

**INQUIRY INTO DOMESTIC VIOLENCE TRENDS AND
ISSUES IN NSW**

Organisation: Nepean Blue Mountains Local Health District
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Nepean Blue Mountains Local Health District Response

1. Strategies to reduce breaches and improve compliance with Apprehended Domestic Violence Orders (ADVOs) including:

a) Use of GPS bracelets

Key issues

- An initiative like this may be useful to collect data relating to breaches of ADVO's and may also act as a possible deterrent for perpetrators.
- This initiative could only be effective if there was one agency that was responsible for (and had the capacity) to monitor and respond to breaches.
- It would be important for victims of domestic violence not to be given the impression that this initiative would guarantee or enhance their safety.

Evidence

- Experience suggests that breaches of ADVO's are common. Local Police data indicates that over a period of six months, they dealt with approximately 200 breaches of AVO's related to Domestic Violence. This data only captures breaches reported to the Police; anecdotal evidence suggests that the breach rate is actually much higher than this.

b) Whether existing penalties for DV are adequate

Key issues

- There are many adequate penalties available to the court system, but they are inconsistently applied.
- The application of inappropriate penalties can serve to minimize the history of violence, discount the likelihood of recidivism and/or escalation of violence.

Evidence

- The most common outcome in workers experience is a time limited good behavior bond, with no criminal record. Local Police data indicates that over a period of six months, there was no legal action taken for 45% of domestic violence cases.
- Anecdotal evidence indicates that Magistrates are showing a lack of understanding about the context of domestic violence and focus on domestic violence as an isolated incident (thereby applying softer penalties or dismissing breaches) rather than being aware that domestic violence is an ongoing and often escalating pattern of behaviour.

2. Early Intervention Strategies to prevent Domestic Violence

Key issues

- There is evidence that domestic violence can be prevented, however it is a long term goal requiring sustained attitude change to women & children.
- One of the ways this change can be best effected is through prevention programs in high schools (e.g. Love Bites and Social & Safe) that address violence in relationships and promote responsibility and respect.
- Currently early intervention or prevention programs are not uniform across the State and rely on the energy and capacity of local services to find the resources to fund and deliver programs. This is not sustainable in the long term.
- Early Intervention and prevention strategies need to be funded, valued, collaborative and supported by coordination at all government levels.

- To reduce intergenerational issues, early intervention needs to focus on better supporting women who are caring for the next generation. Inadequate housing, employment, education and income support can compound issues for families already experiencing violence.
- Any action to prevent violence against women needs to address four themes,
 - Promoting equal & respectful relationships between men & women
 - Promoting non violent social norms
 - Reduction of effects of prior exposure to violence (especially on children)
 - Improving access to resources and systems of support

Evidence

- Men's use of violence against women is a significant public health issue with serious social, economic and health consequences for women, their families and communities.
- Access Economics¹ estimated that in 2002/03, domestic violence cost Australia \$8.1 billion. The National Council to Reduce Violence against Women & their Children² has recently used these figures to project that domestic violence will cost Australia \$9.9 billion in the year 2021/22 if appropriate action is not taken.
- A report published by VicHealth³ found that reducing the prevalence level of domestic violence from 27% to 22% could save \$38 million dollars on health sector costs.
- A number of documents outline the importance of early and primary intervention and provide examples of evidence based practice in the arena of domestic violence. These documents include;
 - *Preventing violence before it occurs - a framework and background paper to guide primary prevention of violence against women in Victoria* (VicHealth - 2007)
 - *Preventing intimate partner & sexual violence against women* (World Health Organization - 2010)
 - *Time for Action – National Councils Plan to reduce violence against women & children* (2009 – 2021)

3. The increase in women being proceeded against by police for domestic violence related assault

Key issues

- Recent legislative changes resulted in Police being mandated to apply for AVOs and to charge individuals in certain circumstances. More women are being charged as a consequence.
- The Police and Courts have limited capacity to recognize acts of self-defense by victims of ongoing systemic violence. When women are punished for defending themselves, the responsibility shifts from the perpetrator to the victim.

Evidence

- Anecdotal reports from workers suggest that there is a rise in numbers of applications by perpetrators that are vexatious in nature. Anecdotal evidence also points to an increase in punitive responses by police to female victims who refuse to provide statements or pursue police action.

¹ Access Economics 2004, *The cost of domestic violence to the Australian Economy*

² National Council to Reduce Violence against Women & their Children 2009, *The cost of violence against women and their children*

³ Cadilhac et al 2009, *The health & economic benefits of reducing disease risk factors*, VicHealth

Any other relevant matter

Key issues

a) Systems

- The dis-establishment of the Violence Against Women (VAW) positions in NSW (2008) resulted in a loss to the strategic and coordinated approach to domestic violence prevention and intervention.
- The Domestic & Family Violence Coordinator positions that replaced the VAW positions have been unable to achieve interagency leadership in this area, with a focus on issues within the Police and a very wide geographical responsibility.
- Agencies need further training and education in relation to the strong links between domestic violence and child abuse. Statutory child protection intervention currently enforces systems that hold women responsible for the violence in the home.
- Mandated screening (NSW Health have implemented Routine Domestic Violence Screening) has assisted in raising awareness of domestic violence and it's impacts within the local community and amongst health workers.

b) Programs

- Mt Druitt has an established Family Violence Service⁴, which provides a comprehensive, consistent and coordinated response to families impacted by violence, focusing on early intervention. This strategy is a partnership between local government and non-government organisations and its key strength is that it operates as a central service that all local organisations can link into and support. There needs to be wider rollout of programs such as this to ensure that these services are available to the whole community.
- There needs to be commitment to provision of funding for ongoing intervention. Many pilot programs are funded in the short term (and successfully evaluated) but cannot be sustained when the funding finishes. Effecting long-term change and measuring sustainable outcomes requires commitment to ongoing funding.
- Barriers to women achieving safety remain difficult. The NSW scheme, *Staying Home, Leaving Violence* has had demonstrable positive outcomes and needs to be adequately funded and available to all women across NSW.
- There are not enough quality-based programs for perpetrators of domestic violence. Recently, Cabinet endorsed draft minimum standards for men's domestic and family violence behaviour change programs. We welcome and support these new standards, as interventions for perpetrators need to recognize that domestic violence is significantly different to anger management or relationship difficulty. Currently few local services identify themselves as providing domestic & family violence programs. Given the stigma attached, many services re-badge their programs as 'anger management' or 'relationship' groups. This fails to identify or name the issue/s and undermines the seriousness of domestic violence.
- While many government and non-government agencies provide short term counselling and support to domestic violence victims and their families, there is a

⁴ Part of the Community Solutions and Crime Prevention Strategy announced in 2002

gap in specialist long-term support, counselling and case management for women, children and young people.

- The *Stop the Violence, End the Silence* action plan was released in June 2010. One of the actions noted the need to “develop models for intervention.....to identify and respond to victims of domestic violence, including collection of forensic evidence”. The former SWAHS commenced a pilot model of medical intervention 2.5 years ago. In the first twelve months, the Forensic Medical Unit saw 39 victims of domestic violence and their injuries were documented and photographed. The information collected was presented at court (where relevant) and resulted in increased numbers of guilty pleas and convictions. The pilot model has recently added psychosocial support to the intervention and has received ethics approval to undertake a thorough evaluation. An extension of this model would assist and support victims, Police and Courts, however further funding would be required to expand the model across a broader geographic area.