Intergenerational trauma, intimate partner, family and community perpetrated violence and the impacts in Aboriginal and culturally diverse communities in particular cannot be underestimated or ignored. Members noted that there are some good news stories in the child protection system, such as the prompt responses to Helpline requests or where collaborations between FaCS and NGOs were initiated (eg. Newpin) to act swiftly for women. Submissions also noted that where systemic barriers are in place and workers have an understanding of systemic re-victimisation (when interacting with Family Law for eg) many caseworkers go above and beyond to make sure that children's needs and safety are met.

"Often fathers will attempt to control mother by withholding medication of the child or refusing to return [the] child from contact visit. There are times when Police's hands are tied due to Family Law orders however where medical needs of the child or breastfeeding, child protection has been able to intervene swiftly and ensure that the child's needs are met."

*DVNSW Member, DVNSW DFV and Child Protection Survey. 2016*

Member submissions highlighted that where there was a lack of knowledge and expertise relating to the complex dynamics of domestic and family violence and child protection, this resulted in a range of challenges for their work. The impacts of lack of training and knowledge ranged from difficult and conflicted interactions between child protection caseworkers and DFV practitioners to victim-blaming, undermining of safety planning processes, children remaining in care and further traumatisation for mothers. 70% of our survey respondents considered that the value of their expertise as a DFV specialist service by their local district (FACS) was average, poor or non-existent and 61% considered knowledge and understanding of DFV in their local district (FACS) to also be average, poor or non-existent. We asked DVNSW members:

***"What is the knowledge and understanding of DFV in your local district?"***

6% excellent  
 33% good  
 47% average  
 7% poor  
 7% non-existent

*"What priority [is] given to DFV in your local district?"*

13% excellent  
 26% good  
 47% average  
 13% poor

One member commented: "When we fax or phone our reports to Helpline the response is timely, our concern is that there are some instances where no further action is taken and we don't have confidence that any cumulative build up of reports is undertaken. We are not confident that responses to DFV are trauma-informed in relation both to children and the non-offending parent. Especially, with psychological harm, eg children witnessing DV. "

## **2. What systemic barriers are in place that prevent coordination of early intervention and prevention? (page 8 of submission)**

For early intervention, crisis and prevention programs and models to work effectively together, Government must recognise systemic barriers such as short term funding cycles and isolated program design that create fundamental blocks preventing services working together. Competitive tendering also breaks and fragments relationships where we need services working more closely together to improve safety for individuals and communities.

In the domestic and family violence service and program space there are multiple government initiatives, pilots and reforms in various stages of implementation that lack of coordination and common measures or a vision demonstrating how early intervention or prevention delivery contributes to a bigger picture of safety.

In the DFV space we have multiple prevention and early intervention initiatives that sit across communities and service structures *It Stops Here* and *Safer Pathways* are driven by Women NSW and use one set of definitions. The current scoping for the *NSW Homelessness Prevention Strategy* uses different definitions. FACS *Targeted Early Intervention Reforms* process uses another set of definitions. There are complex, interconnected government initiatives and reforms in various stages of implementation aimed at reducing the prevalence of domestic and family

Violence, intervening early in families and communities where violence is endemic and services working to deliver better services but too often reforms are developed in isolation and with varying degrees of input from non-government agencies and the sectors and communities that they will impact.

Australian Research Alliance for Children and Youth (ARACY)'s recent review of research and practice in prevention and early intervention child and family service systems in Australia is highly relevant in this space. It identified a common set of systemic issues, which are evident in NSW's context. ARACY's review found:

- A fragmented and poorly coordinated system in which specific service sectors largely focus on particular issues or groups of vulnerable people without a whole of system view.

- A program focus instead of a client focus, where the onus is on people to make sense of services, navigate from door to door and 'fit' a program to qualify for support.
- Services which fail to consider the family circumstances of clients, in particular the existence and experience of children.
- A traditional welfare approach that focuses on crisis support and stabilisation, and that may encourage dependency.
- A focus on solving problems after they occur rather than anticipating and intervening to prevent them arising (Department of Human Services (DHS), 2011).

It recommended:

- The development of a common approach to measuring outcomes to provide accountability and embed the measurement of effectiveness and building of evidence at all levels of the system,
- Data-driven local planning and commissioning, local approaches to needs assessment, service planning and resourcing,
- Building 'evidence ready' systems and using evidence to guide investment decisions and service provision,
- Developing shared values and a common approach to identifying needs and intervention thresholds, and processes and structures that enable and promote shared ways of working;
- Matching services to needs: assessment and planning processes that respond holistically to meeting the needs of children and families, and focus on building their capacity and working towards improved outcomes; and
- Key principles: grounding the system in the core principles of a holistic approach, strengths-based practice, working in partnership with families, and building capacity.

The silos within and across government departments are well acknowledged by both government and the NGO service sector. Women NSW have the responsibility to guide the execution of a whole of government DFV strategy but the majority of the activities and programs associated with early intervention and crisis sit with the Department of Family and Community Services. It is inevitable that without structures and articulation of detailed responsibilities and contributions between departments encouraging strategic meaningful collaboration (with both government and peaks at the table) there will be little incentive for government and the NGO sector to work together towards common outcomes. Without meaningful co-design processes, close working relationships, sufficient commitment to sector and workforce development, embedded departmental knowledge and the capacity for peak bodies such as DVNSW to hold departments accountable for their lack of coordination and genuine collaboration, effective cross government coordination of prevention and early intervention is almost impossible.

There are multiple benefits of working collaboratively with NGO's in supporting families, particularly with Aboriginal and Torres Strait Islander families where additional complexity regarding historical and ongoing traumas associated with government departments and removal of children. Specialist domestic and family violence services often assist victim-survivors to "wade-through" the system and work constantly to counteract it's complexity. There is enormous power in FaCS staff understanding the role

of on-the-ground workers and their role in advocacy and working with specialist DFV services, and the subsequent positive impact this can have in cases.

DVNSW advocates strongly for NSW government departments to work more closely to avoid duplication, simplify systems for NGOs to deliver sophisticated, community-appropriate services and initiatives but we often see that lack of communication results in the development of further hoops and a harder-to-navigate system for victim-survivors of violence and their children. We note that there has been a more concerted effort to work in a more aligned way across government siloes but with key decisions and consultations occurring within very limited time frames and a minimum of three Premier Priorities that directly are linked with DFV requiring senior and junior departmental staff time, energy and resources it often means that as a peak we spend our time, energy and resources stressing the importance of the need for in particular departments to work more closely with one another.

### **3. What systems or tools need to be developed to better recognise emotional, psychological, parental alienation as ROSH factors? (page 8 of submission)**

DVNSW works with FaCS to continually improve frontline responses to women, children, young people and communities impacted by violence across child protection, housing, homelessness, early intervention, domestic violence, family support and community services. We believe that it is essential for trauma-informed practice to be embedded throughout and other government agencies working with vulnerable women, families and communities. Specialist NGO services that work with these families have local expertise that should be shared and valued.

We note that research indicates that physical abuse is not a reliable indicator of fatality. Patterns of abuse over time and controlling behaviour, which may appear as “non severe” are also significant indicators of risk. The current systems and tools that exist within child protection in NSW are poor in their responses to cumulative harm and when Family Law becomes involved it adds a layer of complexity that is often difficult to work with.

Domestic and family violence risk can change very rapidly and the process of identifying DFV is a nuanced, sophisticated skill that requires trust to be built between a client or service user and the person interacting with them. Definitions in version 7 of the NSW Mandatory Reporter Guide (MRG) need to be clear around what is classed as severe and not severe and the Domestic Violence Safety and Assessment Tool (DVSAT) scaling should be considered as a reference tool in future reviews of the MRG. Whilst acknowledging that the current focus in the MRG is often the obvious physical abuse for example, many mandatory reporters using the MRG will not be skilled in assessing non-physical DFV and clarity is crucial here for positive outcomes for victim-survivors.

The NSW Mandatory Reporter Guide review group (a subcommittee of FaCS Delivery Board) made a decision for the 2015 review not to address concerns around the suitability, accuracy and weighting of domestic and family violence as part of the review due to the number of interdependent DFV policy developments underway in government at the time of the review (DVSAT, Safer Pathways, NSW DFV Council, Department of Justice, the Journey of a Victim work and Women NSW's Blueprint process). The issue of the MRG's inadequacy in addressing and responding to DFV urgently needs further specialised co-designed improvements. This further delay to improving systems and tools for better identifying and responding to complex issues such as parent alienation means that children and young people and their exposure to DFV is currently overlooked, especially when considering the hidden non-physical elements of violence (verbal, social, emotional and financial abuse).

A significant number of DVNSW members have identified the need for common risk assessment frameworks and tools to ensure that clients are getting a consistent support and referral approach. One example of this is the Domestic Violence Safety Assessment Tool (DVSAT), which requires evaluation

and adaptation if it were to be considered useful in settings outside the Safer Pathway system. It should also be noted that specifically in relation to the DVSAT workers can escalate a level of threat to serious on professional discretion, further validating the importance of services working together.

NSW Health has significant expertise and well-evidenced evaluations of their use of routine screening tools with women in health settings over a period of time. The DVSAT is also utilised by Health but it is noted that this is not a consistent application and some Health teams integrate the DVSAT into their assessment on all levels and others do not. Evidence-based practice on risk assessment and management should be considered by a range of specialist services and government agencies as a matter of urgency to allow for consistency in application method and response. Services have also identified the need to assess perpetrator risk in addition to the risk to the woman and family, it is crucial that perpetrator risk should be done collaboratively with the service supporting the female to ensure the full story is known.

**Recommendation: That NSW Government and domestic and family violence sector specialists are resourced to co-design strategies, tools and training around early identification of domestic and family violence, identification of the primary victim and primary aggressor, using best practice to identify and manage ongoing risk to women and their children as well as the perpetrator.**

**a) Is this damage being hidden by tools or systems?**

Yes. See response to Q3. Without a clear understanding of power and control as well as shared, common definitions and measures, development and prioritisation of specialised expertise, tools and systems alone are inefficient at responding to the hidden elements of DFV such as psychological, social, emotional or financial abuse. For example, financial control being perpetrated against a mother by her partner will not necessarily be identified by existing tools, let alone considered as a risk factor for impact upon the children. If a sophisticated risk or safety assessment doesn't pick up financial abuse then its unlikely to be understood or recorded as a risk factor for further abuse or considered as a cumulative harm risk.

**4. How do we re-align expectations about the role of respective parents in violent domestic relationships to better deliver outcomes for at-risk children? (page 8 of submission)**

All violence is wrong, regardless of the sex or gender of the victim or perpetrator, but there are distinct gendered patterns in the perpetration and impact of violence. Both women and men are more likely to experience violence at the hands of men, with around 95% of all victims of violence in Australia reporting a male perpetrator. Australian statistics indicate that 54% of women experiencing violence perpetrated by their current partner were caring for children at the time, 31% of these women further indicated that their children had heard or seen the violence. The negative effects of domestic and family violence are particularly profound for children, who can carry into adulthood the burden of being victimised themselves or witnessing violence in their home. Potential impacts on attitudes to relationships and violence, as well as behavioural, cognitive and emotional functioning, social development, and – through a process of 'negative chain effects' – education and later employment prospects can be the far-reaching consequences of exposure to DFV.

For the majority of victim-survivors, family violence is part of a longer-term pattern, rather than a one-off event. Violence can often follow an escalation pattern, so that abusive behaviour becomes 'normalised' over time or it begins to impact profoundly upon a person's belief is that they deserve the violence. The impact of family violence while overwhelmingly often thought of as physical, can take an enormous toll upon on a person's mental health and wellbeing: it can be very difficult to recover and rebuild after



being belittled, denigrated and made to feel worthless, sometimes for years. Trauma-informed care and practice by child protection professionals is essential for limiting the impact of victim blaming that occurs across society from the media, friends, family, colleagues and more often than not from institutions themselves.

The complexities relating to respective parental roles and domestic and family violence and child protection are exacerbated by the Family Law system. The intersection between the Family Law system, domestic violence courts and support services and child protection is a major challenge for women and families impacted by violence in addition to being an opportunity for early risk assessment and referral. DVNSW members and survivors of violence commonly identify systems failures in both the service and criminal justice systems, many of which could be partially addressed through specialised workforce development and training for police, prosecutors, judicial officers, court staff, legal practitioners and other justice workers on risk assessment, management and appropriate referral, the nature and dynamics of domestic, family and sexual violence and the impacts of trauma.

Further risks are involved when DFV intervention systems are not coordinated. Well documented issues include: fragmentation of service (Ross et al, 2011); gaps in services, overlapping services and gaps in jurisdiction (ALRC, 2010) low reporting rates and service uptake by victims (Barnett 200; Mulroney, 2003) a failure to consider relevant risk factors and interactions between those factors which then can increase risk to mother and their children (Humphreys, 2007; Potito et al., 2009) and insufficient client focus which may result in formal and informal pressure on mothers from different service systems responses (Hester 2011).

With a better understanding of the ways in which child protection systems work against a mother as the victim-survivor of violence we can begin to deconstruct and rebuild areas that actively support victim blaming. A particular reference to the family unit in Aboriginal families must take into consideration the understanding of paternal roles and family relationships and responsibilities. Aboriginal and Torres Strait Islander women experience both far higher rates and more severe forms of violence compared to other women. We continue to stress the importance of working with Aboriginal communities to address the issues in partnership with the communities living with violence.

**5. Please elaborate on your remarks on page 9 regarding inconsistent language across sectors. (page 9 of submission)**

See response to question 3.

In NSW the ways of reporting and talking about cases are often laden with service and sector specific assumptions, theories and language, which can sometimes be conflicting. In recognition of the wider accountability and responsibility of DFV seen in recent years there is still a need for consistency to bring together the language used across government departments and the sector more broadly. As the Men's Behaviour Change (MBC) sector grows there is a crucial opportunity to use shared language and approaches developed by women and children's support services between MBC programs in the community and in Community Corrections to ensure consistency when working with perpetrators whether they are incarcerated or not.

**6. Is there the potential that children are being kept in harm's way because of inconsistent language about what constitutes risk of significant harm? (page 9 of submission)**

Without doubt, inconsistent language and the need for ROSH responses to be (at the very least) trauma-informed absolutely impacts on the safety and appropriateness of responses to children and



young people. Our member service submissions consistently remarked on the fact that early intervention in the specialist domestic and family violence context can, and does, differ from other sectors. In its submission to the 2015 Victorian Royal Commission, DV Victoria defines early intervention in the context of family violence as, *"earlier identification and mitigation of the effects of violence as well as stopping men from continuing to use violence. For the women and children experiencing family violence, it means being safe or safer than they would have been, averting crisis situations, and having access to supports so they can live their lives with safety and dignity"*. We would strongly recommend that government and NGOs work together using definitions that have been adopted by other jurisdictions and experts such as the Australian National Research Organisation for Women's Safety or Our Watch to devise NSW-specific common terminologies and for consistent language to be used across all government departments (Justice, Health, FaCS, Police, Education etc)

**7. Can you elaborate on the instance where two children were not returned to their mother because the mother was 'too pretty'? (page 8 of submission)**

In our original submission we talked about the culture of victim blaming and the impacts of a lack of understanding about the dynamics of domestic and family violence highlighted in the case study of a victim-survivor of violence who was told by a FaCS caseworker that she was *"too pretty"* and would therefore be likely to enter another abusive relationship. This case was eventually resolved after a senior FaCS District staff member intervened following requests from the DFV specialist service and DVNSW for the case to be reviewed. We have attached a confidential case summary prepared by the specialist support service. DVNSW would like to note that even though the immediate issue has been resolved and the mother has had her children restored, some major issues remain in this case. It's also not an isolated example. The mother continues to navigate a complex system that is still empowering an abusive ex-partner to exert power and control over her and her children's lives by using the system. Just recently she had to re-involve the DFV specialist service to protect the anonymity of her location which was due to be given to the perpetrator because of lack of consideration by other services for her need for protection and safety. In case like this in the UK recently, the inadvertent disclosure of the safe house address of a victim and her child leading to the homicide of a 7 year old girl, It was labelled a *"spite killing"* because the perpetrator was losing the custody battle.

**a) What sort of training is there for caseworkers to prevent this sort of thing occurring?**

This is best answered by the Department of Family and Community Services. We are not directly involved with training schedules for caseworkers by the department although we continue to advocate for every FaCS child protection worker to undergo basic domestic and family violence training and trauma-informed care training (a four day DFV foundation course is offered by the Education Centre Against Violence, the training arm of NSW Health). DVNSW recommends that caseworkers should receive a minimum of the four-day basic training and more advanced training on an annual basis to ensure that they are aware of the most recent changes to legislation, policy and best practice. We also recommend that all social work students be given core training in DFV and trauma through NSW educational institutions. At present it is common to graduate and be work-ready from TAFE or University without any sort of training in the complexities of domestic and family violence or trauma.

It is DVNSW's understanding that any training a FaCS worker participates in (outside of the mandatory training within FaCS) must be at the workers own cost. This has a direct impact upon how a caseworker might choose to supplement their professional development with key DFV knowledge. DFV Services have shared detailed reflections upon caseworkers they interact with and their lack of understanding of ADVO's and Family law dynamics specifically. Practically speaking, if a FaCS caseworker has concerns about an ADVO or charge matter they should have the skills and capacity to go to court to advocate on

behalf of the child. Understanding our complex system particularly where FaCS intersects with Family Law and the Police is crucial for successful outcomes for children and young people.

**8. What level of investment is required to develop the evidence-based soft entry points for victim-survivors and their children? (page 10 of submission)**

DVNSW draws to the attention of the Committee the Commonwealth Department of Social Services (formerly FAHCSIA) definition of soft entry points: "*Ways of introducing families to services in informal environments within their own communities. Soft entry approaches take traditionally formal services into familiar, nonthreatening locations where families are used to gathering.*"

Soft entry points are regularly used by entities such as community centres, family support services, youth services and counselling services as well as domestic and family violence specialist services. They can range from supported playgroups, yarning circles, family fun days, school open days, religious specific gatherings, drop-in clinics and health and wellbeing workshops. Well-established soft entry points often lead to a trusting relationship between service users and a service, and can facilitate an environment where a victim-survivor feels able to disclose their situation. They work particularly in a context where a woman may be isolated from friends, family and community and may be regarded as a less threatening environment by perpetrators and victim-survivors. Ideally all support services working from a trauma-informed perspective would have soft entry points that have trauma-informed practices at their core and allow for streamlined referral and/or appropriate internal support.

DVNSW note that as a peak body part of our ongoing work plan for 2017 involves exploring further the soft entry points utilised by DFV specialist services; exploring how they are funded and what outcomes are facilitated for victim-survivors if DFV is identified while an individual is engaged in a soft entry point. The cost of running each soft entry point is determined by the activity but they are renowned for being low cost activities and outcomes may or may not be linked back to reporting requirements of FaCS (excluding staff time costs). The recent GHS homelessness service sector reforms have resulted in a loss of soft entry points being run and facilitated by domestic and family violence specialist services, particularly those aimed at working with children as clients in their own right (due to tighter funding restrictions). Any investment strategy that follows should take this into consideration.

**9. Please elaborate on funding and investment strategies for youth-specific workers who specialise in DFV. (page 13 of submission)**

DVNSW work closely with Youth Action, the NSW peak body for young people and youth services, on issues relation to DFV and child protection (both in partnership as well as members of the NSW Women's Alliance). Violence against young people is complex and while DVNSW supports an integrated response with child protection and FaCS, as indicated in the Women NSW DFV Blueprint Framework, it cannot be the only response to the high prevalence of young people experiencing violence in their own intimate (teen dating) relationships.

DVNSW supports Youth Action's recommendations regarding addressing the lack of a specific strategy for young people experiencing DFV and the minimal attention the DFV Blueprint process gives to young people as victim-survivors of DFV in their own right. It is critical to also address underlying causes in prevention approaches. DVNSW also support the recommendation of trialling a funded whole-of-school approach to DFV prevention. DVNSW maintains that young peoples' experiences of domestic violence are very different to adult experiences. Therefore, understanding the issues specific to young people, as well as identifying the causes and contributing factors is fundamental to understand 'what kinds of messages and/or communication channels will be most effective in encouraging positive attitudes and behaviours in relation to DFV. We draw the Committee's attention to the relevant recommendations to the Inquiry from Youth Action:

### Recommendation 1:

Youth Action recommends the NSW government appropriately and proportionately respond to the specific needs of young people impacted by domestic and family violence. This includes:

- Identifying and acknowledging the heightened risk for young people in NSW.
- Embedding understandings of youth specific dimensions of DFV in, for example, advisory groups via the inclusion of young people, youth services, youth provides or youth peak representation.
- Ensuring any expansion of funding for accessible, specialist, targeted, culturally safe, client-centred services that meet the health, housing, justice and legal needs of women impacted by violence recognise and include the need to provide youth specific support.
- Ensuring the timely access and availability of youth specific support in response to domestic and family violence, or at the very least, requiring domestic violence services to provide or have formal partnerships and referral pathways with youth services.

### Recommendation 2:

Youth Action therefore recommends that the NSW government invest an initial \$600,000 to trial preventing DFV through a whole school approach across 30 school sites. This would cover:

- Project coordination and management
- Development of further NSW specific project outline, tools, resources and professional learning package
- Project implementation staff
- Support for women and youth organisations to partner with specific schools
- Professional development for teachers and school staff
- Comprehensive evaluation

### 10. What examples can be given regarding the inconsistent, under-resourced and often-poorly informed response by caseworkers detailed in your submission? Please elaborate.

See below for examples of specific cases where responses have failed women and their children from our research with members. Each case relates to a different family.

1. *"When young children are involved with sexual abuse allegations and evidential material isn't sufficient to prosecute, the child/ren are still provided with contact with dad and exposed to further risk. Mother and children are left with no option but to continue with Family Law arrangements and thus children are exposed to further risk and this creates further danger to the child. Child protection should override Family Law. Interview rooms and techniques are often not conducive to children who have experienced trauma feeling safe enough to disclose."*

2. *"Women in long term DV with the child's father. Child is 12 and removed following a DV assault and father gaoled. Case allocation is lost between OOHC and FaCS so no access visits for over 3 months. Mother increasingly frustrated and angry that no one will support her to see her daughter. Meanwhile the mother is ordered to: 1. Attend parenting group 2. Attend DV group for women 3. Attend Rehab 4. Attend MH group 5. Centrelink is cut so she loses tenancy 6. Attend one on one counselling on the impacts of DV on children All this and SHE is the victim yet treated as the criminal. Women are constantly and consistently set up to fail by the system when it comes to CP and DFV. The perpetrator didn't have to do anything and still got visiting access."*

3. *"This happens a lot when there are children over 12 years old living in these situations. Often the young person is expected to stay in the situation and not offered correct support. The school have a young person where they are afraid to get the young person assistance due to the ramifications on the young person if the parents find out."*

4. *"We see situations where violent partners are given access to children. This is often used as means to continue manipulating the ex-partner. Even if the perpetrator breaches parenting agreements there is no action taken. The courts do not see this in the context of DFV and a history of manipulation. We also see situations where the women has the child but the ex-partner gets the payment. This arrangement exists because of threats to drag the women through the courts, and maybe have her lose the child if she objects. This is particularly difficult if the women has a history which makes that threat credible. Courts also totally underestimate the financial cost of court attendance for a women (child care, travel, accommodation, which is more and difficult from remote areas) and the cost of complying with parenting orders (such as fortnightly travel to a half way point for exchange of the child)."*

5. *"I hear stories everyday whereby the father/alleged perpetrator has unsupervised access visits to kids despite AVO's in place, history of FDV, behavioural problems (e.g. angry outbursts, bed wetting, feeling fearful or distressed etc) that the children exhibit before & after access visits with their father/alleged perpetrator. He doesn't have to provide evidence/accountability for providing a safe environment while the kids are in his care."*