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REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

**INQUIRY INTO DOMESTIC VIOLENCE TRENDS AND ISSUES IN
NEW SOUTH WALES**

UNCORRECTED

At Sydney on Monday 30 April 2012

The Committee met at 9.45 a.m.

PRESENT

The Hon. N. Blair (Chair)

The Hon. C. Cusack

The Hon. G. J. Donnelly

The Hon. C. Faehrmann

The Hon. N. Maclaren-Jones

The Hon. H. M. Westwood (Deputy Chair)

CHAIR: Welcome to the sixth public hearing of the Standing Committee on Social Issues Inquiry into Domestic Violence Trends and Issues in New South Wales. This is the Committee's last scheduled hearing for this inquiry. I thank the witnesses appearing before us today and all of our witnesses who have contributed to the Committee's inquiry to date. We will complete the evidence gathering for this inquiry by holding a roundtable discussion with key inquiry participants on 18 June and we anticipate that the Committee's final report will be tabled in Parliament later this year.

Today's hearing follows up on certain issues and practices that the Committee has heard about in other hearings, submissions and site visits. We will hear evidence today from the New South Wales Ministry of Health, Victoria Police and the New South Wales Department of Attorney General and Justice. This afternoon the Committee will conduct a roundtable discussion with special interest groups, including the Immigrant Women's Speakout Association, the Youth Action and Policy Association, the New South Wales Consumer Advisory Group, People with Disability Australia, the Gay and Lesbian Rights Lobby and the Council on the Ageing.

The Committee has previously resolved to authorise the media to broadcast sound and video excerpts of the public proceedings. Copies of the guidelines governing the broadcast of the proceedings are available from the table by the door. In accordance with the Legislative Council guidelines for the broadcast of proceedings, a member of the Committee and witnesses may be filmed and recorded. People in the public gallery should not be the primary focus of any filming or photographs. In reporting the proceedings of this Committee the media must take responsibility for what they publish or what interpretation is placed on anything that is said before the Committee.

Witnesses, members and their staff are advised that any messages should be delivered through the attendants or the Committee clerks. I also advise that under the standing orders of the Legislative Council, any documents presented to the Committee that have not yet been tabled in Parliament may not, except with the permission of the Committee, be disclosed or published by any member of such Committee or by any other person. If you should consider at any stage during your evidence that certain evidence or documents you may wish to present should be heard or seen in private by the Committee, the Committee will consider your request. However, the Committee or the Legislative Council itself may subsequently publish evidence if they decide that it is in the public interest to do so. I welcome our first witnesses—representatives from the New South Wales Ministry of Health.

MEREDITH CLAREMONT, Acting Director, Maternity, Children and Young People's Health, New South Wales Ministry of Health,

KERRY CHANT, Deputy Director General, Population and Public Health, and Chief Health Officer, New South Wales Ministry of Health, and

MAILIN SUCHTING, Acting Associate Director, Children, Young People and Family Health and Wellbeing Unit, New South Wales Ministry of Health, affirmed and examined:

CHAIR: Would you like to make a short opening statement before we move to questions?

Dr CHANT: I would be happy to give a very brief overview and then go on to questions if that is okay.

CHAIR: That would be great, and there is no need to repeat anything from the department's submission.

Dr CHANT: In terms of setting the scene, this Committee is obviously aware of the significant health impact that domestic violence has—obviously the direct consequences of physical abuse but also the consequences on mental health and wellbeing, but, in addition, women and others who experience or are the subject of domestic violence also have other higher risk factor behaviours, higher rates of smoking, alcohol and drug abuse, sexual risk taking, general risk-taking behaviour and overeating and other risk factors which will then consequently impact on their health status.

In terms of Health's role we probably can break that down into four key areas. New South Wales Health obviously provides universal services and a universal health system for people in need. So we may see and treat and respond to domestic violence in our emergency departments and in our other settings where it becomes evident. We also undertake screening in certain risk populations where it is identified that the prevalence of domestic violence is either high or it poses potential additional serious risks. So on a prioritisation basis we screen certain populations, and that includes maternity and around the postnatal period, mental health in the mental health setting and also drug and alcohol settings. Some of our broader programs can be seen as having a broad stabilising effect on people's lives which may reduce either triggers to domestic violence or some of the antecedents for domestic violence. Some of our early childhood programs—our Sustaining Brighter Futures and home visiting programs—that are worked across agencies obviously try and develop a strong framework around early childhood. Similarly, some of our drug and alcohol, mental health and our services servicing vulnerable groups also aim to provide high-quality health services and care and wellbeing, which hopefully will also mitigate risks of domestic violence but also maybe the severity and intensity of domestic violence.

We also do a little bit of work in the primary prevention in supporting the delivery of the Love Bites program, which is basically a relationships program that you have probably heard about running through secondary schools, and we support that in a collaborative way with other government agencies. That is probably all I wanted to say in terms of defining our programs. I am very happy to answer more in-depth questions about the screening processes and other programs we have running.

The Hon. HELEN WESTWOOD: You have in some way answered some of my first question. That leads me to ask you about the framework that is currently being developed by the New South Wales Government in response to the Auditor-General's report. I am just wondering what role the Ministry of Health is having in the development of the New South Wales Government's domestic violence framework.

Dr CHANT: The Ministry of Health is supportive of the development of the domestic violence framework and is working collaboratively with the other government agencies in its development. I think that NSW Health can contribute positively in that in terms of our programs. Perhaps Meredith could discuss some of the senior officers groups that are working together to progress the strategy.

Ms CLAREMONT: The Ministry of Health is represented on the broader Domestic Violence Senior Officers Group. We have been participating in that for some time. Family and Community Services have set up a project-specific senior officers group that is overseeing the development of the cross agency framework which they have contracted to KPMG to develop and I represent the ministry on that senior officers group. One of the key areas of interest that the ministry has in the development of that framework is how it will address the

cross agency risk assessment and management tools that we had developed across government and trialled. We have proposed that they be considered as part of the development of that framework.

The Hon. HELEN WESTWOOD: One of the responses that we got from Ms Boland, who appeared before the Committee in relation to the development of the framework, was the importance that the Government was putting on working with non-government organisations who are often most responsible for providing services to victims. I am wondering whether or not that is also something that the ministry is doing—talking to non-government organisations, consulting with them, in terms of your input into that framework?

Ms CLAREMONT: I mentioned the cross agency risk assessment management project that we led. We worked closely with a number of non-government organisations in developing the tools that we trialled under that project, and in particular a specialist assessment tool, and in evaluating how we went with that project we did some targeted consultation back with the non-government organisations that we worked with and fed that back into the consideration of the process in a broader sense of how we were interacting with non-government organisations across our domestic violence work. With inputs into the framework I might just ask Mailin to add some words there.

Ms SUCHTING: The ministry funds women's health centres. Whilst those centres prioritise holistic care to women in the context of their lives and their families, many of those services are prioritised to the health issues associated with domestic violence. So in that way the ministry supports non-government organisations to deliver in that area. In terms of broader consultation with health-funded non-government organisations in relation to the development of the framework, if requested that could be something that we could take up purposefully.

The Hon. HELEN WESTWOOD: There is no actual mechanism in place at the moment for the input or feedback from women's health services into policy development within the ministry?

Dr CHANT: I think that within the ministry structure local health districts have been developed and within those local health districts there is a lot of collaboration across services in the provision of responses to domestic violence. So my understanding is that local committees and groups which have got representatives of all sectors, including the non-government organisations sector, are involved. So rather than the ministry convening them separately they are often convened at a local health district and by that way the ministry gets input and recognition of issues that have come up. We also should say, in terms of taking a step back around the development of the framework, the ministry is particularly keen on developing the framework and particularly looking at evidence-informed models of care and putting in quite a strong evaluation and evidence generation framework to allow us to prioritise the best models of care.

The Hon. GREG DONNELLY: My questions were also along the line of the framework and how it is being developed. I do not know whether Dr Chant should best answer this or Ms Claremont, but could you take me through the process that has been unfolding and the nature of the meetings you have been involved with and could you tell me at what point we are up to, as you understand, with the whole framework development?

Ms CLAREMONT: Family and Community Services established a working group and I attended the first meeting of the working group. Since that time—

The Hon. GREG DONNELLY: When was that?

Ms CLAREMONT: I would have to check the date. I think it was February. At that meeting a presentation was given around the approach to the development of the framework and the elements that would be included, the time frames for its development over this year and a proposal around the oversight that that group would have over the development of the framework. Following that first meeting we were contacted by the consultants as part of their first stage of preliminary consultations to talk about the work that NSW Health has been doing in domestic violence policy under the previous frameworks and the projects that we have led. The date of that I would have to confirm.

The Hon. GREG DONNELLY: If you could do that, please.

Ms CLAREMONT: Certainly.

The Hon. GREG DONNELLY: I am just trying to get the chronology right. The first meeting was in about February, as best you recollect?

Ms CLAREMONT: Yes.

The Hon. GREG DONNELLY: And then there was a follow-up meeting with the consultants, those consultants being?

Ms CLAREMONT: KPMG, and they met with representatives of the ministry.

The Hon. GREG DONNELLY: How many subsequent meetings of both those groups have taken place with the framework committee and KPMG? How many meetings have you been having?

Ms CLAREMONT: Several were scheduled but have not been held due to the further development work, I understand, that Family and Community Services has needed to do to reconvene that group. However, we have had a meeting of the broader senior officers group in the meantime to brief other agencies who are not represented on that sort of project steering committee senior officers group.

The Hon. GREG DONNELLY: I am just trying to get the framework clear in my mind. There was the initial meeting in February, and what is that group called?

Ms CLAREMONT: That is a steering group of senior officers who oversight the development of the framework. We had an opportunity to review a proposed approach to the development of the framework prior to that and our ministry provided advice. Then, as I said, at the first meeting the consultants provided an overview of the proposed approach to developing the framework.

Dr CHANT: The Committee probably should be aware that I attended a meeting led by the Office of Women, which also, I suppose, had broader strategic discussions about how to progress the framework. At that point we also discussed the previous work that the ministry had led and how that could be fed into the framework and how we could progress the framework.

The Hon. GREG DONNELLY: And what is your understanding of the timetable for the completion of the framework?

Ms CLAREMONT: In broad terms it is to be developed over this year and to be completed, I understand, by the end of the year. However, the framework has been broken down into several components and so they are first seeking to develop the overall prevention and articulate the framework and that is the first priority in the first bulk of work. The second set of work to be done is about the detailed sort of strategies that would sit underneath that and that is, I understand, for the second half of the year.

The Hon. GREG DONNELLY: So your understanding is that by the end of the year the Government's new framework for dealing with domestic violence will be basically completed?

Ms CLAREMONT: That KPMG will have delivered its report and a draft framework to government, that is my understanding, yes, by the end of the year.

The Hon. GREG DONNELLY: In terms of further meetings with KPMG, this initial meeting that you had with them earlier this year, has that been followed up with any further meetings with KPMG involving Health?

Ms CLAREMONT: No. We have had one meeting with KPMG, other than the meeting that Dr Chant referred to where we met with Family and Community Services to deal with some issues around how Health would like to input into the framework.

The Hon. GREG DONNELLY: Was KPMG represented at that meeting?

Dr CHANT: No, but there were some discussions which impacted on the potential scope of work for KPMG. So there was some additional framing of questions that the ministry felt may add value to the scope of work of KPMG. We also expressed the view that there may well be products or tools that could be drawn from what has been developed in other States, or existing frameworks that could actually ensure that we got to the

framework being delivered within the time frame specified. So that was our contribution and that was the tenor of the conversation at that meeting with the office.

The Hon. GREG DONNELLY: As far as you are aware are there any further meetings planned involving Health and KPMG?

Dr CHANT: I would presume that the meetings would be set up at points where KPMG may well attend the senior officers group. I am not personally aware, but I presume those processes would be put in place.

Ms CLAREMONT: We do not currently have further meetings scheduled with KPMG. However, it was flagged at the senior officers group that we would be interacting with KPMG in that forum as they develop and report back to that group on their progress with the framework. We expressed a willingness to meet with them as needed to provide further input when it is needed.

The Hon. HELEN WESTWOOD: We have heard quite a deal about the value of screening for domestic violence that has been undertaken by healthcare professionals. I know you have referred to it in your opening address, but could you perhaps give the Committee a little more detail about that screening and the outcome of that? What action is taken after that screening when people are identified?

Dr CHANT: As I briefly mentioned, screening for domestic violence is being incorporated into the initial assessment processes in areas where there is prevalence and the risk is high. These are antenatal and early childhood services, as well as mental health and drug and alcohol services. Screening is a system-wide early intervention and education strategy that aims to minimise ill health as a result of domestic violence and prevent further violence. Interestingly, the evidence shows that women are not likely to disclose unless asked specifically. In 23 per cent of cases the screening episode is the first time that women have disclosed domestic violence. It is integrated into the routine assessment and I think we have got some examples of both the screening tools that are used and also some of the products that are used to support the discussions. We can make those available to members.

The Hon. HELEN WESTWOOD: It would be great if you could table those, please.

Dr CHANT: Yes. Women are informed about the fact that there is limited confidentiality in terms of the fact that there are obligations on us to take action and disclose to others should we assess there being acute risk. The women are assessed in a secure environment that is separate from other male partners or other children or other people accompanying them. They are given the card to sort of frame the conversation around domestic violence and they are screened. The benefits of screening lie in obviously the detection of the domestic violence in the woman, but as part of the fact that we have trained up staff around screening it has actually raised awareness and capacity in our staff to address domestic violence issues. Should domestic violence be identified there is an immediate sort of risk assessment process implemented. Then, depending on what that risk assessment shows, a range of interventions will be brought into it. I suppose Ms Suchting is probably the best person to tell you the operational things that those responses may include.

The Hon. HELEN WESTWOOD: Can I just clarify the settings in which that screening takes place? During what interactions with Health would that screening take place?

Dr CHANT: What I am talking about at the moment are examples of where it is fairly generalised, but you may note in submissions from local health districts that a number of local health districts have introduced screening in various forms in other settings and have tailored and expanded the screening where they have recognised a local need. But in terms of the general screening, it occurs in the antenatal setting, drug and alcohol, and mental health services.

Ms SUCHTING: Just to add to the points that Dr Chant was making, one additional site is the child health services. In some local health districts sexual assault services, recognising the links between sexual assault and domestic violence, have taken the lead. Broadly the mechanism that is described is a simple process of a preamble and two questions. If domestic violence is identified a further question is asked about whether or not the woman is safe to go home at this point, or safe at this point. A response to that that she is unsafe is a trigger for a further referral and the risk assessment process that Dr Chant is talking about.

One of the things that is very important in the way in which routine screening for domestic violence has been integrated across the 500 sites across NSW Health is its integration into existing screening processes. So

for an antenatal visit the routine screening is integrated into the routine assessment process. For example, routine screening and a postnatal depression scale would be asked in conjunction with each other and a midwife would be considering both of those in relation to each other. In a mental health facility the routine screening is integrated into the mental health outcomes assessment tool. For a client of the health service it is an integrated approach and the workforce development strategy that has been in place for the last 10 years for staff has ensured that that is a streamlined process.

The Hon. HELEN WESTWOOD: Is there a reason why screening does not take place in the emergency department setting?

Dr CHANT: I think you are referring to some of the recommendations coming from the Anthony Zwi piece of research. Currently we are in the situation of reviewing our policies this year and we will be reflecting on any new evidence and recommendations. In that light we are certainly considering other settings where screening may be recommended. I note in some of the other submissions some other area health services have identified even aged care settings and some other settings where they have determined a need to do that. So I think the ministry is really going to reflect on the new evidence.

I should say that there are some challenges in the emergency department setting for screening. The issue of having suitable privacy for screening and whether it is an environment that is conducive to that. In terms of reflecting on the ministry's approach and the new policy frameworks, I think that we can also ensure stronger engagement with general practitioners because often patients from the emergency department are referred back to general practice. I think we can work collaboratively in that area of strengthening our engagement with general practice around the issue of domestic violence. But we will reflect on that comment around emergency departments, noting there are constraints.

The Hon. CATE FAEHRMANN: Just further to the screening, when you talk about potentially strengthening engagement with general practitioners, that was also one of the recommendations that came out of the report that I think was released in 2010, and you mentioned that you were reviewing policies this year—

Dr CHANT: That is right.

The Hon. CATE FAEHRMANN: What is your process for that? The recommendations came out in 2010. I think there were some very clear recommendations about expanding the screening—I think sexual health was one as well—to emergency departments and general practitioners. If that came out in 2010 and you are saying the department is reviewing its policies now, what does that mean in terms of seeing any changes in screening practices? What is the time line there?

Dr CHANT: Meredith probably can list the pieces of work we have done ahead. While we are now undertaking a review, there have been some reviews that the department has commissioned and partnered with some particular research to put us in the position we will be in this year to review things. There have been some pieces of work that have scoped the actual Health counselling services, capacity in our local health districts and identification of gaps. We have done some sort of foundation pieces of work in the interim. In terms of the approach, as Mailin has said, one of the strengths of the way that the screening has been developed in the other settings is its integration. It is seamless integration in the model of care in antenatal and mental health.

What we will be looking at is whether the screening can be seamlessly integrated in other settings and that they are effective. Then not only do we have the screening, but we have effective intervention or a capacity in the system to pick up when we find that screening detects things. The work also will be fleshing out recommendations for enhancement of screening, looking at how they can embed in new models of care across a continuum, noting that general practice is a key provider and a key connection point. I suppose that is the approach we will be taking in the review.

The Hon. CATE FAEHRMANN: In terms of barriers to that, are there any barriers in, say, in relation to emergency ward personnel or general practitioners, for example? Would there be barriers from the people who are working in the field, so to speak, on the front line in terms of their time and having to fill out new forms? Is this a real issue for the department in terms of expanding the screening?

Dr CHANT: There are physical issues. Obviously, with screening, there will be times when people are too sick to be screened in our emergency departments. There will be people coming through that are really not well enough to be screened. There will be other settings where there may be physical constraints around

separating the woman and doing the screening in a safe environment where she is not accompanied by someone else who may well be the perpetrator. There also are issues around workload and prioritisation of our emergency departments to obviously deliver care and treat seriously ill people within defined frameworks to get good outcomes for them as well.

In expanding any screening to any new sites, there is workforce capacity and training and we would have to certainly do a lot of significant work around workforce capacity and training. We also need to ensure that there is a model of care and a referral pathway that can act on the screening. I suspect in general practice there are similar issues. It is not an area that I can speak authoritatively on, but I suspect the same issues of workforce capacity and concerns around what to do when they find domestic violence—the complexities of the fact that they are often treating both, potentially the perpetrator and the victim, within a family practice, and how they manage those circumstances. In working and engaging with general practice, we will need to work through all of these issues and not underestimate the complexity. But if the evidence is that screening and intervention will deliver best outcomes for the family and the victim, then we need to pursue those.

The Hon. CATE FAEHRMANN: My next question is in relation to the Audit Office's recommendations on improving data collection, integration and coordination across government agencies in responding to domestic violence. Will you inform the Committee what actions the ministry is taking in respect of those recommendations, and has taken?

Dr CHANT: Yes. Certainly I would say that we support the sharing of information and data. We need to better understand and develop, further even, the ministry's data collections around some of the outcomes for the screening. I will ask Meredith to discuss the specific follow-up actions we have taken.

Ms CLAREMONT: We talked earlier about the development of the framework that Family and Community Services is leading on. The framework will be the overarching process by which a number of recommendations that the Audit Office made will be considered across agencies. As Family and Community Services have the lead responsibility across government, they are leading the Government's response around the recommendations. So, in participating in the framework development, we will be providing input there. Mailin may wish to say add something. Is there anything further, Mailin, that we can add on that?

Ms SUCHTING: In relation to the framework, I believe you have covered it. In relation to the ministry's responsibility to collect data, we collect an annual snapshot of data on routine screening across the whole of New South Wales Health. That is collected every November. We would see that the policy review process, and the review of routine screening as part of that policy review process, provides us with an opportunity to review that data collection process also, and to look at ways in which it may benefit from refreshing.

Dr CHANT: Did that address your question, or were you more around the interagency sharing of information as well?

The Hon. CATE FAEHRMANN: The question is also around at what action the ministry has taken since the Audit Office recommendations, but if you are saying that the framework is how you are addressing it, then that is fine.

Ms CLAREMONT: Yes.

The Hon. CATE FAEHRMANN: Unless there is anything else that you are doing outside the framework?

Ms CLAREMONT: No.

Dr CHANT: No.

The Hon. CATE FAEHRMANN: My next question is around the review of New South Wales Health counselling services. The Committee notes that the report of the review of counselling services. Are you aware of that report?

Dr CHANT: Yes.

The Hon. CATE FAEHRMANN: It identified the need for a clearer picture of New South Wales Health funded and delivered domestic violence counselling services, and for the role of mainstream and non-government services in providing domestic violence counselling to be clarified. Can you please explain what the issues are here, and what progress has been made to address the concerns outlined in that review?

Ms CLAREMONT: We commissioned that review as a commitment that we had made to undertake the review and to map across the State what our services were, and so we had a better database, if you like, of information that we could analyse as part of our ongoing review of our domestic violence policy and our other policies around child protection. It has provided some very helpful information about the availability of services and the demand for those services. It will be a key input into our policy review for domestic violence policy and procedures as we look at that in relation to the work that we commit to under the domestic and family violence framework and in our responsibilities under the Audit Office recommendations. So it will be an input into the next stage of our policy review and, feeding into that, consideration of the research that Dr Chant referred to earlier by Anthony Zwi. In relation to the review itself, I might just ask Mailin to elaborate a bit further.

Ms SUCHTING: The Committee will be aware that one of the processes that was undertaken in the review was a mapping of domestic violence services across New South Wales Health. Local health districts have the responsibility to implement services in relation to their communities, so you may have noted the variety of different responses. One of the important components of this process that will assist us in our review of policy is that interface between screening and the next steps following screening. Dr Chant has addressed that issue in our attention to Health's role in embedding that response, and also the possible role of general practitioners.

The review also addressed the important role of social workers who work in generalist roles. Those social workers across local health districts continue to provide critical services, in particular at the crisis response end for victims of domestic violence attending Health services. One of the other important components that was addressed in the counselling services review was attending to the question that was put earlier—our relationship with non-government organisations. It is perhaps of interest to the Committee that Family Planning New South Wales recently approached the ministry and requested use of the routine screening tools and to implement those across their services. So some partnerships have grown, even since this review process was undertaken.

The Hon. CATE FAEHRMANN: In terms of what the review has identified—for example, that inequities exist in relation to access to counselling particularly for culturally and linguistically diverse communities [CALD], Aboriginal communities and some regional-rural communities and that one of the main counselling responses provided by area health services is crisis intervention by social workers at emergency departments—it offered very little follow-up. In terms of the problems that the review identified, what concrete steps, other than the policy review, is the department taking to provide greater access to counselling services for domestic violence victims?

Dr CHANT: What the ministry is attempting to do in this current review is provide the evidence for the models of care that are effective and integrate them into the care pathway. That will then provide the framework for local health districts to act on that information. Rather than this just simply being a policy review, it is really around putting the evidence together, embedding domestic violence into the models of care, and taking the next step beyond only the focus on the screening.

The focus on the screening has been important in raising awareness of our workers around the magnitude and the impact of domestic violence. This next challenge will be to embed models of care that have both the crisis management but also some longer-term follow-up, noting that, because of the nature of domestic violence, that model of care will be very much an interagency collaboration with other government agencies, the non-government organisations sector, general practice and other community supports. There have been some particular recognition and some enhancements in some of the work around Aboriginal and Indigenous communities.

Tackling domestic violence in that context often requires a whole-of-community approach. There are a number of initiatives that have been targeted specifically at Aboriginal-Indigenous. I do take your point about the fact that a number of the submissions have highlighted the vulnerabilities of the culturally and linguistically diverse [CALD] community and the fact that we have to probably do things a little bit differently and overcome additional barriers for the culturally and linguistically diverse [CALD] community and accessing services. I think that will also be reflected in the new approach.

The Hon. CATHERINE CUSACK: The screening material that you have just tabled asks one question: "Within the last year, have you been hit, slapped or hurt in other ways by your partner or ex-partner?" That is really the extent of the screening. Is that correct?

Ms SUCHTING: That is correct. That is the first question. There are further questions.

The Hon. CATHERINE CUSACK: But if a woman answers no to both those questions, that is the end of it?

Ms SUCHTING: That is correct, with the exception that every woman who is screened is also offered the Z-card that we also tabled. We are aware that, as mentioned, 23 per cent of the women who are screened disclosed that is the first time they have been asked. We know that while one question may seem very little, a very small intervention, it can be the trigger for thinking about the issue. Having the issue named is a very powerful part of the first step in the acknowledgement of domestic violence. In the Anthony Zwi-Spangaro review that was conducted one of the outcomes was that women did take away that information and often disclosed subsequently.

The Hon. CATHERINE CUSACK: I hear the point you are making about it being informative, but this is supposed to be a screening tool, and is being presented to the Committee as a screening tool. The information here gives five different examples of domestic violence, but the single question that is asked appears to me to be inadequate. Where did the question come from and what is the evidence supporting that, given that is really the entirety of the screening?

Ms SUCHTING: At the time the routine screening was implemented across NSW Health 10 years ago, the evidence base for a broad-ranging intervention like this across a range of services like this was to create an environment for disclosure, a safe environment, to ask a limited number of questions and then to provide a pathway for referral if required and also critical information.

The Hon. CATHERINE CUSACK: But how was it arrived at just a single question? What is the evidence supporting that and has it been evaluated whether a single question is adequate?

Dr CHANT: I think the research done by Anthony Zwi and Spangaro, we can provide a copy of that paper, but that was very supportive of the role screening had played. I can go back and see. From my recollection it did not particularly comment negatively.

The Hon. CATHERINE CUSACK: I understand. I am trying to establish whether this has been evaluated.

Dr CHANT: The process has been evaluated. Anthony Zwi did a process of looking at the screening and some further work being commissioned looking at the screening in the Aboriginal and maternal infant's strategy program, again by Anthony Zwi's group. I can provide that paper to you. Interestingly, 23 per cent of people coming out of that paper disclosed their first episode in consequence of this one single question. I would have to have a direct discussion with Anthony about whether it prosecuted the question.

The Hon. CATHERINE CUSACK: What I am trying to establish is whether this has been evaluated, because often things can be improved. Is there some process you have in place for saying this is what has been happening? What is the feedback from the workers? The Audit Office is very clear that you should be setting in place a means for people to give you that sort of feedback and that there be some process in place to improve it in a practical way.

Dr CHANT: This is academically reviewed. I can give you the paper which was published in a proper public health journal. I will go back and reread that to see whether the specific issue about the question could be enhanced or is covered by any of the work published or unpublished, to address that issue.

The Hon. CATHERINE CUSACK: Can I move on to intervention?

Dr CHANT: Yes.

The Hon. CATHERINE CUSACK: The hospital setting is important in the collection of evidence for legal cases. Do you have a system in place or a quality standard of what people should expect when they present, perhaps with a police officer or perhaps on their own, with an incident of domestic violence resulting in injury, and it is then the responsibility of the hospital to collect the evidence? Is there a protocol or standard of what should happen at emergency services when they present?

Dr CHANT: I am not aware we have a specific standard that I think you are referring to in terms of how to take photographs or what evidence is taken. Clearly there is a requirement on medical officers to take appropriate notes and document the nature and extent of the injury, but we do not have a protocol that specifies photographs or other evidence. I know that some services—I think the western local health district has a domestic violence forensic science capacity that it has developed. I think we need to evaluate the effectiveness of that vis-a-vis just having documented notes from the doctor or medical officer caring for the woman, in terms of whether there is a difference in the courts. I did see some notes suggesting that was the case but I think we need some robustness around that.

The Hon. CATHERINE CUSACK: At hospitals there are sex assault kits?

Dr CHANT: Yes.

The Hon. CATHERINE CUSACK: Would it be reasonable for a woman going to hospital to expect someone to be trained and available to use that kit?

Dr CHANT: In terms of sexual assault, there are sexual assault services on call across the State. So, in terms of sexual assault, yes. My understanding is there are sexual assault specialists who can collect the samples and undertake counselling.

The Hon. CATHERINE CUSACK: I have just been in [redacted] and had a complaint that on this year a woman presented with the police. There was nobody trained at the hospital. There was no advice all day until the afternoon that there was nobody trained. When she went to [redacted] the next day the kit was out of date. I realise this is a specific example, but it was a frustrating case both to the police and to the woman. What I am trying to find out is do you have a system of ensuring that these kits are not out of date and are available in a timely way and in a community the size of [redacted] which is a regional centre, that the on-call system is working and if there are not enough people trained for that, someone else has to be trained so that work can be undertaken?

Dr CHANT: I certainly agree with you and we will look into the [redacted] case and get back to the Committee. The issue of sexual assault services particularly in rural and regional—and I note we are talking about not remote services when we are talking about centres you are referring to—is a challenge in getting appropriately qualified and trained practitioners. The centre has done a number of pieces of work to try to develop capacity and training, and I am happy to provide a report to the Committee about those initiatives, but there are significant challenges.

The Hon. CATHERINE CUSACK: In an incident like that is there some means for that to be reported back to the department so that you are aware of the extent of the problem across the regions?

Dr CHANT: We would expect that such a report should be the subject of an IMS report. There are two things. One is while we encourage the patient to make a complaint and we will follow it up to look at systemic issues associated with it. But in such a case we would also expect there to be an IMS report—this is our incident management system in Health—so when an incident happens in Health there is a requirement to document it. The incident is scaled in a ranking between one and four, one being life-threatening and extremely serious. So, in this case it would be a significant rating score. That requires the area health services to look at systems underpinning that and if there are State issues that gets picked up. These issues should be part of the incident management system. This is just as significant as other clinical issues because this is a clinical issue.

The Hon. CATHERINE CUSACK: I think you will find that everyone from the police to the workers was complaining. This was not a service to the standard you would expect.

Dr CHANT: No.

The Hon. CATHERINE CUSACK: We no longer have Area Health Services - the local health districts, are far smaller, and this means more people need to be trained to be across the issues because the system is now more fragmented. I think we all accept that is one of the costs that goes with devolution of responsibility.

Is there some means at State level of harvesting information from incident reports so you can, on a State view, monitor the performance of the department's response in emergency departments to domestic violence presentations after an incident?

Dr CHANT: The issue of forensic sexual assault services has been the focus of a number of agencies. The ministry is very keen to look at gaps in the services that it provides. I am happy to take this particular service and the issue of whether we need to have an audit of all the State kits out there. That is the sort of response we have when we have an incident notification. It raises an issue that we can do a check as well through our clinical governance units and the effectiveness of our system of delivery of service and the standard that should be expected. I am very happy to take it. There is a strong focus on the whole of government interagency approach in dealing with some of the complexities.

The Hon. CATHERINE CUSACK: The Government's submission refers to ongoing case management but Health is not mentioned as one of the agencies on an ongoing basis. I think that is quite interesting. Community Services prepared the submission. Have you seen the Government's submission?

Ms CLAREMONT: Yes.

Dr CHANT: Yes.

The Hon. CATHERINE CUSACK: It is your understanding that Health would be involved in that ongoing case management?

Dr CHANT: Health would be involved where it was appropriate for Health to be involved. I can imagine many circumstances where Health would be a key partner. In other circumstances Health may not be the appropriate agency or needed.

The Hon. CATHERINE CUSACK: I am just confused because a lot of your answers suggest you see the general practitioner as playing a pivotal role in case management?

Dr CHANT: I was not trying to deflect responsibility from Health but I think they are a key. I think all parts of the system have to acknowledge domestic violence and all service providers have a part to play. I think in reading the submissions and reading the review in preparation for the inquiry, it highlighted that general practice was in the area where we needed to understand the most effective way to interface with domestic violence and what general practice's role was in this. In rural areas our general practitioners are often the people who are providing services in our hospitals and support for our hospitals.

The Hon. CATHERINE CUSACK: But it is pretty clear that specialist counselling services are required and referrals need to be made to specialist counsellors in Health who are key people in assisting in the case?

Dr CHANT: That is right.

The Hon. CATHERINE CUSACK: I would like to follow up on the Hon. Cate Faehrmann's question about complaints of a shortage of specialist counselling services, and people who are doing it being literally run off their feet. It is a resource issue rather than a policy issue, is it not?

Dr CHANT: I think there are a number of issues that the submissions highlight, including submissions from the local health districts about the fact that we need counselling support and that social work support is a scarce resource, and that goes into the ways in which we need to develop models of care that are evidence-based and interagency in nature, where we are getting benefit. I am sure there will be some significant service gaps where additional resources will be needed to support them but we also need to look at ways in which we can support social workers, have models of care that work across the agencies that are effective and not duplicative.

CHAIR: Once a woman has been through the screening process, is there a link from the services she may be referred to back to the initial screening?

Dr CHANT: This is a gap with some current approaches and why we need now to start reviewing. We have bettered screening and awareness-raising; we now have to take it to the next step of the model of care. I refer to "woman" as the major people impacted, but all genders can be affected.

CHAIR: We have heard that. We are happy to talk about the woman in this case.

The Hon. CATHERINE CUSACK: The brochure does not recognise that.

Dr CHANT: We are happy to take that on board too. We certainly need to think now across the continuum from the screening. Women can choose whether they are ready to access the referral pathways. The question is: what can we do to increase their likelihood if that is the thing that is going to be the most effective for them in the outcome? That is the area where we need to review the evidence about what Health's role to support the woman or what interventions can Health put in place to support the journey, acceptance and referral pathways?

CHAIR: Unfortunately, we have run out of time. I wanted to explore the areas you would be looking to include in the framework, but we might put that on notice to you, particularly as you were part of that senior working group.

Dr CHANT: That would be great.

CHAIR: On behalf of the Committee, thank you for attending. Some questions were taken on notice by you and you are going to provide some information back to us. The Committee has resolved that answers to questions on notice be returned within 21 days. The secretariat will contact you in relation to the responses to those questions.

(The witnesses withdrew)

ROD JOUNING, Superintendent, Victoria Police Sexual and Family Violence Division,

KERRY HYNAM, Detective Inspector, Officer in Charge Violence Against Women and Children Strategy Group, and

CLAIRE WATERMAN, Senior Project Coordinator, Violence Against Women and Children Strategy Group, before the Committee via teleconference:

CHAIR: Good morning. You are Superintendent Jouning?

Mr JOUNING: Yes. I have with me Detective Inspector Kerry Hynam, who is the officer in charge of our Violence Against Women and Children Strategy Group within the crime department of Victoria Police, and also Claire Waterman, who is one of our senior project managers and works across, I suppose, family violence and sexual assault. Claire has a strong background in policy development in family violence over many years.

CHAIR: Thank you for your time this morning. To set the scene for you, this hearing is being held in the Macquarie Room in Parliament House in New South Wales. The Committee members present today are me, Niall Blair, the deputy chair, the Hon. Helen Westwood, the Hon. Greg Donnelly, the Hon. Cate Faehrmann and the Hon. Catherine Cusack. We have also Hansard reporters recording the proceedings for a transcript, which will be sent to you for correction. As you know, in March the Committee travelled to Melbourne to gain a better understanding of the Victorian approach to domestic violence.

Mr JOUNING: We understood that.

CHAIR: Our visits included the Collingwood Neighbourhood Justice Centre, the Melbourne Magistrates' Court, the Heidelberg Magistrates' Court and VicHealth. In those visits we heard a lot about the great work of the Victorian police into domestic violence and we are talking to you today hoping that you can expand on that work and answer any of our questions.

Mr JOUNING: We are pleased to do so as much as we possibly can.

CHAIR: Although we are not asking you to take the oath or affirmation, I must remind you of the responsibilities that accompany the opportunity to speak on the public record. As you are not providing evidence to the Committee within New South Wales, you are not formally covered by parliamentary privilege. While I am sure that you will not make any adverse reflections about others, I ask that you focus on the issues raised by the terms of reference and avoid naming individuals. To assist the Hansard reporters in preparing today's transcript I ask that you identify yourself before speaking each time. I remind Committee members also to identify themselves to those on the other end of the line before asking questions. Are you ready to proceed?

Mr JOUNING: Yes, that would be fine.

CHAIR: Would you like to make a short opening statement before we proceed to questions?

Mr JOUNING: I will, if I may, I suppose just to outline in a broad sense the work we have been doing in Victoria and how we might be able to offer information to you this morning. I suppose we would be restricting our comments very much around the policy and practices within Victoria Police rather than commenting on what might take place in other States or elsewhere.

CHAIR: Absolutely. I have with me the Code of Practice for the Investigation of Family Violence, the Living Free From Violence: Upholding the Right publication, and also the draft L17 form. Are you happy for me to table those documents and distribute them to Committee members so that we can discuss them with you?

Mr JOUNING: I am more than happy with that.

CHAIR: The L17 form is marked as a confidential document and will be treated as such.

Mr JOUNING: Thank you.

Documents tabled.

CHAIR: You may now proceed.

Mr JOUNING: I suppose to place in context around Victoria Police, and I know you probably have a good understanding of the State, we provide policing response 24 hours a day, as you would understand. We have about 15,500 members of the organisation made up of predominantly sworn members, but we have a lot of unsworn people—protective service officers, forensic scientists and other specialists across the organisation. We work from approximately 500 locations across the State. Police stations range quite considerably in size from those that may have over 100 members to one-man police stations at the more remote and rural areas. The State is divided into about 54 police service areas and then they are grouped into four regions: one is the north-west metro, which is predominantly the northern part of the metropolitan area, one to the south and south-east, and then the other two are a little bit of metropolitan area in the east but then extending right through to country and rural areas, and then one to the west that goes right over to the South Australian border.

You have already touched on a couple of documents. A lot of our work is based around a strategy that has been developed under the Living Free From Violence: Upholding the Right document. That is what we particularly work to right across family violence and sexual assault and, in some instances, child abuse. Complementing that is the code of practice, which has been tabled. That relates to the investigation of family violence and in many senses has been very much a practice document for our people, which, in some sense, is pro-arrest, pro-investigation and very much pro-charge perpetrator in providing our responses, which, I suppose, from an historical perspective, gives quite a dramatic shift to the way we used to deal with this type of incident.

CHAIR: Do you have a separate standard operating procedure that follows on from the code of practice or is it just that your members follow the code?

Mr JOUNING: They follow the code of practice, but then that feeds into other operational frameworks, particularly the investigation of criminal charges, and then we have other frameworks that sit around that. It is something where we are actually trying to focus the members on dealing with this particular issue and then that feeds into the other processes. I suppose one of the biggest things, particularly with the code of practice, is that it provides our partner agencies in the community with transparency and other standing about how we will respond and in that sense it holds us to account that we respond in that way. All criminal matters sit within the Crimes Act 1958 (Vic). We also have legislation around the Family Violence Protection Act 2008, which provides civil protection for family members.

Then there is the Personal Safety Intervention Orders Act 2010, which provides a clear statement really about the aims and objectives of providing protection for people involved in family violence. It also specifies a number of principles, including "Non-violence is fundamental to social value", "Family violence is a fundamental violation of human rights" and "The justice system should treat the view of victims of family violence with respect". It acknowledges, I suppose, a gendered nature of family violence and the impact on children within a family environment, but also the impact on the community as a whole. I suppose that also extends beyond the physical and sexual violence to more of the context within the community. To give you an idea of the number of incidents we attend, in each case that we attend a report is compiled, during the 2010 financial year we attended 40,892 incidents and applied for approximately 16,000 intervention orders on behalf of affected family members. When we go back and look at past years, I suppose from 2003 we have seen a gradual increase in the number of reports that have been submitted.

I hope that that reflects increased reporting but I suppose, to be honest, it indicates increased compliance on behalf of our members in submitting those reports when they do attend anything they believe might involve family violence. That gives you a bit of a snapshot in that sense. The only other thing I might be able to add is that looking forward we have a strong mandate to have that increased reporting continue to have better visibility of the offending and be able to respond accordingly. Our figures indicate and we would anticipate—using historical data of course—that that climb will continue. Where it might plateau we are not too sure but it is our intention at this point to increase reporting rates quite significantly. That would be what I would like to place before you Chair and members of the Committee. I am more than happy to answer any questions you might have.

The Hon. HELEN WESTWOOD: Thank you, Superintendent Jouning. As you know I have visited Victoria and spoken with a number of people involved in domestic violence response, prevention and support of victims. Certainly your approach has been recommended to us as a model that we should seriously look at

implementing in New South Wales. One of the things that we are interested in is the commitment from Government at the highest level and obviously from the NSW Police Force at the highest level as well. Do you believe that the attitude at that highest level, that support at that highest level, has had an impact on the success of the approach to domestic violence in Victoria?

Mr JOUNING: I can say unequivocally that is the case. The commitment of government to address this issue has been very strong. If you look at the structure of the relevant governance committees that exist through the State, which in Victoria Police play a fairly integral role, the police Minister made it very clear that it is an important aspect of the policing function and a judicial function more broadly. Our chief commissioner, going back to when we had Christine Nixon as our chief commissioner, right through to our current chief commissioner, Ken Lay, have made it clear it is a mandate to keep this as one of the targeted areas of this term moving forward over the next five years. I think that has been heard clearly throughout the organisation. I think it has dramatically changed management's views of the importance of it in responding appropriately and having an impact within the community.

The Hon. HELEN WESTWOOD: One of the things that I noted when we were meeting with people in Victoria was that there seemed to be a commitment from all sides of politics to this approach. Obviously we are a multi-party Parliament, as is our Committee. I am interested to hear from you whether you believe that commitment from both sides of politics to addressing domestic violence is a high priority and whether you believe that has made a difference. You have had a recent change of government. Do you think that has been a positive thing? I understand you cannot comment politically. As someone who has been in the Victoria Police for a long time you may have seen changes with changes of government. Do you have a view on that?

Mr JOUNING: To be honest, I think there has been a seamless change from our previous Government to the current Government. Both have demonstrated a strong commitment to this theme. I have seen no negativity in the proactive work that has been done right across government. The criticism is small—nonexistent really. I think there has been total commitment from both sides of politics.

The Hon. HELEN WESTWOOD: Also, as we have noted, it has been the integrated approach to addressing family violence throughout Victoria that has impressed the witnesses that have come before this Committee and those that have made submissions to the Committee. Could you tell the Committee how Victoria has achieved integration and coordination?

Mr JOUNING: It has been achieved at the highest level through the Family Violence Statewide Advisory Committee. That has broad representation and provides a lot of direction for the agencies to work collaboratively and provide accountability to each other and how they respond. I think that has been critical. We have a family violence interdepartmental committee that also provides broader government context to that with a number of working parties that sit underneath it. Underneath that process we have the whole-of-government representation. That extends through policing to courts and tribunals; Indigenous areas; the Coroners Court, the State Coroner's office through to the systemic death review which has been a critical part of our work, especially relating to learning from family violence related homicides; and the Department of Justice steering committee which drives a lot of their work and to which we are directly related. There is a stream of government committees that provide that integration.

The Hon. HELEN WESTWOOD: You indicated a number of agencies or government departments are involved in the Family Violence Statewide Advisory Committee. Would you be able to give us an idea of the membership of the committee? If you are not able to do that now could you forward that to us?

Mr JOUNING: I would be guessing. Ms Waterman might be able to assist.

Ms WATERMAN: We can certainly forward you a list of who is on the committee which will give you a better overview. Apart from our main government stakeholders we co-chair with Victoria Police through Assistant Commissioner Wendy Steendam. It is co-chaired with the Office of Women's Policy in the Department of Human Services [DHS]. We have peak organisations such as No to Violence: That is a peak organisation for men's behaviour change programs in Victoria. Domestic Violence Victoria is a peak organisation for a lot of the women's and children's services. We have the Federation of Community Legal Centres Victoria that represents the local community legal centres as well as some of our key statewide agencies such as Women's Domestic Violence Crisis Service. We have integration roles in each DHS local area called a regional integration coordinator and we rotate their appearance. They duplicate the integration work that Superintendent Jouning was discussing at a statewide ministerial level and at a local level. It is a large group but

very reflective of the broad scope of integration and the complexity of integration and how widespread the work is.

CHAIR: Could I clarify what DHS stands for?

Ms WATERMAN: The Department of Human Services. That is the funding body for women's and children's counselling services and refugees as well as our men's behaviour change program.

The Hon. HELEN WESTWOOD: Superintendent, you mentioned that that committee is able to provide accountability to other agencies. I would be interested to know how you are able to ensure those agencies are accountable to that committee.

Mr JOUNING: I think through the action items of the committee and reporting back on progress in relation to that is probably at the highest level; as you work down through the various committees and working parties the accountabilities that sit around that; and if you have a commitment to certain actions by the members of that group then responding back through those action items provides that accountability.

The Hon. GREG DONNELLY: I direct my first question to Superintendent Jouning, but other witnesses should feel free to jump in if it seems more appropriate for them to answer my question. Referring to the Family Violence Statewide Advisory Committee and the key role that it seems to have played in moving all the agencies along in a commonly agreed strategy, was that set up some time ago? Was that the key starting point which brought together and focused all the agencies in dealing with domestic violence in Victoria?

Mr JOUNING: I will throw that question to Ms Waterman. My involvement has been only for the past eight or nine months.

Ms WATERMAN: The Family Violence Statewide Advisory Committee used to be called the Statewide Steering Committee to Reduce Family Violence. It was set up in 2004-05. It was tasked with coming up with the integrated family violence service system in Victoria. It drove a document called "Guiding Reform in Victoria" which outlined the blueprint for where Victoria wanted to go in changing our responses to family violence. One of the key catalysts for that committee was the Victoria Police code of practice for the investigation of family violence. That came in 2003-04 and that provided some of the impetus for the statewide integration. They developed, at the same time, a women's safety strategy for Victoria. A lot of different pieces of policy work were happening at the same time to drive that group which was a critical enabler.

The Hon. GREG DONNELLY: I will continue with the line of questioning about the way in which the pieces of the government puzzle, if I can use that phrase, have come together. You described the development of the Victoria Police code of practice. I was talking about the key pieces of the government puzzle which appear to have come together in Victoria. You described the code of practice as being important from the point of view of Victoria Police. I am wondering what you believe was the key marker which really got all the agencies to give some serious attention and focus to moving towards an agreed position that this would be something that would be tackled by government in a coordinated way across the State. Was there a single event, announcement or declaration which got everyone to see that this was something that would be worked on collaboratively across the agencies?

Mr JOUNING: There was not one specific event. As you say, it was pulling together of all the pieces of the puzzle—which is a good description—and we have reflected on how everything aligned at the same time. To be honest, my recollection of it is that largely it was working with Victoria Police, which we have not in the past. And it was leadership by the then Chief Commissioner Christine Nixon taking a public stance that family violence is a crime and Victoria Police will treat it as such that drove the responses at the same time.

There were probably also some high-profile cases in the media; also, the media was starting to really examine family violence particularly in a homicide sense, and there was some Law Reform Commission work happening as well, which culminated around 2005. But, going back a bit earlier, it really started in 2002, and really the Chief Commissioner of Police saying, "This is what we are going to do," that provided the impetus for the rest of the system.

The Hon. GREG DONNELLY: My next question relates to the family violence statewide advisory committee. Superintendent, in your explanation you mentioned—I think I have the words correct—about the agencies feeling a sense of accountability between one other, and that the advisory committee plays the role of

keeping the key agencies looking at themselves and looking at each other, and keeping them on the same track towards this single goal. Is that a correct understanding of what you are saying?

Mr JOUNING: It probably is, Mr Donnelly. It encapsulates it fairly well. While you do not have the formal accountabilities in the sense of written accountabilities that sit around things, the committee works together, knowing that each has to contribute to that overall goal; and then having those agencies provide some action around the words—so that everyone is working together.

The Hon. GREG DONNELLY: Who has responsibility for chairing that committee?

Mr JOUNING: It is chaired jointly by Assistant Commissioner Wendy Steendam, who sits on the committee, and the Office of Women's Policy.

The Hon. CATE FAEHRMANN: Could you outline for the Committee the changes made to the Family Violence Protection Act in 2008? What key changes did the Act introduce, and what was the impact that those changes had on police operations?

Ms HYNAM: The Act came about because of the work performed by the Victorian Law Reform Commission. It reviewed the current legislation, which was the Crimes (Family Violence) Act 1987. The focus of the new Act was to introduce a new system of protection orders, with greater focus on the safety of victims of family violence and their children. There was greater definitional clarity of family violence; it certainly broadened the definition to an extent that it was extremely broad, including kinship relationships for Indigenous communities. There were additional grounds for the application of an intervention order. Intervention orders, if there was to be an exclusion condition, had to be agreed to by the affected family member or the victim. However, police prosecutors could apply for a limited order, which did not have an exclusion, even if the victim was reluctant to do that; it was merely around safety provisions. There was an expanded definition of "family member", so that it broadened out, for example, to people who had a caring-type relationship, whether paid or otherwise. There was the introduction of the family violence safety notice, which has been a very successful initiative within Victoria. There was confirmation of the holding powers. The holding powers had been in existence since 2006, and the legislation to guide those holding powers confirmed that they were working within Victoria. Those were the key changes of the Act.

The Hon. CATE FAEHRMANN: You said the safety notices have been very successful. What implications have those safety notices had for police resourcing? And are there any disadvantages in relation to the safety notices?

Ms HYNAM: They have had an impact on police resourcing because, of course, they can be written at the time of a family violence incident occurring. They have some limitations themselves—and I am not talking about disadvantages—in that the respondent must be present, so that you can actually serve a notice on the respondent. The respondent must be of 18 years or more, that is, an adult; and the safety notices cannot be written out for any persons who are cognitively impaired, or where there is currently an intervention order in place. When the safety notices were evaluated a couple of years ago, it was found that in approximately 24 per cent of cases there was already an order in place; so they could not be used in those circumstances.

A key, unintended consequence of family violence safety notices has been that, because they could only be issued by a sergeant, members tended to take the respondent back to the police station where the sergeant was who could issue the notice. We found that in 90 per cent of cases respondents were taken back to the police station. That has provided additional benefits, such as the immediate safety of affected family member was assured because the respondent was taken from the scene; so ongoing issues were not occurring. Also, it assisted police in making accommodation inquiries in relation to either the respondent, which is key to the safety notices, or sometimes the affected family member. Interestingly, in Victoria we found that there is very little need for police to find alternative accommodation for males, partly because the safety notices have a limited lifespan of 72 hours before the application must be returned to court, and most men actually had some sort of supportive relative, friend or similar that they could stay with until such time as the matter came back before the courts.

You asked about advantages. They provided immediate safety for victims and their children; and they empowered police to respond. The evaluation showed that police felt that it was a really important part of their tool kit to actually respond generally to lesser conflict, because where there are criminal offences police would arrest and interview anyway. It has reduced some of the administrative burden on police members, because the

evaluation found that the application of warrant system was taking about 36 minutes longer than it took to issue a family violence safety notice. It provided a clear message of accountability to perpetrators of violence. In the evaluation, there was perpetrator feedback that basically said that if they were given a safety notice at the scene it was like receiving a parking ticket. So the fact that 90 per cent were taken back to the police station was seen to be a real positive; perpetrators were taking these issues very seriously.

CHAIR: Could the Committee have a copy of the review of safety notices?

Ms HYNAM: To date, we have released only the executive summary to that review.

CHAIR: Is it possible for us to get a copy of that?

Ms HYNAM: Yes, it would be.

CHAIR: Thank you.

The Hon. CATE FAEHRMANN: Continuing on about safety notices: I am not sure that you are aware that the New South Wales Police Association has advocated an immediate order that differs from your system in that attendance at court is not required. Have you any comments on the implication of such a model compared with the model operating in Victoria?

Ms HYNAM: I am aware that such systems exist in Tasmania and New Zealand, and you might like to look at those models. Although our safety notices have been very successful, they have a 72-hour limitation. On several occasions we have been working with our partners and other stakeholders, particularly through the Department of Justice, to potentially increase their lifespan to five working days. We do not yet have agreement on that. We feel that would make safety notices an even more useful option, particularly because some rural courts cannot service the 72-hour return.

The Hon. CATE FAEHRMANN: My next question relates to the changes to the Family Violence Protection Act. Can that account for the huge increase in the charges laid? I notice your strategy document has got the statistics, which I will read out for the benefit of *Hansard*. Over the past six years reporting of family violence incidents to Victorian police has increased by 22 per cent, from approximately 28,000 incidents in 2003-04 to nearly 34,000 in 2008-09; and charges laid have increased by 178 per cent, from 3,000 in 2003-04 to 8,000 in 2008-09. Is that huge increase really due to the legislative changes that occurred in 2008?

Ms HYNAM: No, it is not. It is due to the introduction of the code of practice for the investigation of family violence, which occurred in August 2004, and was updated from December 2008. That document guides members on what their options are when they respond to family violence—those being criminal, civil and referral options. The legislation has reinforced what is provided in the code of practice. So I think the code is the lead document that has contributed towards that cultural shift, and that has been supported by legislation.

Mr JOUNING: If I could add one point to that. One of the by-products of that has been in assisting the police members in being able to do their job when they attend these incidents. For many years our frontline police have been saying that they have been fairly hamstrung by the administrative burden associated with attending these incidents. Family violence notices have probably one of the biggest contributors to their change in attitude. It is fairly anecdotal, but it is clear to us that members have taken a greater interest right across the board in relation to this crime theme, because we have given them the tools to be able to do their job. We would say the family violence notice probably has been one of the biggest drivers of that cultural change. But it does have its limitations, as Kerry Hynam has already pointed out, particularly in rural areas, where 72 hours has been a bit of a difficulty because country members quite often just cannot have the matter put before a court within that time; it could be two or three weeks between sittings.

The Hon. CATE FAEHRMANN: My next question was to be around changes in culture in police operations. Firstly, I am assuming there have been big culture changes, as you have just mentioned, Superintendent. What other programs or mechanisms were put in place to see that shift in culture in the police force? For example, have all officers been given domestic violence training, perhaps on an ongoing basis?

Mr JOUNING: There have been a number of things. The first thing is leadership and governance right throughout the organisation. There is a greater concentration on that theme itself, and building that into our tasking and coordination; so that the management group will sit down and have a look at the crime trends in an

area. This has become one of the matters that they are now looking at. That probably was not the case traditionally; it was more the crimes that might sit behind them. The code of practice has been mentioned. Legislation, again, has been mentioned. There has been an improvement in the commitment by the organisation; we actually have a deputy commissioner who has this as a portfolio, and he takes that very, very seriously, and holds managers throughout the State to account. We have compliance in monitoring through our Comstad systems; I think that is very much akin to the New South Wales system where local managers attend before commissioners and discuss performance.

Then there are probably the broader changes in the system generally. Then there is the role of family violence advisers within the various regions, and a greater emphasis on the work that they are doing, giving them more tools to bring other members up to speed in many senses in how they respond. Then also the family violence training, not just for the front-line operators but more for the supervisors, and how they ensure that there is a proper risk assessment done and how the members respond accordingly and there is proper follow-up, right through to our detective training so that they are fully aware of the impact of family violence and their role in that and then through various management structures within the organisation. So the training has been fairly broad. That is not to say that we are there entirely, and there is probably scope for that to be rolled out further and actually deliver that training a little bit better, but I think we are well on the way in that respect.

The Hon. CATE FAEHRMANN: I do not know whether the Committee has this but I wonder if it is possible to get all of the details about the training in this area, or if you could take it on notice? I do not know if we have got that before us.

Mr JOUNING: I will have a look and see what we have available. The actual content of the training I am not too sure of. I will have to take that on notice if I could.

The Hon. CATE FAEHRMANN: That would be excellent. Thank you.

CHAIR: Although the content would be fantastic, the level of training and the matrix as to who receives that particular training would be valuable for us. I will ask a quick question before handing over to my colleague. When we spoke to one of the officers in Melbourne he mentioned about your specific vans, I think they call them—family violence vans—and that their role is basically to respond to these incidents, freeing up other resources for other police vehicles to attend other incidents. Could you comment about those? It is also my understanding that all new recruits are required to rotate and spend time on those vans, which they think is a valuable asset to them getting face-to-face exposure to backup and underpin the training they receive at the academy. Am I right?

Mr JOUNING: The naming of it is probably a little bit different. I will get Kerryn to explain that. She has got a far greater knowledge of that area.

Ms HYNAM: They are family violence teams, so they are not actually vans; they are a specialised unit that are set up in areas of most demand for family violence. They have evolved over a period of time so the areas with greatest demand since 2006 have been gradually working towards a specialised approach. In 2010 the Violence Against Women and Children Strategy Group finished a mapping process whereby we looked at what was happening over the entirety of the State. As a consequence of that, that information was fed into our Enhanced Family Violence Service Delivery model which the chief launched in November last year, and that is to encourage more of these family violence teams to be set up.

In the first instance, from 2006 they absolutely have been responding to family violence, and also key is following through with investigations—so doing a lot of the investigative work. Now that we have the Enhanced Family Violence Service Delivery model we are now very much focusing on recidivist offending in particular and also repeat victimisation and victims at high risk. So there is a definite shift from these teams necessarily attending and responding to family violence to actually their first priority being to address recidivist offending. We currently have 14 units across the State and we would see that most divisions will have something in place by mid 2014.

There is a requirement for our trainees in our foundation training for new members to spend a week at one of these teams. That is currently a work in progress because under the enhanced model the Violence Against Women and Children Strategy Group in partnership with our education department are looking to see how we might implement that. Prior to this the logic has been to use members from different police service areas in these teams and be secondments not gazetted positions so that they can take those learnings back to their stations and

apply them there and mentor other members. We have not yet built the framework for the foundation training and it is going to be extremely challenging because with the additional 1,700 members that are going to be online in the next couple of years under the current government policy we are churning a lot of members through the Police Academy and because we only currently have 14 teams we are going to have to be very careful in how we might place this training within their overall training. They are monitored for the first two years and at this stage it is anticipated that this practical on-the-job training will occur in the second year of that probationary period.

CHAIR: I might go to a very broad question and you each may like to contribute. I guess Victoria is a long way further down the path than we are in New South Wales and all the evidence and all of our witnesses have been steering us towards where we should be looking, and that is Victoria. What do you think are some of the lessons we should learn or you have learnt that we should know about? I use the example of the five working days with the safety notice for one, but what other things do we need to be mindful of if we start to move into this area of reform that if you had your chance you could change now as well?

Mr JOUNING: I suppose the work that we have done and increasing the reporting has a flow-on effect to other areas of government, particularly courts and tribunals, and they are starting to feel the pressure; a lot more applications are getting before the court and a lot more charges arising out of the incidents are going before the court. So I suppose in hindsight there probably would have been a greater opportunity for that to be identified far earlier rather than trying to rectify the situation before it becomes at crisis point.

CHAIR: Do you have a possible solution to that? As I said, the Police Association in New South Wales is suggesting that if they served a notice it could be up to 12 months and would only go to court if the offender challenged the notice or the actual order.

Mr JOUNING: That is probably not something I can comment on. We have, again, been looking at a number of different possible solutions to that and one of them is trying to reduce the load on the court maybe through consent orders or whatever. But that is very much early days so I do not think we could comment much further at this point.

CHAIR: Any other lessons?

Ms WATERMAN: I think developing a shared understanding between government and non-government agencies has been critical in making any of our reforms in Victoria happen, and also resourcing integration. I talked earlier about the regional integration coordinators that are located in the non-government agencies and also our family violence advisers have been across the State. They are dedicated resources that establish these government structures locally and do a lot of that really hard work at getting everybody together and coming up with those shared understandings. Without that the actual system part can be really difficult. So be mindful of the resourcing that is required to do integration effectively.

Ms HYNAM: We came to an agreed position on information sharing midway through this process and we have a document share between all of the agencies and all of the members at the statewide advisory commission that with the assistance of the Victorian Privacy Commission was developed so that we all have a very clear understanding of when we might share information, and this has been really good to overcome those issues where privacy is more generally mentioned by an agency but they are unable to identify what the specific issue is.

The other thing that we would say has been critical is the introduction of the risk assessment process. In Victoria we have the common risk assessment framework, which was developed between all partners. The police risk assessment, which is our risk assessment and management form, the VP Form L17, was developed as a preliminary risk assessment within that model. So within the model you have identification of family violence, you have a preliminary risk assessment and then you have a comprehensive assessment done by the specialised family violence service.

The fact that we get members attending every single family violence incident to actually do a structured risk assessment I would contend is key to making sure that we cover any immediate risks and looking at the future risk to victims. It actually supports members in going through a particular process so that it can influence what management decisions they are going to make about what they might do in that particular instance.

There has also been a key focus on making referrals to family violence services for women, men and children. I might just mention that from what I could see about the New South Wales referrals, which appear to be going to a court group, we actually refer from the family violence incident. So we appear to refer much earlier. Those agencies have then got the time to work with the victim in particular around developing a safety plan and providing counselling and also support at the court. So we try, as an early intervention, to get that assistance prior to their first attendance at court.

The other perhaps more minor thing I would like to mention is that we have actually separated out personal safety intervention orders from family violence intervention orders. I think it has been very useful to clarify that in the Personal Safety Intervention Orders Act 2010. So they are very similar processes but we are very clear that for family violence it must be a family-like relationship, whereas personal orders are for the type of neighbourhood disputes and border houses, et cetera, that have been mentioned in New South Wales

CHAIR: I have two follow-up questions on that. First of all, with the information sharing—and you mentioned that you worked with the privacy commissioner—did there need to be a change in legislation for that to occur, or was it just an agreed response in consultation with the privacy commissioner?

Ms HYNAM: No, we actually worked with the legislation that was currently in place.

CHAIR: Could you explain the referral process that you spoke about that actually occurs from the incident? Do you pass information on to who I think you called the AFM [Affected Family Member] and they contact the service provider, or do the police actually contact the service provider with the details and then they follow it up?

Ms HYNAM: There are actually two options outlined in our code of practice. The first being formal referrals where we will have a discussion with the AFM, and the perpetrator if they are present, around the fact that we believe that they require referral for safety reasons and we will inform them of the agency to whom we are referring. We need to do that under the Privacy Act. There are a set of criteria in the code of practice for making those referrals. Currently in the last financial year police referred 84.7 per cent of AFMs and the perpetrators about 61 per cent. The fallback from that is we sometimes make an informal referral where we provide information to the AFM or the perpetrator and then it is up to them at some point in the future when they are not in a crisis situation to potentially contact that agency. But we very much in more recent times have focused on making the formal referrals by police to those agencies.

Ms WATERMAN: I will just add to what Ms Hynam said then around the formal referrals. Our L17 is what we refer to agencies, so they are being given most of the information on the L17 which also is very useful to agencies in terms of being able to respond to affected family members or perpetrators.

CHAIR: Do you have to fill in another form, or is the L17 carbon copied, or do you separate a section to then refer on?

Ms HYNAM: Currently we have a fax back system within Victoria where there is a page on the L17 that we use to do AFM referrals and a separate page that we use to refer perpetrators and we do not share the information of either when we are on-forwarding to an agency. But we are midway through developing an e-referral application which we anticipate will be piloted in the second half of this year. For our members that will create a lot of efficiency because currently we have databases that do not speak to each other or auto-populate. So when the e-referrals come in our civil family violence forms and our criminal brief pack will be auto-populated from our risk assessment, which it is not currently.

CHAIR: My final question goes back to that information sharing. You mentioned that there is a standard document which gathers the same information that is used across all of the agencies. Again would we be able to get a copy of that document?

Ms HYNAM: Absolutely. It is a public document so we would be happy to forward it.

CHAIR: Fantastic. On behalf of the Committee this morning I thank you all for your time and for providing us with that information and answering those questions. I think it has been very valuable for the Committee. The Committee has previously resolved that answers to questions on notice be returned with 21 days. The secretariat will be in contact with you in relation to those questions and that further information to facilitate that response. On behalf of the Committee I thank you all for your time. We really appreciate it.

(Mr Jouning, Ms Hynam and Ms Waterman withdrew)

(Teleconference concluded)

(Short adjournment)

BRENDAN THOMAS, Assistant Director General, Department of Attorney General and Justice, on former oath:

CAROLYN THOMPSON, Manager, Domestic and Family Violence, Department of Attorney General and Justice, sworn and examined:

CHAIR: Would either of you like to give a short opening statement?

Mr THOMAS: No, we do not have any opening statements.

CHAIR: You are happy for us to move straight into questions?

Mr THOMAS: Sure.

The Hon. HELEN WESTWOOD: Since representatives of your department last appeared before the Committee, I am sure you are aware the Audit Office released its report on domestic violence, making a series of recommendations to include both coordination and integration. Firstly, what are your views on the complexity of the system that responds to domestic and family violence? Secondly, to what extent do you consider the Audit Office's recommendations will improve coordination and integration?

Mr THOMAS: Sure. The system that responds to domestic and family violence in New South Wales is quite a complex one. There is no doubt about that. On the outside of the fence, which is the criminal justice response right through to all human service and other responses, it is a complicated landscape and could certainly be cleaned up a fair bit. There is no doubt about that. In terms of the Audit Office's recommendations to improve that system, I think we agree with most of the Audit Office's recommendations and are acting on quite a number of them already.

In the criminal justice area, I think the last time I was here I spoke about the domestic violence court intervention model and the review that had happened of that model. Since that review, we have been working on developing a specific framework for how we manage and deal with domestic violence in the criminal justice system, which we are happy to talk about a little later, if you like.

The Hon. HELEN WESTWOOD: Yes.

Mr THOMAS: That does take on some of the recommendations, or deal with some of the recommendations, made by the Audit Office's report, but it also tries to make our system less complicated, particularly for people who are accessing it. It is, and in some instances rightly, a complicated system as a system of law and criminal justice, but it does not have to be for the people who are coming in contact with it. Part of what we are trying to do to improve the way we deal with criminal justice is to make that system better for people who experience it. I am happy to elaborate on that more, if you like.

The Hon. HELEN WESTWOOD: Do you wish to add anything to that, Ms Thompson?

Ms THOMPSON: No, no. I agree that I find it a very complex system to manage.

The Hon. HELEN WESTWOOD: If you want to elaborate on the aspects you referred to now, that is fine.

Mr THOMAS: Sure. Following a review of the domestic violence court intervention model, we did a review of that model, which was operating in two locations in New South Wales, as I am sure you are aware—in Wagga Wagga and Campbelltown—to look at what worked well in that particular model and what did not, and how we could improve on what we did. But the big question for us was that it was a model that we thought worked well in both those locations, but it was stuck in two places. The challenge was: How do you take what works well in two locations and apply that across the State of New South Wales?

The development of this justice framework is the next step in doing that. How do we take the lessons we learnt from focusing specifically on dealing with and improving the way we deal with domestic violence in those places and expand it across the rest of the State? As I said, there are a couple of key elements that we are trying to focus in this particular framework. One is to manage the criminal justice system as an entire system.

We have had the problem in the past where we have managed different component parts of that justice system by who is responsible for administering it, rather than trying to look at the justice system as people flow through it. People who enter the justice system should be dealing with a continuing system rather than different administrative parts of that system.

What we have tried to do in working on and developing this framework is to establish particular service and time standards that people should expect when they come into contact with the justice system: what should happen when the police turn up to a domestic violence incident, how long the court process should take, the types and quality of service standards that victims of violence should be able to get access to, and to establish those as a continuous framework. We have been working on developing that framework for the first part of this year and we are close to finalising the first elements of that. We have had negotiations and discussions with all different parts of the criminal justice system to finalise those different parts of the performance framework.

Essentially what we are trying to do is think about how we manage the criminal justice system from the point of view of the people who are coming into contact with it, particularly from the point of view of the victim. What we want to try to ensure is that when a victim reports domestic violence they are getting a standard level of response that is of a certain standard, and that that standard is consistent, irrespective of where they are, and that they can access services quickly and in a timely fashion. Carolyn, do you wish to elaborate on the framework?

Ms THOMPSON: The framework includes the performance standards that Brendan mentioned, but also a research and development agenda. The research and development agenda looks at the things that will need to change within the criminal justice system, or areas where we do not know enough yet about an appropriate response. There is a lot now that we know that we are putting in place, but also we have set ourselves the task of pursuing that research and development agenda over the next few years.

Mr THOMAS: There is a challenge in managing the system. We have learned some lessons from the domestic violence court intervention model [DVICM]. For instance, when we started the domestic violence court intervention model in Campbelltown, one of the results of starting a process was that the police improved their legal action rate. The number of people they brought to court increased, and increased quite considerably in that location, but we had not properly planned the effect on the court system of that increase.

As a result of improvement, suddenly the courts in that particular area got a significantly larger number of people coming before them, which had an impact not just on their ability to deal with that but their ability to deal with everything else that a court deals with. I mean, a court does not just deal with domestic violence. It deals with a whole range of other completely unrelated things.

So, while not properly planning for that influx, it meant not only was it more difficult for the court to be able to meet the standard for domestic violence cases but it was having an effect on everybody else's ability to access the service of the court. So, part of establishing these performance measures and managing the system as a whole is for us to be able to plan better how impacts on one part or changes in one part of the criminal justice system will impact on others. So, changing in policing practices, for instance, sending more people into the court, which means it might have an impact on the court's ability to deal with time spans, we need to be able to manage that better. It means that more defendants will be coming to court, which will have an effect on Legal Aid's ability to see people in a timely way and to give proper advice. We need to be able to manage those types of things more effectively. So, through this framework we are trying increase the standard of level of service that people get, particularly victims of domestic violence. We are also trying to manage the operation of what is quite a big system dealing with many thousands of people a year in a more forward-thinking and constructive way.

The Hon. HELEN WESTWOOD: We heard similar things from Victoria and its approach sometime ago to increased demands on the court system. Further to that, have you considered in the review you have done a specialist court as Victoria has? If so, what is the department's response to that?

Mr THOMAS: Over the years the department has considered specialist courts for domestic violence and a range of other things. The challenge we have in having specialised, stand-alone courts is how will we replicate this service across the State. In New South Wales we have about 160 courts. The challenge is if we have a court that specialises just in one particular jurisdiction we have to have 160 of them to provide effective services across the State. It is difficult to centralise all particular types of crime into one particular court area. It can then have an adverse effect on people wanting to access that service. The idea of having specialist courts is

to improve the service, particularly to victims of domestic violence, but if all the domestic violence cases are being funnelled through one or two locations it can have an adverse effect where it takes longer to deal with these things than it otherwise might have.

We have tried to take a different point of view. That is, to look at what are the specialist elements of the court that we should be able to apply everywhere. One of the things that is increasingly available in New South Wales is a specific listing for domestic violence matters so that matters could be co-ordinated in a better way. That still does not happen everywhere but it is improving. With specialised prosecutions I understand the police are looking at training prosecutors in domestic violence matters so that their level of expertise in dealing with these things is better. The Chief Magistrate has introduced a practice note to govern our courts to deal with domestic violence matters in those two locations and that has subsequently been applied to courts across New South Wales so they set time standards for how these matters are dealt with. And the practice note governs how magistrates deal with these cases. We are looking at how we can better improve access for victims to services from the broader view of courthouses.

There are certainly benefits in having specialised courts but the challenge in a jurisdiction like ours is how do we extend those benefits to effectively every court in the State? If we do not do that we are denying services to a significant group, particularly in rural and remote areas and Aboriginal communities. The challenge for us is how do we make sure all of our justice system and court services provide the best services possible, and learn as much as we can from these other jurisdictions to enable us to do that? Some courts, for instance, in the western part of New South Wales, for example Walgett, deals significantly with domestic violence. You could say a significant proportion of the work that is dealt with in that court and a number of others is specifically focused on domestic violence. In our view it is far better to get that regular court operating in a far more expert way than it is to funnel all those matters somewhere else into a specialised court.

The Hon. GREG DONNELLY: Mr Thomas, in your answer to an earlier question from the Hon. Helen Westwood you spoke about the development of a specific framework for domestic violence. Can you explain, is this a specific framework for Attorney General's per se or are we talking about a broader framework that the Government might have in mind?

Mr THOMAS: Again, there are two frameworks under development. The one we are specifically responsible for is around the criminal justice system. A large component part of the criminal justice system falls under our department's responsibility, particularly the courts and the correctional side of things. But the framework we are dealing with also deals with police responses and the provision of Legal Aid-type services to defendants. We have established a senior executive group that is overseeing the development of that framework and it has human services representatives on it as well. There are people from Family and Community Services on that group so they can be involved in the development of that framework, but it is focusing on the criminal justice system as opposed to just the Department of Justice and Attorney General.

The Hon. GREG DONNELLY: Can I direct you to your knowledge of a whole of government framework that apparently is being developed with the guidance of the consulting firm KPMG. Are you aware of that framework being developed?

Mr THOMAS: I am, and I represent our department on the steering committee that is advising on the development of that framework. I am aware of it and we are involved in it. We are providing our input into the development of that framework from the criminal justice point of view.

The Hon. GREG DONNELLY: Evidence to the Committee has been that a whole-of-government framework is being developed and if the timetable is met that framework, at least from the KPMG side of things, will be released later this year, so that exercise will have been completed. You have described that you are represented on that steering committee, if I can use that phrase, that has developed that. Can you explain how it could be that you going about that—that is the Attorney General's Department—developing its own framework while the development of this whole-of-government framework is underway and progressing? It seems to me there may be potential for the two being out of sync. Can you explain how that is being done?

Mr THOMAS: Sure. If we were not working in cooperation it would not be about to happen. The criminal justice part of the service system is an integral part of an overall framework. What we are developing, and it is close to being finished, is very much an operational part of the framework. How do we respond to domestic violence from the criminal justice system point of view? The benefit of us doing that is that we are able to inform the development of that framework about where other service gaps are that we need to be able to

properly respond. We have a challenge in the criminal justice system of where we refer victims to. We would ideally like to refer victims of domestic violence into a co-ordinated case manage service as early as possible. In some locations we can do that; in other areas those services do not exist or they are not as robust as you might want them to be.

In developing that operational framework for the justice system we are able to inform and provide some details for that broader framework. The way I would envisage it being at the end of the year, and this is subject to the view of Family and Community Services, is the operational side of the criminal justice system will be a discrete component of the overall departmental framework managing domestic violence. Unfortunately I am using the same word because it does create confusion. But we are very much focusing on trying to meet the operations of our side of government as quickly as we possibly can and we are trying to make operational improvements as we go on this framework. We know that the framework is going to be finalised and a report around it by the end of the year. We do not want to wait that long to start making the improvements that we can make to the criminal justice system. But the two do complement one another, and my presence on that group and the presence of Mark Murdoch from the police also helps.

The Hon. CATE FAEHRMANN: The NSW Police Force told the Committee that it is seeking amendments to the Crimes (Domestic and Personal Violence) Act to allow police officers at the rank of sergeant or above to issue provisional ADVOs instead of applying to an authorised officer within your department. We understand this would be similar to the model operating in Victoria about which the Committee heard much during its visit in March. What are your views on this proposal, including the potential impact on the court system?

Mr THOMAS: I am aware that the police have that proposal and the Attorney has agreed for us to do some work on developing some options for New South Wales along the Victorian line. At the moment the process is that when police want to issue an order they apply to an authorised justice, who is available 24 hours a day and is an employee of our department. The order is granted or not by that authorised justice. From an administrative point of view there are a number of challenges with the current approach. Those justices are granting those orders in the vast majority of occasions. So currently in upwards of 90 per cent of occasions the justices are granting those orders. It is creating not just administrative but some real operational difficulties for police, some time delays in their ability to serve orders on defendants and concerns around increases for safety of victims because there is a time delay between when the police turn up and when they can turn up with a finalised order.

In order to improve the efficiency of that system and also to provide better service to victims and a quicker response, the Attorney has agreed for the department to do some work on how we can operationalise that Victorian model in New South Wales. Obviously, there are a number of operational challenges in doing that. At the moment the authorised justice in our current model serves as a safeguard. I mean there is an independent check in the granting of an order. We need to make sure there are still those safeguards in place if the police do start to issue those orders. Again, I am sure the Victorians have dealt with those issues. The other thing we need to consider is the flow through into court. If the police have the ability to issue these orders directly, will it simply just transfer the current function? Will we still get the same number of orders being applied for or will that number of orders actually increase? We have not done any data analysis on that as yet. My understanding is that the Victorians saw an increase in the number of orders issued. We have a system now where the police apply for orders in all the cases in which they turn up. Unless they start to attend a greater number of DV incidents, we should not necessarily see the same spike in orders being issued because they are applying for these orders at the moment anyway. But we will need to do some further analysis as part of considering the options for that.

The Hon. CATE FAEHRMANN: Where is the department up to in developing those options? Is it just starting or is it almost at the conclusion of developing the options similar to the Victorian model you just mentioned?

Mr THOMAS: The Attorney is expecting some options in June.

The Hon. CATE FAEHRMANN: You probably also would be aware that the New South Wales Police Association advocates a slightly different model whereby the subject of the order would have the right to have their order reviewed by the court only if they wish to contest, revoke or amend an order. What are your views on that? Is that also part of the options or model you are exploring?

Mr THOMAS: The Attorney has agreed to look at only the Victorian model. So we will be looking specifically at that. I am not familiar with the Police Association proposal. Honestly, I have not seen it. But as we stand, we are looking at options on how to implement that Victorian model in New South Wales. Ultimately it is a decision for the Attorney and the Government as to what they do and the particular policy options that they take. At the moment we are simply looking at the Victorian model.

The Hon. CATE FAEHRMANN: A key issue emerging in our inquiry has been the significant challenge of ensuring that people, particularly defendants, understand their court orders. Victoria has addressed this through ensuring representation of both parties in court and through designated applicant and respondent case workers. What are your views on how this challenge could be addressed in New South Wales and on having that Victorian model apply to our courts?

Mr THOMAS: There is often a challenge generally, not just in domestic violence, in courts in ensuring that defendants actually understand the outcome and what is required of them. There are a couple of things that are happening in New South Wales. The Legal Aid Commission is looking at ways in which it can better brief and explain processes to defendants prior to court so that people understand the processes better before they go on. I am happy to take that on notice and come back with some information for you on what we are doing in that area.

CHAIR: Would that be available in the order stage before criminal charges have been laid? We are led to believe that people can only apply for legal aid once it is a criminal matter. However, the issue we are talking about, and particularly in Victoria, is being represented by Legal Aid in the development of an order for which criminal charges have not yet occurred.

Ms THOMPSON: I do not think there is a proposal for legal representation for defendants in ADVO matters. One of the things happening through the domestic violence justice framework is that we are negotiating with LawAccess about broader access to LawAccess's telephone advice line for defendants in ADVO matters and that police routinely will refer people to LawAccess. We are considering ways that could happen potentially by changing the form of an apprehended violence order to include a notice that a defendant can get information about and an explanation of the court orders from LawAccess.

The Hon. CATE FAEHRMANN: The Committee recently visited Collingwood Neighbourhood Justice Centre and saw that support services, such as mental health, and drug and alcohol, were connected to the court. We understand that the DVICM model does this to some extent, but Melbourne took it further with support services being available in the courthouse before a person even enters a courtroom. What are your views on that model?

Mr THOMAS: I am familiar with the model in Victoria at Collingwood community justice centre and also on the models on which that is based. There is a whole movement in New York around community courts from which this stems. We similarly have looked at how we could improve the way we manage and provide services to defendants in criminal courts based on the same principles. Again, the challenge for us has been how to replicate that type of model in 100-odd locations around the State. We have been trialling a program in two locations in New South Wales in Burwood and Tamworth called Court Referral of Eligible Defendants into Treatment—CREDIT. It is a program we designed based on the same principles as a community court. Through the CREDIT program staff are based at the courthouse and do assessments of defendants who come to court as early as we possibly can—from their first court appearance. Those assessments look at mental health needs, drug and alcohol problems, cognitive disabilities and housing needs. The staff, the CREDIT caseworkers, then work with government agencies and other non-government services to implement a plan for that particular defendant—to get them into crisis accommodation, to stabilise their mental health problems, get them into drug and alcohol treatment—similar to the community court models in other jurisdictions.

We have been trialling that in those two locations for a couple of years. We have had our first evaluation of that model released in January from the Bureau of Crime Statistics and Research. Part of the evaluation looked at defendants' participation in their access to services and their levels of satisfaction with this particular type of approach. I am happy to provide that for your consideration, but the levels of satisfaction from defendants' points of view were the highest we have ever seen from any program we have run. A subsequent evaluation is being done by the Bureau of Crime Statistics and Research at the moment that is looking at reoffending rates of that group of people. Essentially, it is looking at that group and comparing it to another cohort of people who do not go through the program to see if there is a change in their reoffending by virtue of them accessing these services.

From our point of view, this type of approach of dealing with defendants in a more person-focussed way, that is, looking at the needs of an individual as early as we possibly can when they come to court and then trying to broker and wrap services around the needs of that defendant, is the sort of future model we are looking at for rolling out programs in courthouses for offenders generally, not just domestic violence offenders. That model has come about from us looking at how we can learn lessons from these community court models, but to do it in such a way that it can be replicated too. I am familiar with the model operating in Collingwood, Victoria. The challenge is: What do you do if you are not in Collingwood? What do courts in Victoria do that are outside that location? It is a very bricks and mortar location-specific model. We are trying to do a similar thing but in a more flexible way so it can be more affordable and applied in more locations.

The Hon. CATE FAEHRMANN: You have trialled it in two locations?

Mr THOMAS: Burwood and Tamworth.

The Hon. CATE FAEHRMANN: You have reviewed it and released an evaluation in January after it has been operating for two years. What is the future of the program? Do you know?

Mr THOMAS: We are waiting for the reoffending report to come out later this year so we can see whether there is an effect on the reoffending rate of the people that have gone through it. The lessons we have learned from this way of dealing with defendants have been strong for us. In the past our offender programs have been offence specific; they have been for people who commit certain types of crime, or they have been very problem specific. They have focused on one particular problem or another—a drug or alcohol problem. This way of dealing with defendants takes people as they come, does an assessment of their needs and then tries to match the services to their needs, which you might say is commonsense but it is a different way for us to deal with defendants. As an organisation we are looking at how we can change most of the ways we do things to match this type of model of being far more person oriented in the services we provide. We are waiting for a formal outcome on this program before there will be a decision by the Government on what it will do. I can confidently say that this way of going about managing services to defendants is the way to go in the future.

CHAIR: Did any domestic violence offenders access the Court Referral of Eligible Defendants into Treatment [CREDIT] program at Burwood and Tamworth?

Mr THOMAS: They do but I do not have details on that. I can get some information.

CHAIR: Particularly on the outcomes for a specific offence so we can then draw comparisons with other areas.

Mr THOMAS: One of the challenges we have is that in the past some of the programs have been offence specific: domestic violence offenders or car thieves, or whatever it might be. When we are dealing with people that come through the justice system repeatedly they do not always come back for the same thing. They might appear this day for a domestic violence and the next day for a traffic offence. Often they are before the system for a range of different things. This type of approach, which looks at the whole person rather than the crime committed, is far more beneficial and treats people as we find them rather than trying to fit them in programmatic boxes.

CHAIR: Can I go back to specific lists for domestic violence, particularly in regional areas? You have mentioned we do not have listing days in all our courts and I was wondering why not? One of the things we saw at Forbes was that the domestic violence liaison officers from the police are saying that the benefit of their role is to be with the victims on court days. However, in one local area command there could be two or three courts and they cannot be in three places at once. If you are turning to that from the positives you have seen out of the trials in Wagga Wagga and Campbelltown, why have we not got specific list days yet?

Mr THOMAS: I should clarify that the court lists are set by the judiciary rather than the department. We do not have the authority to set specific lists; they are set by the magistrates. There are a couple of functional challenges that apply to setting specific list days in specific areas. A lot of the regional and rural areas sit only on one day a week or fortnight, so they do everything.

CHAIR: Would they group all their apprehended violence orders and personal violence orders in the morning or together?

Mr THOMAS: In some courts they do that and my understanding is that most courts try to do that as much as practicable, but it is up to the judiciary to set those specific lists. We would be happy to see courts list these matters in a far more coordinated way. It helps all service providers.

CHAIR: It makes the training and other matters you mentioned earlier useless if the people who have had the training are not there when the matters are being heard because they are spread from different areas. There would almost not be the ability to have specialist trained magistrates that do the travelling lists in the regional courts and if there were coordinated listing days or times in the day you could have specialist magistrates hearing the matters.

Mr THOMAS: There are a range of benefits for coordinated court lists; there is no doubt about that. The decision to make the list for each court is out of our hands.

CHAIR: We did see firsthand—which is puzzling for me, and I understand we are talking about Commonwealth and State issues—when the orders were being made the details of any access agreements or Family Court orders were not available. I know it is one of the questions that is asked at the top of the application form. We have seen cases of magistrates sitting there not knowing whether there was an existing order and that provides confusion to the offender, the victim and magistrate. Can we look at a system that captures the information? Is that something the department is looking at—how to integrate with that Federal Court order?

Ms THOMPSON: The Australian Law Reform Commission made some recommendations: number one the question about whether there are family law issues should be on top of the application form, which it is. The second recommendation was that magistrates could be compelled by law to ask that question. It is an option.

CHAIR: Is there any way the department could look at integrating the information sharing systems? I can walk into Bunnings and swipe a card and they can tell me what screws I bought four years ago and we cannot do this at the courts.

Mr THOMAS: In relation to information sharing systems, the compatibility, I will have to take that question on notice as I do not know the technical answer. The issue of different court jurisdictions causing confusion is one that we need to address better. It is not only in the Local Court and Family Court. An issue came up as part of the recent domestic violence justice framework that I was not aware of where a District Court involving a criminal matter does not have the authority to alter an apprehended violence order that has been issued by a magistrate. I do not know why that is the case. I imagine it is because people drafting legislation have not considered these things in the past. That is a jurisdictional problem that serves no purpose and we need to fix it. We need to look at jurisdictions a lot better and how we share information; there is no doubt about that. This issue of Family Court matters not being known to the Local Court and vice versa is something we need to sort out.

The Hon. CATHERINE CUSACK: Can I ask a few questions about the Tamworth-Burwood evaluation? I assume you have chosen those two locations because one is rural and one is metropolitan?

Mr THOMAS: Yes.

The Hon. CATHERINE CUSACK: Do you acknowledge the challenges differ between rural and regional areas?

Mr THOMAS: Between the two locations there are significantly different challenges. We have found with the Tamworth program the level of program coordination has been better because the people involved working around the courthouse are integrated. They know each other better, they see each other more often and they are dealing with the same people more often. In Burwood people tended to be a little more isolated because of the volume. The volume in Burwood is much larger than it is in Tamworth which has caused difficulties in accessing services there. There might be a greater delay than in the Tamworth area. The networks are not as strong. My understanding is that in Tamworth people are more likely to know off the tops of their heads where to send somebody, whereas in Burwood they might have to do background work to find that out. There is a challenge between rural and urban areas where the urban areas might have greater volume of services and greater options to access services, and people in country areas may have to travel greater distances. We have

found as part of this trial, in looking at the different types of services that people need to access, people getting easier access to certain types of services than others. We found a big gap in some areas, for example, crisis accommodation for young people aged between 18 and 25.

The Hon. CATHERINE CUSACK: In rural areas?

Mr THOMAS: In both areas. There has been a challenge in getting immediate support for people who do not have stable accommodation, particularly in that age group. It seems to be a little easier if they are a little older. The 18- to 25-year-old age group has been a particular challenge. Sometimes there is a difference between getting a person accepted into a service and getting them in. Sometimes referring people to services has been referring people to the end of the waiting list. We need to negotiate better service level agreements. One of the challenges we had when we started this program is that we knew, generally speaking, the number of people we would be dealing with, but we did not know the level of complexity of their needs, exactly what that would be and what proportion would need crisis accommodation or mental health problems stabilised, for example.

For this cohort of people, that is, the group of people who are appearing in court but are not necessarily sent to prison, we do not have a lot of research on their social needs. We have a lot more understanding of the social needs of people who are sent to prison than we do for people who are community-based orders and so on. So it is a little difficult for us to forward plan all those things. But now, having done it for two years, we have a much better understanding of the levels of need. We over-estimated some and under-estimated others. For instance, we over-estimated people's need for gambling counselling. We thought we would have a significant demand for that with the people who are coming through the system, but the demand has not been as great as we thought it would be. However, demand for crisis accommodation for people in that sort of age group has been bigger than we had anticipated. There are certainly differences between the metropolitan area and regional areas. It is not just a matter of regional people not having as much access to services; there really is a volume issue in metropolitan areas as well that causes a challenge.

The Hon. CATHERINE CUSACK: That is pretty common across different policy areas: what rural areas lack in specialisation often is being compensated for in knowledge of the clients. In various policies, I find that to be a recurring theme. Is there scope for a special component in your policy for rural and regional areas, recognising that services do operate differently and that the challenges are different?

Mr THOMAS: There is no doubt about that. The lesson of these two programs is that they are operating quite differently on the ground in terms of how people interact with one another, and how they go about doing things is quite different in both areas. I think if we went to a smaller regional place we would find that people would interact just as well but that services are seriously lacking in places like the far west. One of the lessons from the program is how to apply it in a whole range of different settings. I mean, Burwood is a big and busy place, but it is not the biggest and busiest place we have got. For instance, if we were to extend this service to the Downing Centre, that would be a different kettle of fish again because a huge number of people go through that place, and that in itself causes a challenge.

The Hon. CATHERINE CUSACK: Has the cost of domestic violence to the criminal justice system ever been estimated?

Mr THOMAS: There have been some estimations of the cost to the criminal justice system. I cannot tell you those off the top of my head. I am certainly happy to provide you with any information we have.

The Hon. CATHERINE CUSACK: That would be great. And would you like to comment on whether you think that is a reasonable costing—or make some commentary around the issue?

Mr THOMAS: We can provide you with some costings. But there are things that we do not have proper costings for; there are some areas that we are not familiar with.

The Hon. CATHERINE CUSACK: Do you have any comment on Health's performance in relation to the collection of forensic evidence for cases?

Mr THOMAS: For domestic violence cases?

The Hon. CATHERINE CUSACK: Yes.

Mr THOMAS: I do not have specific feedback on performance in collection of forensic evidence for domestic violence cases. I know that the issue of collection of forensic evidence more generally has been problematic. More particularly, delays in collecting and analysing evidence have caused difficulties. These are pretty well documented for victims of violence, particularly sexual violence.

The Hon. CATHERINE CUSACK: I am hearing anecdotally that if people want to go down that track there are problems with the collection of evidence, that victims lose heart and a cause founders because of that. Is it fair to say that you are the lead agency in relation to the legal response on domestic violence?

Mr THOMAS: The criminal justice response, yes.

The Hon. CATHERINE CUSACK: Is it possible that some monitoring could be put in place for performance in relation to the collection of evidence?

Mr THOMAS: It is not something I am aware of, but I am happy to go away and have a look at it. I know there is a problem with delays in the collection of forensic evidence more generally. I would imagine the same problem would apply regarding domestic violence.

The Hon. CATHERINE CUSACK: The Auditor-General's report and various reports over the years have suggested that cases are not proceeding. I am suggesting that this could have been one reason.

Mr THOMAS: It might well be. I am more familiar with it in the area of sexual violence. I know that in that area it is a problem, particularly in the western part of the State, where it has been a problem or some time. I know there have been efforts to try to improve the timeliness of collection of evidence.

The Hon. CATHERINE CUSACK: A significant proportion of sexual violence occurs within relationships.

Mr THOMAS: If the justice system is slower, that makes people less inclined to be involved in it and see it through to the end. So anything that makes the justice system itself work more efficiently is welcome.

The Hon. CATHERINE CUSACK: Is a common definition of "domestic violence" used across all agencies?

Mr THOMAS: Our definition is the one that is set in the law. We deal with domestic violence using the definition set in legislation. I do not know whether the definition for all government agencies is common. I think part of the framework where the Department of Community Services is leading is set in common definition, so that we are all talking about the same thing, in the same way. As I say, we manage justice systems, so we specifically deal with those matters as prescribed under the Act. But there are moves across government agencies to better shore up the definition. I do not know that it is necessarily exactly the same.

Ms THOMPSON: One of the big challenges is that the legal definition is different from that needed for service delivery. Legally defining domestic violence and family violence more broadly makes the justice system much more accessible to a larger range of people, but the same does not apply to service delivery. It is a quite different definition required in the two contexts.

The Hon. CATHERINE CUSACK: Maybe not every instance of family conflict requires a legal response.

Mr THOMAS: That is right.

The Hon. CATHERINE CUSACK: Are court interpreter services an issue in relation to domestic violence, especially where the family involved does not have a good grasp of English and interpreters are needed for each of the parties?

Mr THOMAS: The courts use interpreter services that are coordinated through the Community Relations Commission. So there is not a specific court interpreter service per se; it is the general interpreter service that has people who are specifically trained for interpreting. Over the past few years the courts have tried to better manage their use of interpreters. For instance, some courts list matters that involve people from particular language groups on the same day; so that, if an interpreter does turn up, he or she can stay for the

whole day. There is the problem that there is a draw on the interpreter services from a whole range of different sources, the court being one draw, the health system being another, and there are others. There might be a challenge if someone turns up at court and speaks a language for which there are not a large number of interpreters in the State and those interpreters are engaged somewhere else at the time the matter is in court, and the matter may have to be held over. We have tried to improve the way we manage that by encourage courts to list matters where we know that interpreters are needed on particular days, so that the system becomes more efficient.

The Hon. CATHERINE CUSACK: In Victoria we saw all sorts of good things, but I was a bit stunned to see a single interpreter interpreting for both parties before a magistrate, with nobody having a real idea what the interpreter was saying, and one of the family members suggesting that the interpreter was trying to encourage the victim in a certain way. I was wondering whether that situation could occur in New South Wales, where one interpreter was interpreting for both parties.

Mr THOMAS: Potentially, it is. There is a real challenge in New South Wales for certain language types where we do not have a large pool of accredited interpreters. We have been doing a lot of work recently with communities, particularly people from Sudan who we see appearing in our courts at a rate larger than their population would suggest. There are challenges in that some are coming from parts of that country where a very small number of people speak a particular language.

The Hon. CATHERINE CUSACK: And they all know each other.

Mr THOMAS: Yes, they all know each other. A court interpreter might be able to interpret generally for people but might not be formally qualified to interpret the business before the court. The court needs to be assured of a certain level of quality of interpreter. There are a range of challenges there.

The Hon. GREG DONNELLY: Could I just turn back to the framework issue—I sound like a scratched record but I think it is an important area—and talking about the whole-of-government framework that is being worked on at the moment? In terms of the progress that is being made with this framework development, as to the role played by KPMG in giving assistance, could you explain what they are actually doing? We understand there might be a document being developed but we are just not sure. Could you explain what you understand their role is?

Mr THOMAS: I would probably have to direct you to my colleagues in Family and Community Services who are managing this particular process and who engaged KPMG; they may know the terms under which they have been engaged—I do not. The process itself is being led by the Department of Family and Community Services, but my understanding is that they have engaged the specialised expertise of people in KPMG who have worked particularly with the Victorian Government on the development of similar frameworks there. My understanding is there is a group of people in the Department of Family and Community Services that are engaged in this whole process and are working on it with the assistance of people from KPMG. But I direct you to them.

The Hon. GREG DONNELLY: Thank you. That makes sense. In terms of the role of the Attorney General's department, you are sitting on that committee representing the Attorney General's department, is that correct?

Mr THOMAS: That is right.

The Hon. GREG DONNELLY: What role then are you playing in the consultation? Can you explain to us what you are actually doing in that consultation?

Mr THOMAS: A steering group has been established to work with the Department of Family and Community Services in developing this framework, of which I am a member representing the Department of Attorney General and Justice. My role is to feed the criminal justice perspective into this framework development. As we have spoken about, we are developing a particular framework ourselves in terms of how the criminal justice system responds, and in terms of developing that we have noticed that there are some significant gaps which, if the justice system is to provide the best service to people, need to be fixed, and they are kind of out of our control. So we are providing feedback as to how the whole system can better complement what is happening in the justice side of things, but we are also providing our general feedback into how we would see or would like to see a whole-of-government framework for them to revise the issue.

The Hon. GREG DONNELLY: In regard to that, because I think that is the critical point, what has been the position of the Department of the Attorney General and Justice on that point about how we improve the whole-of-government approach? What have you been saying in regard to that?

Mr THOMAS: Our focus is that the focus of services needs to be around the needs of victims; that we need to be fast in terms of our response; that we need a coordinated response to the needs of victims of crime, not a piecemeal type of response; that we need a coordinated government response to how to respond to and manage issues and instances of domestic violence. We see trying to meet the needs of victims of crime in a real and timely manner as being the primary need for a response in domestic violence and, from our point of view, in the criminal justice system also—holding offenders to account and increasing and doing what we possibly can to try and change their behaviour.

Our emphasis in terms of the way we are developing our particular framework is around very clear standards of service, making sure as much as we possibly can that those services are available to people everywhere at the same level and at the same standard, so that if someone's domestic violence incident becomes a criminal justice system issue it is clear to them what they should expect and how long the thing should take and the levels of service that they should get from particular agencies, and we have been saying the same in the development of a broader framework.

The Hon. GREG DONNELLY: In terms of endeavouring to get all the component agencies to be working together in the most coordinated fashion, and let us assume for a moment we can improve where we are at the moment, just as a blanket statement, has there been discussion about how one gets to that point of getting a disparate set of agencies working in quite a tightly coordinated fashion to deal with what is quite a significant issue that we have with domestic violence?

Mr THOMAS: There is, and I suppose the reason behind the development of this framework—and in the criminal justice system we have not necessarily always had exactly the same approach to dealing with this particular problem—is setting really clear goals about what we are aiming to achieve, putting the needs of the people who are accessing our services at the forefront, and measuring our success on our ability to meet those needs I think tends to focus us all on those types of common goals. There are some practical challenges that we have got, and we have got them in the justice system, around how we share information. That has been a challenge and was a recommendation of the Audit Office to get over some of those hurdles and challenges.

The Hon. GREG DONNELLY: Is that within Justice or intra-agency sharing of information?

Mr THOMAS: It is both. It has been a problem in the criminal justice system, particularly around the sharing of information for victims of crime, but it is a problem in all the inner service systems how you share information around individuals that you are dealing with as clients. That has been a particular challenge and it has meant people having to repeat their stories numerous times as many people fall through particular service gaps and so forth. There are those types of operational challenges that we need to get over, but to set common definitions, common goals and a clear framework for the provision of service that is not departmental specific but is governmental specific is key for us to be able to break down some of those silos that exist in the way the department responds.

The Hon. HELEN WESTWOOD: If I could just go back to one of your earlier answers in relation to the trial service of the pilot programs that you are running at the moment and the outcome that you had around accommodation and lack of it. That issue has been raised with us by other witnesses just in terms of crisis accommodation for both perpetrators and victims. I am just wondering if you have had an opportunity to feed that through the Government to the appropriate agency. I am also wondering, because of the review that is going on and the work that is being done by KPMG, what opportunity you have had to have input into KPMG's report.

Mr THOMAS: On the latter point we have had specific consultation with KPMG. They spoke specifically to us and I understand they have a whole range of other bodies as well. I participate in that steering group and represent the department on that, so when that meets I have an opportunity certainly to influence the process at that level. It has met three times, I think, since the project started. So us as the department I think have an opportunity to provide input into the development of that framework and from what I understand an ongoing opportunity to provide that type of input into the development of that whole-of-government framework.

In relation to the experiences that have been learned from our credit program trial in terms of accommodation, we have provided that to other parts of government but only very recently. That evaluation I mentioned is only quite recent. The trial, as I mentioned, is a new way of dealing with things, so these lessons are being learned as we are going along with them. When we started planning for the trial we did not appreciate that this was the problem that it was going to be, so we could not negotiate with Housing and other accommodation providers to meet this need because we did not know that that need was necessarily there and did not know that it really was.

So part of taking this type of program forward is learning what levels of services need to be provided to this particular cohort of people and then working out ways in which we can better meet them in a forward-thinking way rather than responding each time someone turns up needing crisis accommodation. That is essentially the next level of work we need to do in terms of taking this credit program forward.

The Hon. HELEN WESTWOOD: At those meetings that you have had you get the opportunity to provide input into the broad range of services that are needed in terms of responding to domestic violence?

Mr THOMAS: I certainly feel that I have got full range to provide as much input as I possibly can into that process. What comes out at the other end I cannot tell you, but I certainly do not feel filtered or anything along the way.

Ms THOMPSON: One of the things that we have talked to them about a lot is their experience of domestic violence intervention in terms of integrated response to domestic and family violence; that in the Domestic Violence Intervention Court Model [DVICM] sites there is a real culture of working together across all of the justice and human service agencies. Integration in the DVICM occurs in two ways: one is in a sort of problem-solving management way, joint management of those sites where people are looking at all of the different aspects of the justice response to domestic and family violence, integrated with community services and victims' services. Then there are very regular meetings in response to individual families who have experienced domestic violence and the joint risk assessment and management of those families. We have that input too.

The Hon. CATE FAEHRMANN: I have a couple of questions on penalties and sentencing. What are your views on whether domestic violence should be a specific aggravating factor listed in section 21A of the Crimes (Sentencing) Act?

Mr THOMAS: We do not have a view on that; that is ultimately a matter for Parliament in terms of the levels of penalty that the law provides for those particular offences. It is not for our department to comment on the appropriateness or otherwise of the levels of penalty.

The Hon. CATE FAEHRMANN: Fair enough. The review of the DVICM [Domestic Violence Intervention Court Model] recognised the need for defendants to access other programs to reduce their offending, some of which you have talked about. What plans are underway to extend mandatory behaviour change programs for offenders in New South Wales?

Mr THOMAS: At the moment I do not know that there are mandatory behaviour change programs for offenders in New South Wales. Through our Corrective Services arm our department operates a program called the Domestic Abuse Program, which is available for offenders on supervised orders and supervised bonds who meet certain criteria for that program. I am happy to provide those to you. The Corrective Services side of our department is looking at ways to expand the number of people who are accessing that particular program. One of the challenges that we have in the justice system for these types of things is that people are required to be on heavier-ended sentences before they can get into them. So with this particular program you sort of need to be on a supervised bond before you can get into that type of program.

One of the things we are looking at as part of this criminal justice response is how we can make these programs more widely available, so available earlier in the system and for people who might not necessarily get that type of legal outcome. Because there certainly are people who might be first time offenders, or whose offending has not come to the notice of the justice system before, who might benefit from that type of program but might not get a sentence that is heavy enough for them to get into the program as it currently stands. In that sense we need to have a look at how we can make these programs more widely available to a broader group of people and how we can get that cohort of people who are currently in our system who qualify for this program

into it at a greater level than they are at the moment. We are happy to provide you with some details on what that program is and how many people are getting through it at the moment.

Corrective Services has done an unpublished evaluation of that program and it seems like it is having an effect on reducing people's offending behaviour, which is really quite encouraging. From my understanding it is one of the first times in the world where we have seen an offender program have an effect on people's behaviour, so it is quite encouraging and quite promising. But what we need to do is try to think about how we make these types of programs—and that program in particular—more widely available to those people.

The Hon. CATE FAEHRMANN: Do offenders have to go in willingly to the programs?

Mr THOMAS: That one, yes, they do.

The Hon. CATE FAEHRMANN: Some offenders may not go in willingly and you are saying there are no mandatory behaviour change programs for offenders who may need it, so what is your view on that? That is the problem, is it not: Some offenders who do not want to go into those programs are possibly the people who should be in those programs more than others?

Mr THOMAS: Some certainly, yes. There is a lot of literature around whether or not compelling people into these types of behaviour change programs has a strong effect. I think most of the literature shows that it does not. It can have the reverse effect on people. If you compel somebody into a program it might compound some of their behaviour rather than improve it. But I think there is an important point to differentiate between the penalty someone gets and the program that they get.

This program is not a penalty. The court imposes a penalty and our department, through our Corrective Services arm, will facilitate someone accessing a program if they are under our supervision in prison or through a community-based order, so it is separate to their penalty. I think when you are talking about a mandatory program you are talking about a court-ordered part of the penalty, which is different thing again.

The Hon. CATE FAEHRMANN: What about the department see as its role in very early intervention in relation to family violence or prevention?

Mr THOMAS: I suppose we have a couple of roles in that area. One of the roles we do see is trying to prevent re-victimisation. We know a person's experience of violence is a strong predictor of whether they are going to experience it again, particularly around the behaviour of offenders where those relationships are continuing. So it is quite important for us to provide effective services to victims to help them get out of those situations if that is what they choose, and programs that work for offenders to try to stop their reoffending. In terms of very early primary prevention, by that do you mean preventing it before it starts?

The Hon. CATE FAEHRMANN: Yes.

Mr THOMAS: So that type of situation where someone has not come to the notice of anybody at all but there might be some type of underlying behaviour. The government as a whole does have services and programs that focus towards trying to build better family cohesion and support. I would probably refer you to Family and Community Services and the parts of the government that do provide those services for some details on that type of really early intervention. The types of efforts though that are very early intervention, that sort of primary prevention, tend to focus on changing behaviour in general rather than changing the likelihood of someone committing a specific crime. You will not find a lot of early prevention programs that specifically focus on just changing someone's proclivity to be a domestic violence offender; it will focus on changing their behaviour to offend in general or to be violent in general.

The Hon. CATE FAEHRMANN: You spoke about programs to prevent revictimisation. It does sound like a lot of the programs are slanted towards the offender rather than the victim. I do not know whether we have got a summary of the programs that are run by the Department of Attorney General and Justice, but I wonder if that could be tabled so we can get a sense of what programs are run for the victim as well?

Mr THOMAS: Sure. We can provide you with the offender programs that the department runs and victim services.

The Hon. CATE FAEHRMANN: Did you say offender and victims?

Mr THOMAS: Yes.

CHAIR: Mr Thomas, can I go back to your role on the advisory group on the whole of government response. You mentioned that on behalf of your department you identified a number of gaps in the system. Are you able to provide us with those gaps that you have identified or is it something other than what you have mentioned here today?

Mr THOMAS: I think I have covered most of them here today. Our biggest gap or our biggest challenge is referring victims of domestic violence into appropriate services that can respond quickly and can provide a proper level of case management response to those victims of violence. As Ms Thompson mentioned, we have learnt through the DVICM that that sort of local level coordination and case tracking is a really effective response in meeting people's needs and making sure things happen when they are supposed to happen. We have been leading that as far as the DVICM goes but there needs to be, I suppose, a government-led process that does that more effectively across the State.

CHAIR: We certainly saw that in Forbes. A number of service providers came before us and it was quite clear that there needs to be systematic change in the way that the services are delivered, particularly to the victims and the broader families and the people who are exposed to the violence. You have mentioned that it cannot be piecemeal and we need to take down the silos and it needs to be across government. Have you got any specific description as to how we are going to address this?

Mr THOMAS: I think that is part of the work that Family and Community Services is trying to lead in terms of developing that framework but, as Ms Thompson mentioned, we have certainly seen a very strong benefit in having these local case management and case coordination meetings. At the DVICM side—and I will let Ms Thompson explain this in more detail because she knows it a lot better than I do—they meet weekly and track individual cases as they are coming through the system. So there is a regular and timely tracking of people and the needs of people and that process effectively holds everyone around the table to account. You know next week that someone is going to ask what you have done for that particular client the week before, so there is a level of accountability that is quite open.

CHAIR: Who is at those meetings to hold those people to account? What departments are represented?

Ms THOMPSON: Represented on those case tracking meetings are New South Wales police, the domestic violence liaison officers. Corrective Services have a representative who is responsible for the management of offenders who are being supervised by Corrective Services. There are the victims service agencies that are funded by us. There are community services whose focus is on child protection. So they are covering all aspects: the victim, the offender and any related children.

CHAIR: Are Housing and Health involved?

Ms THOMPSON: Housing is on a broader governance committee but has not been involved in those case-tracking meetings.

CHAIR: Again, using a specific example from Forbes that we saw, part of the issue was about the relocation of a family as a result of a domestic violence issue that involved housing. All the government departments were looking at each other. One did not have child seats in their car, so they could not take them, and the other one was saying that it was not in their responsibility to be finding people housing. Is this sort of model and these meetings what will break down those silos and focus around the victims and their needs?

Mr THOMAS: Look, it will help and provide the practical component where you can do that. On top of it, you need a clear policy direction that these people's needs are paramount and that you need to try to meet those needs. I mean, the traditional response that this is not in my bailiwick or it is outside my area of responsibility needs to go, and people's responsibility to meet the needs of other people needs to be paramount. But we need a clear framework that says that.

CHAIR: So we need a framework to dictate the culture and then we need to follow up to actually hold those within the framework to account as to why they have not changed and addressed the needs.

Ms THOMPSON: Yes.

Mr THOMAS: And that local mechanism to make sure that that happens, and not just that it happens but that it happens regularly and it happens frequently and it happens in a timely way so that the needs of people are being met as they need them, not six months later or 12 months later.

CHAIR: I must say that this is some of the most positive response that we have had from any of the government agencies to date about this sort of response to the victims' needs in particular.

Mr THOMAS: As part of the domestic violence court intervention model [DVICM] coordinating these types of things in these two locations, they have been fantastic. It has been one of the strongest elements of the model, I think.

Ms THOMPSON: Yes.

Mr THOMAS: That is because it is timely and it is responding to things as they happen. It is that whole idea of people sitting around a table being accountable, just by virtue of being there, but it is part of making sure that the whole process is being coordinated, not just individual bits and pieces of it. But there certainly are gaps in the way that we do things and ways in which we could do them better. We have talked about local case tracking as a very important point, but there is a regional level of coordination, which is an issue that is dear to Carolyn's heart, that needs to be taken on as well. Local people can respond to the needs of individuals, but there might be some structural systemic changes that need some level of intervention. I mean, it could be that a local government agency would respond to an individual, but there might be a policy that needs to be changed to enable that to happen, and you need that type of response as well.

CHAIR: Who is the lead agency that manages the case? It depends on where they have entered the system, or what is it?

Ms THOMPSON: It is all sort of joint management. Each agency is still responsible for all that they are meant to be responsible for—you know, the police for policing and court preparation and community services for child protection—but there is a sense of really strong communication between the agencies and of a joint awareness of what the particular issues within a family are. If the victim's services become aware that there has been a breach of an apprehended violence order that has not yet been reported to police, they can talk about it in that meeting, or they can talk about the victims need at court so that a domestic violence liaison officer [DVLO] is aware that the victim is very fearful and will need some extra support to get there. There is lots of really very practical communication.

CHAIR: So how do you share information? One thing that we have heard right throughout this inquiry is the inability, through privacy legislation, to share information. This morning we had evidence from the Victorian Police that there is an agreement between all government agencies and there is a standard form that has been agreed and tested or developed against their privacy legislation to allow agencies to share information. How do you get around that? Is that an issue?

Mr THOMAS: It has been a significant issue. It is an issue for the system more broadly. It has been an issue for us in the domestic violence court intervention model [DVCIM] locations. We confronted it a couple of years ago and had basically an exemption to the privacy legislation for this particular purpose, but it applies only at the moment in those two sites. In those sites we can exchange that information without being worried about breaching the privacy laws because we have this exemption.

CHAIR: So what do we need? Do we need to look at the privacy legislation to exempt domestic violence matters to enable the agencies at this local level to share that information? What do we need to do?

Mr THOMAS: We have the agreement of the Attorney to look at that at the moment. We have established a small working group that met through January and February of relevant agencies to look at particular barriers in the justice system at least of sharing information, and particularly the challenge of police being able to refer a victim to a service immediately, and what needs to be done to rectify that so that they can do that quickly and not worry about breaching privacy legislation.

CHAIR: Would that include Health, if they enter through the health system? Health has a screening mechanism, so is this scope of legislation that you are looking at going to include the ability to share information there as well?

Ms THOMPSON: One of the issues in considering privacy and information sharing is to what extent information should be shared and whether consent is required from a victim. All of the consultation that we have done so far suggests that there is a community expectation that victims will be asked for their consent to share their information, except when it provides a barrier for them to access services that they will benefit from. The proposal we are tossing around at the moment is that there is a kind of proactive referral from police to a victim's service, and then the victim's service will ask the victim's consent for information to be provided to other agencies. They are still maintaining that aspect of consent. But the major problem is with defendants. It is unlikely that a defendant, who is asked for their consent to share their information, would agree to that. The issue of consent to share information is a really pressing one.

CHAIR: This morning we heard from the Victorian Police that the figure was around 83 per cent of victims who get referred to support services, and that well over 60 per cent of offenders also are referred through the way that they complete their safety notices at the time and place of the actual incident and the way they record that information. That is an incredible number. This morning we heard from Health talking about 23 per cent of people that they capture coming through the initial screening process, such as first-time victims, and then they may refer them or give them information and things like that. Surely this is an important area.

Ms THOMPSON: Health's practice, I understand, is usually to ask for people's consent. If victims consent, then they will be referred to any support services. We would imagine that as part of this process the outcomes of this working group would be some memorandums of understanding between different agencies about how people should be referred, and potentially some changes to the Privacy and Personal Information Protection Act and the corresponding Act that deals with health information.

CHAIR: What is your timeframe for reporting back to the Attorney on that review and that information?

Ms THOMPSON: We are finalising our consultation now and we would anticipate that would be in the next couple of weeks.

CHAIR: Okay. Unfortunately, time has beaten us. I know that there are other questions that we may want to pose on notice to you.

Mr THOMAS: Yes, sure.

CHAIR: I note that there have been some questions that you have taken on notice. The Committee has resolved that the response to those questions be returned within 21 days. The secretariat will liaise with you to facilitate that response. On behalf of the Committee, thank you for your time this afternoon. It has been great.

Mr THOMAS: Thank you.

Ms THOMPSON: Thank you.

(The witnesses withdrew)

(Luncheon adjournment)

JANE BROCK, Executive Officer, Immigration Women's Speakout Association,

TARA DIAS, Senior Policy Officer, NSW Consumer Advisory Group—Mental Health Inc.,

NGILA BEVAN, Advocacy Projects Manager, People with Disability Australia,

SENTHORUN RAJ, Senior Policy Advisor, Gay and Lesbian Rights Lobby, and

IAN DAY, Chief Executive Officer, Council on the Ageing NSW, affirmed and examined:

CHAIR: Good afternoon. Thank you for coming along and being our last witnesses for the day. Ms Bevan and Mr Day, you have each tabled an opening statement. Is it your wish that those statements be incorporated in *Hansard*?

Ms BEVAN: Yes.

Mr DAY: Yes.

My name is Ngila Bevan and I'm speaking on behalf of PWD Australia. Thank you for this opportunity to address the Committee, and for taking our earlier written submission into account in your inquiry.

There is now considerable evidence in Australia and world-wide that women with disabilities are twice as likely to be abused as women without a disability, and that men with disability are abused at a higher rate than both men and women without a disability. Much of this violence and abuse is perpetrated by people who are in a domestic relationship with their victims, albeit they are not always intimate partners or family members, but co-residents of the same group-home, or carers (paid or unpaid) of residential accommodation such as staff of boarding houses or larger more formal institutions.

This context is recognised by the definition of domestic violence in the Crimes (Domestic and Personal Violence) Act 2007 which includes co-residents and carers as within the scope of people whose behaviour can constitute acts of DV under the legislation. This legislation has the potential to become a key tool of protection for PWD, especially those living in institutions where the power imbalance between service providers, primary carers and the PWD as a 'care recipient' can increase the risk of violence, abuse, neglect and exploitation, as can the congregation of PWD compelled to live together in one place. It is our position that understanding and utilisation of this legislation must be rolled out across all sectors in order to ensure prevention of DV against PWD, tackle instances of violence and abuse, help victims and deal with abusers appropriately.

As such, PWD Australia has 6 key recommendations to make within the scope of this current enquiry:

1. That the NSW Government adopt and effectively implement the Crimes (Domestic and Personal Violence) Act 2007 definition across its agencies, services, programs and policies;
2. That the Department for Aging, Disability and Home Care (ADHC) amend its policies consistent with this definition, train staff on how to recognise and act upon behaviours that can constitute DV violence against PWD, and ensure that actions or omissions by its own staff do not facilitate the occurrence of DV;
3. That the NSW government and ADHC, in line with the above recommendations and as part of the 'Stop the Violence, End the Silence' action plan, promote access to and information on DV in this context to other service providers such as NGOs, boarding house licensees, GPs, magistrates, and the NSW Police force;
4. That the NSW Police force are sensitised through their 'Continuing Education' programs to recognise DV against PWD, and are confident in using the tools available to them to prosecute perpetrators and protect PWD from abuse on an equal basis with others in the community;
5. That DV legislation is amended to permit a limited group of 3rd parties to apply for Apprehended Violence Orders (AVOs) on behalf of PWD in situations of DV. PWD Australia concurs with the written submission of the Public Guardian in this regard;
6. And finally, that refuges and DV support services are sensitised to the multiple additional challenges faced by PWD in escaping DV, and that these services are accessible and offer support suited to the needs of PWD. This could be achieved by linking the funding of organisations in the Supported Accommodation Assistance Program (SAAP) with disability awareness training & compliance with the DDA and CRPD.

In closing, steps to implement these key recommendations would not only help to protect those PWD who are at a heightened risk of violence and abuse due to their institutionalisation. It would also strengthen the protection and support available to those PWD who live in their own homes and are subject to abuse from intimate partners and relatives. Furthermore, it is central to the success of these recommendations that the expertise of disabled people's organisations is utilised through formal opportunities to inform the development of DV prevention policies developed by ADHC, the NSW Police and other DV support services; and that DPOs are also provided with the opportunity to monitor and comment upon the progress of these policies as is provided for in the Convention on the Rights of persons with Disabilities.

Thank you for the opportunity to appear before the Standing Committee on Social Issues. As the Committee's Terms of Reference do not specifically exclude or limit the discussion of domestic violence to a specific age or gender, COTA NSW would like to draw your attention to domestic violence issues related to older people in New South Wales.

In a community setting the abuser of an older person is overwhelmingly a family member and/or carer. This is in line with the definition for domestic violence in the crimes act. The abuse of older people includes physical abuse, sexual abuse and neglect and these too would be covered by the definitions in the Crimes Act. The abuse of older people also includes, however, psychological and financial abuse, which are not in the definitions in the Crimes Act but are included in definitions for domestic violence from other agencies.

Most people consider it a responsibility of government to implement policies that reduce personal risk to vulnerable members of our society. Children are seen to be particularly vulnerable and accordingly are supported by an entire agency of government; women too are recognised as being vulnerable and thus have access to government-funded services that provide assistance. However, while older people may also be vulnerable to various forms of abuse, they currently receive minimal assistance or support.

The abuse of older people (often referred to as Elder Abuse) is a form of domestic violence and due to the ageing of our population, a growing issue. Elder Abuse can be defined as any act occurring within a relationship where there is an implication or expectation of trust, which instead gives rise to harm to an older person.

Elder Abuse is a complicated issue that requires an array of possible interventions depending on the situation and the range of people that can be enlisted to action the intervention. Individuals, community groups and government and non-government agencies are trying to deal with elder abuse right now and right across NSW without training and leadership to co-ordinate their responses.

The standard domestic violence responses may be appropriate in some cases of Elder Abuse. However domestic violence and Elder Abuse are far from identical and will therefore require very different responses.

The most obvious ways that these two forms of abuse/violence differ are:

Domestic Violence is Gendered.

Domestic violence is predominately perpetrated by males on females, generally of similar age and most often in spousal or intimate personal relationships. Less than 1 in 10 people accessing AVOs in QLD was over 55 years of age.

Elder abuse is perpetrated almost in equal proportions by males and females, on older people (with a gender split almost equal to the general population at a specified age) and most often by family members who are in a carer relationship where there is an implication of trust.

Domestic Violence Interventions Encourage Victims to Leave.

The principal intervention techniques for domestic violence are AVOs and refuges, both designed to support victims leaving / separating from the abuser.

The techniques for elder abuse attempt to stop the abuse, either by having the abuser understand that their behaviour is inappropriate or by encouraging the abuser to leave / separating from the victim.

Domestic Violence is reported by the Abused.

Domestic violence and elder abuse both occur behind closed doors. Reporting of abuse in a domestic violence situation is usually done by the abused who is by then often motivated to act. In jurisdictions where there is a body where elder abuse can be reported, more than 50% of the reports are made by third parties. This suggests that in many cases the abused is not yet motivated to act and also suggests that abuse is under reported.

It has been estimated by the Australian Institute of Criminology that up to 50,000 older people in NSW are abused each year. A few older people may receive some assistance from domestic violence based responses, but in NSW, most receive no significant support.

There is an urgent need for an Elder Abuse Support Line to co-ordinate interventions, collect incidence data, research interventions and prevention strategies, develop training for community personnel and develop interagency protocols for responding to reports of Elder Abuse.

CHAIR: Would anyone else like to make a short opening statement before moving to questions? You are happy to go to questions?

Ms DIAS: Yes.

CHAIR: We would like to hear from your different interest groups particularly around the issue of domestic violence. We will facilitate through some broad topic areas and we will have you respond with

whatever you can provide the Committee. Could you outline what are the key issues with regard to domestic violence for the communities and organisations you represent?

Ms BROCK: I would like to emphasise the issue of forced marriages among the communities. I believe all of us here are aware of the issues based on media reports. We need more research on this. Also, the Federal Government is going to introduce legislation. We would like the New South Wales Parliament as well to be actively looking at legislation in the same terms at the State level.

The next issue of course are women in rural areas, especially those who are elderly, who could be considered as senior citizens and who are not able to access many services. Many of them have come across our services and we have worked with them in rural areas, specifically in Coffs Harbour where we have done a lot of work. Many of those women cannot access police services due to the area covered by the Coffs Harbour police. One case has been that they have to wait for three days before a police officer can come, and in many cases not at all.

CHAIR: Would anyone else like to add anything?

Mr RAJ: The issue of same-sex domestic violence is a complex one. The difficulty here is firstly the lack of research and the lack of historical relationship and family recognition for same-sex couples and families and which only very recently has been quite comprehensive. In particular, the private lives survey, which was looking at the lives of various lesbian and gay communities and families, in 2006 reported that 42 per cent of lesbians and 28 per cent of gay men experienced some form of abuse in their current or previous relationship. The problems with recognising this kind of abuse, it is not overly physical necessarily all the time. It involves financial abuse, emotional abuse, threatening to out an individual to their family, to their friends, disclosing possibly their HIV status. There is the threat of custody loss when you consider that until very recently same-sex couples were unable to adopt or to have legal recognition of their children. There are also the issues of accessing services. So, where the victim of domestic violence is a man, accessing appropriate refuge can be quite difficult.

So, in advocating today about the importance of recognising same-sex domestic violence, it is important to locate it within a broader social and legal context and particularly as well recognising that it intersects with issues around ageing, with culturally and linguistically diverse communities, people living with a disability or people living with HIV. You cannot extract these populations as discrete entities. You have to look at them and how they connect together. We are here to suggest the importance of having inclusive services that do not discriminate on the basis of people's sexual orientation. I also flag that I am here speaking very specifically about same sex domestic violence. Issues that affect transgender, intersex and bisexual communities while related are distinct.

CHAIR: We need to have an all-encompassing system and framework that accepts everyone who is a victim of family and domestic violence but, again, how do we address the specific groups you represent? Do we need specific tailored responses to some areas? As I said, we are using today as a bit of a forum process. We acknowledge the need to be broad in our framework. You need also to tell us how we target and reach your particular interest groups.

Ms BEVAN: Firstly, I agree with the last speaker about the need for interagency and holistic approach to domestic violence. Just on his point quickly, through our research we found it is very difficult for people with disabilities to access domestic violence services often because they are geared towards usually women or women with children who are escaping situations of domestic violence. Even with physical accessibility of refuges and places of supported accommodation, people with disabilities simply cannot go there; or if they have support or care needs they cannot access those supports within those places. However, our main key recommendation is around the definition of domestic violence. The current sort of working definition that disability services, the police and ADAHC use does not fully incorporate the experiences of people with disability.

Current legislation, which is the Crimes (Domestic and Personal Violence) Act 2007, actually recognises the definition of domestic violence as including violence between co-residents of an institution—for example, a boarding house or a more formal larger residential institution for people with disabilities or group homes, so domestic violence between co-residents of those institutions and also between residents and staff. Those staff can be staff of boarding houses whose licensing arrangements do not come under the ADAHC agreement. They can be service providers who go into those institutions or they can be nursing staff, for example, general staff, cooks. The key point is that without that definition being rolled out amongst all service

providers, NGOs, ADAHC, the police, magistrates, it is very difficult for that piece of legislation to be used in order to protect people with disabilities. I will pause there but throughout this afternoon I would like to try to use some real-life illustrations of what we mean by domestic violence for people with disabilities in their circumstances because even when people are trained in what domestic violence means or how to spot it, it is very difficult to really see the subtleties, as was said earlier. Sometimes these practices can be so subtle that it is difficult to pick up on them, but when they are taken as a whole it can create a very fearful and abusive situation for that individual.

CHAIR: The Committee has heard a lot of evidence regarding the definition. It also has heard a lot about the need for a consistent definition. Perhaps you could add to the argument on whether we have a broad or very narrow definition—as Ms Bevan did. The Committee has heard cases from both sides and whether "personal violence" needs a separate definition, which may include boarding houses and the examples you gave. How far does family violence go? Does it go to other carers? Does it go to grandparents, et cetera? That is another thing to think about as we discuss these issues.

Mr DAY: The term "elder abuse" is used quite a lot. The bureau of criminology suggests there are about 50,000 cases of elder abuse in New South Wales every year. The difficulty is that few of those cases ever get reported. In fact, if they can be reported there is only one agency they can be reported to: the police. If it is not physical abuse, it will not be reported. You will not get reports of psychological abuse, neglect or financial abuse. These are the major issues we have. In the first instance we say that elder abuse is part of the domestic violence scene. Having said that and, hopefully, convinced you of that we would then say, therefore it should not be treated in the same way as domestic violence because in fact the approach to domestic violence is almost 180 degrees to what the approach should be with elder abuse.

Domestic violence is about withdrawing or taking the abused out of the situation using AVOs and refuges. In the elder abuse area you are actually trying to get the abuser out of the situation. It is not a matter of charging people. One of the interesting things when we talk to older people is that they say, "No, I don't want my son sent to jail. No, I don't want a court case. I don't want the money back. I just want the abuse to stop." There is a prevention pain here rather than a retribution pain. The other interesting thing about elder abuse is that probably more than 50 per cent of cases of abuse that are reported, if they could be reported—I will return to that in a moment—would be reported by a witness rather than the abused person. In the case of domestic violence it is normally the abused who reports. It causes that person to then say they are prepared or are moving down that track of doing something. In many cases the abused person in an elder-abuse situation is not prepared to move on.

A couple of things about elder abuse: firstly, it is predominantly a family situation. Principally it is children, aunts, cousins or what have you. It is definitely a domestic situation. As I said before, it is significant in areas other than physical violence. Financial abuse is probably the largest area. We have a recommendation, which has been before a number of Ministers over the last year or so, that there should be an elder abuse prevention line. New South Wales is the only State in the Commonwealth that does not have a specific elder abuse service. Millions upon millions of dollars are spent on children who rightly should be looked after. Millions upon millions of dollars are spent on women who should rightly be looked after, but next to nothing is spent on older people.

CHAIR: You had something to add?

Mr RAJ: When we are talking about domestic violence it is important to have a broad framework to approach the issue. We are talking about coercive conduct, harassing conduct, and things capable of inducing fear in people. That can be intimidation, harassment and vilification. Even within that framework it is important to distinguish different kinds of violence. We talk about intimate partner violence, but when we are talking about family violence it is important to recognise that for same sex couples or people of diverse sexual orientations a lot of the violence that they experience in a domestic context can be from siblings or parents in a family situation that repudiates their sexual orientation as immoral, sinful or as a mental illness. It is important to recognise that unique specificity. We embrace a broad definition of violence and we reiterate the recommendations made by the Australian and New South Wales Law Reform Commission on that very point.

At the same time we want to make sure that the specific needs of gay and lesbian people or same-sex attracted people are recognised. When it comes to recognising violence in a family or intimate partner relationship context one of the critical issues is that people do not know what the indicators are. You go through school and all you are taught is a biological narrative of what reproduction is and there is no discussion about

ethical forms of relationships, particularly in relation to same-sex couples. We have seen great initiatives undertaken by the Government as part of its Proud Schools program to increase awareness of homophobia related bullying and promoting sexual and gender diversity in schools. This is one example of a critical area where you can have a targeted focus to talk about ethical, healthy and respectful relationships.

We know that in a national study on same-sex attracted and gender questioning of young people in schools, 10 per cent identified as same-sex attracted. A lot of people in schools are having same-sex relationships but if they are not taught about what is an ethical relationship in an early preventive stage and an awareness of how to identify what is violent conduct or what is harassing conduct they are incapable later on of identifying abuse that they may be subjected to for fear of outing or for fear that service provision will be discriminatory. They may believe it is not relationship abuse because all the relationship discussions or domestic violence discussions are about heterosexual relationships. So I am not sure where to put my relationship in that context.

Ms DIAS: The organisation that I work for represents the views of people who see mental health services throughout New South Wales. The co-author of the submission, Dr Sue Webster, who works for Transcultural Mental Health services, and I decided to put in a submission because we wanted to flag this as not only a legal matter for the courts and police but also a health matter. I am sure the Committee has heard a lot about that already so I will not go on about that. The people I hear from regularly tell me that the domestic violence that they experience as adults is part of a larger pattern of experiencing trauma throughout their life. It is difficult to try to draw the boundaries of what this Committee is looking at. That is something that I wanted to flag. Something we are advocating at the NSW Consumer Advisory Group is trauma informed care and practice. I think that is something that is really important for this issue. I know that the submission I made outlined domestic violence screening. I would say screening for domestic violence and other forms of trauma is just one part of it. A cultural shift needs to take place within the system to have it be effective.

CHAIR: It is a shame you were not here for our witnesses this morning, particularly from the Attorney General's department. They were talking about case management for victims, those exposed to the violence and addressing all their needs in a case-managed approach rather than the silos in different systems. Is that what you are talking about?

Ms DIAS: Certainly. Even within the health care system what I hear from consumers—we talk about the people with a lived experience as being consumers—of mental health specific services is that they are being let down. The common reaction when they go to seek assistance with whatever is going on in their life, and they disclose domestic violence, is, "We can see you are anxious and depressed. Go take your medication and go away." There is no holistic support with long-term services that people need to recover from domestic violence. The sectors do not work together well. Definitely the domestic violence sector, health sector and legal sector do not seem to work together and people are falling through the cracks.

Mr DAY: Following on from the point about the sectors not working together, I know the Government is pushing for a whole-of-government approach. The difficulty is seeing that happen. In issues such as elder abuse there is a need not for one agency to do everything but for there to be a protocol across agencies where health might identify a case of abuse or somebody from the Home and Community Care [HACC] services might identify it and a coordinated approach is developed. It has to be by individual. A coordinated approach needs to be taken in order to do something about it. It could be linking up with a social worker, general practitioner [GP] or a legal professional. What is critically obvious is that there is no one solution. I get irritated on occasions when I see reports come out or documents come out that say this is the way to do it. There is one tabled on apprehended violence orders; that apprehended violence orders were appropriate for elder abuse.

We have a close relationship with the people in Queensland and they have an elder abuse prevention unit. The number of apprehended violence orders related to elder abuse is minimal. Most apprehended violence orders are handed out to people under the age of 55, certainly not those in their sixties or seventies. The numbers for apprehended violence orders in that sector is minimal. The approach of taking people to court and bringing the police in to fix elder abuse is not really the way to go. It is a matter of social interaction. Case management is unlikely because it is so expensive. It is probably going to be the people on the ground such as HACC workers, Meals on Wheels workers dropping into the houses and the GPs coordinating their approaches by way of then contacting an advice line or an advice group that can go and give them ideas on how to approach elder abuse.

CHAIR: That is the best solution—the advice line and training people who have contact with the elderly to get them in the system. That may end up with a report to the police eventually.

Mr DAY: Exactly. The phone call might end up immediately going to the police, it might end up going through civil action in the courts to get back money that has been taken, or it could be a myriad of different approaches. We have found—and overseas evidence shows as well—that a legal response to elder abuse is not the way to go. It is too expensive. Whilst you might like to have a caseworker there may be 50,000 potential cases and even if only 10 per cent were reported that is too many for case management.

CHAIR: What is the specific overseas evidence to which you have referred?

Mr DAY: The report that I cited and sent through to the Minister for Ageing came out of France. The ALLô MALtraittance group [ALMA] in France has been operating for 20-25 years.

CHAIR: Could you send that to us?

Mr DAY: Yes, certainly. In terms of discussing policy responses on issues of ageing, when it intersects with same-sex couples there is a unique circumstance because of the history of relationship and disability. So a lot of elders in residential aged care, or accessing home and community care based services, even if they are in a relationship, often are very fearful of disclosing their relationships to government services because they have lived through a history where those relationships were not only subject to discrimination but were also criminal. So, when it comes to accessing welfare services and disclosing their relationship, they might be living with someone in an undefined relationship and that often involves limits when it comes to recognising a situation of domestic violence or abuse because of the inability to define that relationship. People are fearful of disclosing that they have been in a same-sex relationship. I think one of the real important strategies, in addition to training of service providers and aged care staff, is also to look at the legislative barriers to disclosure. In particular, the exemptions to the Anti-Discrimination Act here in New South Wales provide faith-based organisations with wide discretion to discriminate against people on the basis of their sexual orientation.

Our position is that the problem with these exemptions is that that they rely on services that are funded by government, but in addition these exemptions are automatic. That means that if the exemptions exist, they can be relied upon; one does not need to apply for these exemptions, or provide justification for their use. So we are seeing a lot of same-sex couples believing, often incorrectly, that religious or faith-based service providers will discriminate against them simply because they are gay or lesbian. As we know, there are many faith-based service providers in the areas of aged care, foster care and even domestic violence that provide inclusive services. The problem is that the legislative entrenchment of these automatic exemptions sends out the social message, "If I am in a same-sex relationship and I am experiencing abuse, I cannot tell them that I am in such a relationship because they will discriminate against me; or they may think that my sexual orientation is the issue here, and that that is causing the violence, as opposed to any other social issue."

The Hon. CATHERINE CUSACK: I agreed that the services are inclusive, but do you have any examples?

Mr RAJ: Yes. I have a quote from Zoe from a report called "One Size does not fit all". I am happy to provide that for the Committee. Zoe is a practising Christian who is living in a rural community and describes one of the impediments she had to finding support:

It's important to me to go to church once a month but I could absolutely not use the church for support for this and that's a double bind for a lot of gay and lesbian Christian people in the country. It hadn't even occurred to me to access the church. There is a counselling service in town through my church and they might have been gay and lesbian friendly there but the idea of going and then having to work out who was trustworthy and who wasn't would have been horrendous. And if my sexuality was known in my local church community I doubt I would be permitted to keep doing the lessons in the church.

She goes on to describe her experience with one of the counsellors:

He had absolutely no knowledge about the relationship issues but he referred me to [a generic community organisation] which is some sort of Christian therapy course to change people's sexual orientation. He was treating my sexuality as if it were the issue. I was very traumatised. When I went to him in very, very deep distress he interpreted that distress as an experience of guilt and shame (about my sexuality).

Ms BEVAN: I want to pick up on one of the earlier points about how agencies should work more closely together. This was an example from the police and a situation that we have been dealing with over the

last year or so. We have had some very good interactions with the police, especially the domestic violence units of the police. However, it is often the case when the police are responding to calls that, for example, it is general duty police that arrive at the scene, and they do not necessarily have the training to pick up exactly what is going on. As an example of this, last year there was a case of two men who had been living in a boarding-house and were alleging to us physical violence and assault, and were not very happy about the conditions in which they were living. They were claiming bullying from the proprietors of the boarding-house.

These two men managed to remove themselves from their situation and get themselves all the way to Newcastle to escape the situation that they were in. When they got there they walked into the police station, thinking, "This is the only place we can go," and they made a complaint. They said, "We need some help. We've left this place where we have been living because we have been suffering violence, and we need you to help us do something." Both men had mild intellectual disability, so there may have been a problem communicating with the officers on duty. When they gave their residential address the duty officer looked up the address, and the owner of the licensed boarding-house had actually put out a missing persons notice regarding these two men.

So instead of, for example, trying to contact relatives or any other people who had been in contact with these two men, or perhaps contacting People with Disability Australia or any other organisation, the police phoned the boarding-house, and a man came and picked up these two men and took them back into the situation where they had been experiencing physical abuse and violence. It would not be very difficult to put in place some process whereby police would use other agencies' support, if just to check and investigate what had been going on, and speak to those people or support persons so that they could take whatever witness statements were necessary, and consider the situation holistically before returning these people to a place where they had been subjected to physical abuse and violence.

The Hon. CATHERINE CUSACK: Is it even legal to allow the man from the boarding-house to come and pick those men up? I mean, he is not their guardian; he is their landlord, surely.

Ms BEVAN: The people in the boarding-house do not have tenancy rights. But if he put out a missing persons notice, I think they could be returned. I do not know the legalities. But that is what actually happened in this situation.

The Hon. CATHERINE CUSACK: It is a horrifying story.

Ms BEVAN: Yes. In the end, these two people, along with many others, did escape the situation. But the fact is that, as people with a disability, they presented at a police station and were not listened to; the automatic response was to call the boarding-house.

The Hon. CATHERINE CUSACK: And hand them on to someone else.

Ms BEVAN: Yes. For the two people in that situation, it had been a huge effort already to manage to get themselves out of that building. And there probably would have been issues around staff, or maybe not staff but other residents finding out about this and trying to prevent them from doing this.

The Hon. CATHERINE CUSACK: Mr Chair, I find that a really disturbing story. Is it possible that more inquiries could be made?

CHAIR: Do you have any more information? Has the matter been resolved?

Ms BEVAN: I think it has been resolved. This is actually part of a wider incident of problems that were going on last year.

The Hon. CATHERINE CUSACK: I am very interested to know that the police learnt from the incident as well.

Ms BEVAN: One of our key recommendations is that the police update their training and be part of a continuing education program, with training on people with disabilities and in situations of domestic violence. We were previously in conversation with NSW Police and how People with Disability Australia can provide that training for them, and how we can consult with them on improving their guidelines. Unfortunately, that conversation was ended by NSW Police. I can provide to you further written information on that.

The Hon. CATHERINE CUSACK: I would appreciate that. I am really concerned about that terrible situation.

Ms BEVAN: I can do that.

The Hon. CATHERINE CUSACK: Thank you.

Ms BROCK: I wish to go back to the issue of forced marriage. The communities that we have been talking to know that in principle it is illegal to force anyone into marriage, but at the same time the children affected or people affected do not want to see their parents in prison because of this. Also, those who have been married already under this practice find it very difficult to sever the ties from the rest of the family. It is like cutting off your umbilical cord. So the Immigrant Women's Speakout Association is looking at the model of the Shakti Community Association in Auckland. It provides real support for those who are escaping forced marriages, and for those who are on the verge of going into forced marriage. They have somewhere to stay, and they know there is a support network. We do not yet have that in New South Wales. I do not think there is any support network in the whole of Australia. That is the reason for the strong recommendation to the New South Wales Government for a specialist shelter for those who are escaping forced marriages, and to make sure that there is whole-of-government approach in supporting these people, because it is not only younger men but also boys and girls who are affected.

The Hon. CATE FAEHRMANN: I am particularly interested in continuing to explore the culture of police and the training that police undertake in your interest areas. Does anyone want to kick off with people presenting with mental health issues?

Ms DIAS: In recent years there has been a lot of training in the Police Force on how to work with people with mental illness. Is that your question?

The Hon. CATE FAEHRMANN: Yes, and also in relation to domestic violence issues.

Ms DIAS: Certainly. One thing I hear all the time from consumers, especially consumers who have experienced domestic violence, is that mental illness is used to discredit them. I am sure you will have seen that in a lot of the submissions that came in. It is something that my co-author, Sue Webster, would want me to say, because she works specifically with women who experience mental health issues. Similar to what was said by Jane Brock, a lot of women coming to Australia on visa status feel they do not have the same protections and feel they cannot go to police; they feel uncomfortable about doing that, but also about marrying people who are better able to form allegiances with police and other authorities. They feel they are outside the system because of their mental health status, and perhaps in addition because of their cultural and linguistic backgrounds, they feel the perpetrators of these crimes are better at establishing allegiances with police and other authorities and fear being completely discredited.

Mr RAJ: I would like to flag the Gay and Lesbian Liaison Officer program run by NSW Police. It has been really important and really critical not only in addressing homophobic violence in the community but also in assisting with recognising domestic violence. One of the really important things for us is to ensure that that program continues and receives funding. I believe Victoria has cut its Gay and Lesbian Liaison Officer program. This was a program that our organisation fought for considerably back in 1990. Over the past 20 years it has been really important in connecting the police with the broader gay, lesbian, bisexual, transgender and intersex communities.

In particular, the training is so important to recognise why same-sex domestic violence can be different from heterosexual ideas of violence; in heterosexual relationships there is a gender dynamic where often the male partner is the perpetrator of violence and the female partner is the victim of that violence. In domestic violence situations for same-sex couples, if you have two men or two women, that dynamic is obviously going to change. So ongoing training and recognition in that area is so important and that is why we want to ensure that the GLOBE program remains funded and continues.

Ms BEVAN: I think there is also a sort of perception within the police sometimes that when they see instances of domestic violence or violence between people with disabilities that it is an issue for disability services either because they see it as being an issue for disability services because it involves people with a disability or because they perceive themselves as not having the expertise to be able to deal with the situation. So either it is not really seen as being violence and treated in that way and going through the court system where

that is appropriate or it is referred out to other agencies which then in turn do not have the ability to deal with the situation for those people as well.

Ms BROCK: The experience of the Immigrant Women's Speakout with many of the Police Force is very good in many, many cases which we have presented to them, but we found out that many of them at first instance always forget to access interpreters; we always have to remind them. The other issue is they are willing to be trained on working cross-culturally in the community in terms of women who are from a cold background, but when we ask them, "When can we train you?" they say they have in-service training in Goulburn and they have the academy and all avenues that are possible. But, of course, first of all they say, "We need some money to go there, for our petrol and other materials", and they said, "Sorry but we do not have the budget". So the practicalities of training and really putting money into the training of the Police Force are very important and that is why we want to put forward our strong recommendation.

Mr DAY: I have a great deal of sympathy for the Police Force and, as I think somebody said earlier, it is normally a couple of young constables turn up, so they have only just been trained and, quite honestly, I do not think there is enough time to train them in dealing with elder abuse, gay and lesbian abuse, disability abuse, et cetera, because each of them can be looked at in quite a different way. Certainly from the information that I have been extracting out of Queensland in the main, because we have got that relationship, many of the police do not really understand the difference between elder abuse and domestic violence. In fact, one could probably go so far as to say they would see everything as domestic violence and would say, "No, we do not deal with elder abuse". You then start to question them and ask who was the abuser—the son; who was the abused—the mother; and what was the situation—it was not really physical abuse but he had just been clearing off with the housekeeping for the last five years. That is actually abuse.

So I think that is a difficulty that the Police Force have got and I am sympathetic with them. In fact, I was on a working party with a number of the police and they continue to say, "We try to do what we can, we try to train as best we can, but at the end of the day we cannot be experts in everything", and you see them in a situation; they do not understand the difference between bipolar and other conditions, et cetera, et cetera. I think they are the first port of call but they very quickly have to pass it on to somebody who is appropriately trained. I guess that is coming back to my submission: we need to have a group that actually knows about elder abuse—go out and train people in the community as to the appropriate responses and so forth. Yes, train the police but train them almost how to identify something quickly and move it on to somebody else.

CHAIR: One of the things that we have been looking at in Victoria is the primary aggressor assessment tool that the police use. I guess we have the benefit of seeing this, and on that document it looks at the types of relationships that are involved at the point in time. The police are very well trained to identify who the primary aggressor is and to make other appropriate referrals from there. Are any of you aware of what they do and would a detailed primary aggressor assessment tool be of value to the organisations and the people that you represent to be able to address some of these issues?

Mr RAJ: I just want to flag that one of the issues with the primary aggressor model is that sometimes in same sex domestic violence situations it can be quite unclear, particularly where there is a situation of mutual battery or if it is simply thought of to be a common assault. If you have got two men in a situation of physical violence, for example, people who are not trained to see that necessarily through that gendered lens of domestic violence might treat it as simply a common assault involving particular harms, et cetera. So what we are really keen to see is that any use of the primary aggressor model—which obviously has importance and can be very useful for the purposes of apprehended domestic violence orders, et cetera—makes sure that there is research done to see how this can be used effectively to deal with the peculiarities of same sex relationships.

That is something that we are really keen on. That is something that was identified in the National Human Rights Action Plan that the Federal Government has undertaken, particularly in funding research in this area. That is something that we think is really critical because for so long obviously same sex relationships have been on the periphery given their lack of legal and formal recognition. Now that we have largely achieved a lot of that substantive recognition what comes with that as well is recognising the kind of violence that comes from those kinds of relationships as well without attributing that violence to a person's sexual orientation or gender identity

CHAIR: I should clarify that I imagine that any detailed assessment tool obviously must go hand in hand with appropriate training to be able to identify the correct categories and the correct responses from that. I guess that leads into what you were talking about earlier about the appropriate training for police to address all

of the areas that you are looking at, but also to be underpinned with a tool that can identify those specific circumstances which they may be dealing with at the time.

Ms BROCK: We work closely with the multicultural liaison officers, which is the civilian arm of the police. I believe that we need to develop more working relationships with them from the community sector, as well as internally the police officer should work closely with the multicultural liaison officers. Based on our experience in Parramatta and in Bankstown this is happening and we have constant meetings with them together with the police. I believe that this is something that we can look at as a model and see where it should be more developed and improved.

The Hon. CATE FAEHRMANN: Within the Police Force what roles are there trained specifically to work with people with a disability who are also victims of violence? Are there roles?

Ms BEVAN: I do not have much information on that actually. I have not heard of a particular unit which is sort of sensitised to people with a disability in this situation. Sorry.

The Hon. CATE FAEHRMANN: That is okay. A question about the screening that is undertaken: We spoke to NSW Health this morning and they said that mental health is obviously one of the areas that are screened for domestic violence. Can you explain how that happens and whether you think that screening is adequate or whether there could be any improvements to the way it is done?

Ms DIAS: Sure. The submission that I put in was largely based on the work of Jo Spangaro. I do not know if you guys have heard from her. She did thorough research on the screening process in NSW Health, so I would refer you to her recommendations because they are not mine and she did a great job of going through it. As far as what I have heard from people, the screening process in NSW Health currently occurs in family services, antenatal, and mental health services. Within mental health some of the issues that I have heard, the questions—I guess first of all it does not always happen because of how unwell people can be when they come into an inpatient unit or a service. It is supposed to happen before people are discharged; it does not always happen.

The other issue is that sometimes it does happen. I spoke to a woman in Wollongong who told me about coming into an inpatient unit, she was quite unwell. She got a bit more well, she disclosed that her partner was abusing her. I am not sure what her mental health was but she certainly had lot of anxiety and depression around that. When she was being discharged first of all it is a bit of an issue that the service did not tell her that she was being discharged, but waiting there for her was her partner. I mean, the screening happened and she disclosed that she was being abused by her partner, yet that information went nowhere. That is a huge issue to put people through that.

I guess some of the recommendations that Jo Spangaro talks about are looking at other areas of Health where screening should happen: sexual health clinics, oral health clinics, and skilling up general practitioners to do this sort of work. There are a lot of people with mental health issues who will not go near mental health services because they have been so traumatised by how those services have treated them. They rely on their general practitioners for everything, including medication and just checking in. I guess too with the screening for domestic violence within mental health, the questions are a bit funny as well. They are more about actions and I think Mr Raj was referring to that before. It should be more about that coercion and control and alluding to that.

CHAIR: Can I clarify that that is "After the Questions: Impact of Routine Screening for Domestic Violence in NSW Health Services"?

Ms DIAS: That is the one.

CHAIR: We have received an executive summary of that; however, this morning the Department of Health has agreed to send us the full report.

The Hon. HELEN WESTWOOD: Thanks very much everyone for being with us this afternoon. I am just wondering whether as non-government organisations and peak organisations you are aware of the new domestic violence framework that is being developed at the moment by the Government? You are all aware of that.

Can you tell me whether any of your organisations have had the opportunity to have input into the development of that? Have you been consulted? Have you heard from one of the departments? You may be aware that KPMG has been engaged to actually design aspects of that strategy. If I could hear from each of you whether you have had any input into it.

Mr RAJ: No, none.

Mr DAY: No input.

Ms DIAS: No.

The Hon. HELEN WESTWOOD: No-one?

Ms DIAS: Can I just say that I only knew that they were revising it because I called the Office for Women's Policy last week to say, "Where is your policy? I can't find it. I know I've read it before." They said that it was being reviewed.

The Hon. HELEN WESTWOOD: That is a bit of a shock, given the evidence we have already received here. I wish to ask Ms Dias about people with mental illnesses as perpetrators. I know your submission talks about women as victims. Some of the evidence we have received—particularly in relation to the implementation of apprehended violence orders and court experiences—has been around perpetrators who have a mental illness that may have led to that abusive behaviour or may be an aspect of that abusive behaviour. Could you talk a little about that, please?

Ms DIAS: I would say that certainly the evidence would point to the fact that a lot of the people who are repeat perpetrators have complex needs around mental health, alcohol and other drug issues. I think it would point to the fact that our system is not very good at working with people with complex needs.

The Hon. HELEN WESTWOOD: Do you have any thoughts about what we could be looking at as a Committee in terms of this inquiry? What recommendations could we be making that may go some way to addressing that? I am happy for you to take that on notice.

Ms DIAS: Yes, if I could. Thank you.

The Hon. HELEN WESTWOOD: Ms Brock, you have talked about forced marriages. One of the areas I am interested in because of my own knowledge of this area in the past is those women who have come to Australia as sponsored wives of Australian citizens. They have either met online or those men have travelled overseas, met a woman and married them and then returned to Australia. They are often here without the support of family and friends and they experience abuse. I know there was a time when there was an increasing trend of the women in that cohort being the subject of abuse. I wonder whether that has changed at all? I know that there was some legislation put in place to try to address some of that. I wonder if that is still a phenomenon that we are experiencing in New South Wales?

Ms BROCK: Okay. I will start first with the Federal level. There is the family violence provisions of the migration law that allow anyone who has been sponsored to migrate to Australia through the marriage sponsoring scheme to continue their application for permanent residency, if they can prove that they have experienced family or domestic violence. How does it translate to the State level? There are many things that a person should do to prove the domestic and family violence. First of all, they have the option to go to the court and ask for the apprehended violence order. That is one type of evidence that they can present to the department of immigration as well as their own statutory declaration presenting their experience of family violence.

Many of these women are afraid to face the perpetrator at the court and also to seek the assistance of a police officer to whom they have reported the violence because there is that fear always, because of their experience in their home country—especially in countries where there is a militaristic approach to dealing with crime—that the police somehow maybe are not as sympathetic as they appear to be. That is one hurdle that they have to face. If they are not familiar with a court system at the State level, or even any level of the court system, it is very difficult for them to even think of going along that pathway.

The other option is for them to get two competent persons to help them prove their experience of family and domestic violence. Competent persons could be a general practitioner or a registered nurse or a

registered psychologist, and so forth and so on. But many times these professionals do not see their role in the immigration process. In fact we held a forum in Bankstown. I guess it is already three years ago and I guess that the Hon. Helen Westwood was there. We encouraged general practitioners to attend the forum so that we could present to them their role as a competent person and how crucial it is for them to provide assistance to the person who is seeking a statutory declaration to help them to prove their experience of family violence.

What was served there by the general practitioners was really appalling. One of the general practitioners said, "So now you're expecting us to the community workers providing such types of statement. Have you looked at the 1040 form of the department of immigration and how complex it is?" That is one, and the other of course is that they are afraid that the perpetrator might kill them. So where will these women be left? They are in the dark in terms of being able to provide evidence to the department of immigration that they did experience family violence. Even police officers have the sense that many of the professionals—those supposed-to-be competent persons—do not want to have anything to do with people who are asking for assistance to prove their experience of family violence.

At the State level, the court system has to really be able to do something to have these women come forward and really present their case without the fear that this man, or whoever it is among family members, will hurt them again after seeing them at the court. I know that there is a system that has been introduced, which is a videoconferencing type, but I do not know if that has been accessed. We have not heard of anyone from among our service recipients who has accessed videoconferencing in accessing the court.

The Hon. HELEN WESTWOOD: Yes, Mr Raj?

Mr RAJ: I just want to briefly elaborate on a point regarding the provision of services in the health context. One of the real difficulties in the gay and lesbian community and the broader bisexual, transgender and intersex community is the way in which, often in situations of distress, violence and abuse it is confined to your sexual orientation. Unlike situations of heterosexual relationships where that violence is seen as abhorrent or not symptomatic of the attraction or intimacy, but about a practice or a certain set of practices, in some situations where there is inadequate training and where there is an invisibility, often people will say, as in the previous quote I outlined, "We'll talk about your sexual orientation as the issue in the domestic violence situation. The reason you're feeling distressed is because you have guilt or shame about your sexuality, and that is the problem."

That is something that we really have to address, particularly when developing guidelines obviously for police but also for healthcare professionals, such as doctors who are dealing with people in vulnerable situations, such as elders or young people, when they are coming for counselling or because they have suffered physical injuries. They are being told that the consequences of their harm are due to their sexuality, which is effectively victim blaming. That is something that we have seen. As with the quote I read previously with Zoe, she was referred to a reparative therapy context. The priest tried to suggest that it was her same-sex attraction that was the issue of why she felt distressed, and then went on to almost conflate it with issues around paedophilia. When we are dealing with people's experiences of domestic violence being attributed to their own identity on the basis of their sexual orientation, that is simply unacceptable and something that we have to address across the board.

Ms BROCK: May I address the question about whether there have been improvements?

The Hon. HELEN WESTWOOD: Yes.

Ms BROCK: Yes, there were improvements on a very, very small scale for those general practitioners. Later on we held another seminar through the Bankstown City Council and the local domestic violence committee. We worked with the association of medical practitioners so that attending the information session would accredit them in their continuing professional development, and also there was free dinner. In spite of that, not many came, but anyway it was a good start. There was double the number. Many of them actually had a change of heart.

They were listening to stories that the Bankstown police told them, and it changed them totally in the way they perceived these people who are accessing their services. Many of them actually said that, yes, they are willing to do the 1040 form, but they need funding for it because they need to spend at least an hour to do that. We explained that to them that victim's compensation is something that they could access. There is some

victim's compensation in place and it could be used for paying the general practitioner for their time for doing the 1040 form.

The Hon. GREG DONNELLY: Thank you for your very detailed submission. In relation to the area of disabilities, you deal with the matter of third party applications for apprehended violence orders [AVOs]. Would you mind elaborating on that a little and giving us your thoughts about the background to this, and perhaps around the definition of a third party—how that might be scooped out, and what a definition of a third party would involve?

Ms BEVAN: We have a number of issues with apprehended violence orders. Firstly, because I think often they are applied too quickly or inappropriately, which means that the situation can be escalated unnecessarily. Also, sometimes they can be applied on people who do not fully comprehend the full extent of the order and what it means. As a quick example, we had one case of a man with an intellectual disability who did not fully understand that the apprehended violence order meant that he could not go to certain places and he went every week to do his laundry at a certain place which was a breach of his apprehended violence order, and there were serious consequences of that. There were earlier instances whereby the whole awarding of the apprehended violence order could have been avoided and his life has been detrimentally affected since he breached that order. So, firstly we are concerned with the inappropriateness of them.

Secondly, we are concerned with the fact that in many situations they do not help the victim because there is no realistic way that either the perpetrator or the victim can be removed from the situation they are in. So they are clunky in the way they can be used. However, in terms of your question, as it is only the victims themselves or the police who can initiate this process, and as we have talked about already the police often do not pick up on these things or do not have the means to be informed of these circumstances and also people with disabilities specifically often do not have the means available for them to make complaints or complaints they may make to staff do not go where they request them to go and they are fearful of making complaints to staff and there are cultures of bullying, for example, which means that person would never think of making a complaint, or people with disabilities have become so institutionalised that they do not see their circumstances as warranting a complaint.

As a little example of that, I think of an instance whereby somebody needed assistance in using the toilet for example, and maybe staff come and help them with that. Perhaps as a punishment staff decide they are not going to help them with that, and maybe they do that once or twice or perhaps they do it a bit more often. The person may have continence issues and the staff will normally change the linen and that person is basically sitting in their chair or lying in their bed with soiled linen. That person may become very used to that situation and would not question it anymore because perhaps it is something that has happened to them over many years of their life. However, a representative of my organisation who may be visiting that residence would notice things like that and would be able to look for other signs of abuse happening against that person or against other residents. It could be something we could investigate and then apply for an apprehended violence order. We do not think that apprehended violence orders are useful in that situation but that is the kind of example I would give, particularly for people with disabilities who have been institutionalised for a long time. There are many behaviours and cultures they are simply used to and they do not question that they are abusive practices.

The Hon. GREG DONNELLY: What is the process of reporting ill treatment of a person in circumstances you just described beyond the place where they are residing? What is the mechanism for those sorts of things? Certainly there is an argument that that is not necessarily domestic violence; it is really ill treatment which obviously breaches the requirements, presumably associated with the licence of the institution and so on. What is the process at the moment for reporting those sorts of things?

Ms BEVAN: The process is either to go to Ageing, Disability and Home Care or to the police. There is a complaints service which is run by PWD and individuals can make complaints to that service and then they go to Ageing, Disability and Home Care. This is the problem we experience. In that kind of situation, what is that? are we going to deal with that? Is it ill treatment? If it is ill treatment that is a different route than if it were domestic violence. In situations like that it will be more than that. For us the bigger picture, which I will not go into now because it is beyond the scope of today, people with disabilities should not be in that situation anyway. But, for as long as they are, there are certain cultures of behaviour that tend to develop, which means that people get treated in that way.

It is probably relevant to give you an example of that, which we are dealing with at the moment. It is quite a distressing example. We are involved in the case of a young woman with cerebral palsy, and she is living

in a group home. There are only four people in that group home supported by a number of staff. The other three residents of that group home are considerably older than her and they have much higher support needs. One of the residents has quite considerable support needs. She has developed some challenging behaviours, which means that she self-harms a lot, for example, involving banging her head against the wall until she starts bleeding. It is distressing for the other residents as well as for the staff, because it is difficult for them to handle. However, when she has these episodes of challenging behaviour it can result in her being very abusive to the other residents. She can become physically violent to the other residents, including hitting, biting and being generally just very unpredictable. She becomes very vocal, shouts a lot and screams a lot.

Our client wants to remove herself from the situation, and the difficulty is we have no mechanism to remove the woman who is perpetrating this violence on the other residents, because Disability Services has said the group home receives block funding and therefore caters for people with high support needs and therefore that woman must stay in that residence. So, she cannot be removed,

The Hon. NATASHA MACLAREN-JONES: That woman being the perpetrator?

Ms BEVAN: The perpetrator must stay in that residence despite the violence she is perpetrating. There is no question about this. Some staff of the group home have complained to their union as well about the situation, about the abuse they are suffering. The problem is that because of the funding structure the perpetrator of the violence, which is agreed upon basically, cannot be removed and the rights of the people who remain there are being violated. In those circumstance I do not see how an apprehended violence order would help the situation. In this case our client was advised that if she did not like the screaming in the night she should wear ear plugs. That does not get to the problem. It is not the screaming in the night; it is the fear of what is going to happen when this woman comes into her room and it is the tension that generates in the group home when these people are in fear of violence all the time.

The difficulty in responding to this and because it comes down to a funding issue, as has been mentioned before, it comes down to the idea that for people with a disability that is how it is and you cannot do anything about it; it is not very good but it is like that. Lastly, our client is being removed from that situation, so she is being taken somewhere else, which is wonderful for her. But the perpetrator of that violence is still in that group home and there is a spare bed now, so it is going to be filled by somebody else. So you have a situation whereby many people are aware of the situation: the police are aware of it, and they have actually been very helpful, the staff of the institution are aware of it, we are aware of it, but there is no real effective mechanism to deal with that situation.

The Hon. NATASHA MACLAREN-JONES: Mr Day, did you want to comment about third parties? You said previously that you wanted to come back to that.

Mr DAY: Not specifically but certainly there is a need within elder abuse. As I said before, less than 50 per cent of cases reported would be reported by the abused. Generally it is reported by witnesses. Again, looking at the wider aspect of older people being abused, all of them are in a relationship with a carer of one sort or another and that carer generally is family, but there is an expectation of trust. Sometimes their behaviours are difficult. Certainly dementia is an issue. We have started moving to the dementia area and the early stages of dementia with the levels of paranoia and so forth that develop. In fact, the carer can suffer abuse from the person with dementia. Generally you try to somehow or other get in contact with the person who is being abused and work with them over a period of time, if you will, to get the motivation to want to do something. Then it can be anything from changing the powers of attorney, bringing in the ACAT teams, removing yourself from that environment into a low-care hostel to bringing in the rest of the family because often times it is a family member doing the abuse and the rest of the family does not know what is happening. There are myriad interventions but, as it stands, before you can actually do anything you have to get the abused person to come to grips with that, and that is the hardest thing.

I was talking to somebody the other day about the difference between domestic violence and the abuse of older people. You can understand in a domestic violence situation two people who were partners then hating each other. It is a harder thing to understand a mother hating her child or a father hating his child. As a result, the person being abused resists even more so than, say, a battered partner taking it to the next step. It becomes really hidden behind the closed doors. That is why there needs to be these interventions—but not formal interventions—encouragement and so forth helping people along the way. I have heard of a situation where the abuse stopped because they encouraged the person delivering the meals on wheels to carry the meals into the house rather than leaving them on the front door step. You ask, How can that be? Simply because the people in

the house, the abused and the abuser, saw a third party on a daily basis and that changed the whole dynamics and, therefore, the behaviour and the abuse stopped. That is an intervention, and it is a successful intervention. It can be as simple as that right the way up to having the GP take the abused person out the back to meet the lawyer who changes the power of attorney et cetera and then goes back in with the family and presents it to the abuser. It becomes a very complicated situation, but it is the same sort of deal. I am not talking from a formal perspective but, certainly, from an informal perspective. Yes, third parties should be involved.

Mr RAJ: To carry on the discussion, what we have really highlighted amongst all the groups is that a lot of the communities we represent have historically been invisible populations for various reasons, whether that is linguistic, fear of outing yourself to a service provider, simply not recognising that you have an avenue to pursue when you were subjected to domestic violence. Obviously, what is really critical is having mechanisms for litigation and enforcement et cetera, but prevention is where the focus needs to be. Certainly, when it comes to experiences of domestic violence, for a lot of marginal communities the issue is one of education and being able, firstly, to recognise that the relationship you are in can be characterised as one of abuse or control or coercion, and then also feeling empowered to report that, disclose it or seek services. That then requires those services to be inclusive and to be welcomed. We need to have that education out there: yes you can recognise that these are some of the indicia of violence; I recognise that. Also, here is a list of services you can access. They are inclusive, they are not going to discriminate against you. What is really critical is developing that level of education and empowerment so that we can prevent the issue of domestic and family violence at that early stage. That has such long-term benefits obviously for health and family wellbeing, but also in economic terms as well by minimising the cost later on.

The Hon. CATHERINE CUSACK: I add my thanks to your submissions; they are terrific. I shall commence with the immigrant women's association. In all these cases there are some simple things that can be done at the migration stage. Are immigrant women required to have independent legal representation at that stage?

Ms BROCK: Yes. In the case of family violence provisions, access to this in order for them to continue with their application for permanent residency—

The Hon. CATHERINE CUSACK: Could I just interrupt. I am actually talking about the point of entry to Australia. Again my focus is rural. I know, for example, in mining towns such as Broken Hill there is a very significant problem with Filipino women not having access to their passports. Their partners say they will be deported and they are in complete fear and do not know another soul in that town. It is an untenable situation. Should we not be ensuring that those women are completely informed of their rights in their own language?

Ms BROCK: Yes.

The Hon. CATHERINE CUSACK: Should a person not have a right to have control their own passport?

Ms BROCK: Yes. Thank you for raising this. We have a lot of people in our midst who are on temporary residency based on employment. We have the 457 visas as well as the partner visas, who have to wait for two years before they can continue their application for permanent residency, and we have the international students as well. These are the most vulnerable people in our community in terms of family violence. The current Government has introduced the Living in Australia pamphlet or booklet. In fact, the people are required to sign up to a statement that they have to live the Australian values and one of them is being respectful and there should be harmony and all sorts of measures. But these are not yet translated to all languages. In the past there has been this video that all partner visa holders have to watch to know where to go and also for assistance they can access. I have spoken to many of those women who have actually appreciated that video, which they have to watch at the Australian embassy in the Philippines.

The Hon. CATHERINE CUSACK: Could I just go one step further and suggest that the sponsor really ought to be paying for an applicant to have a legal session, not just a video, in which they sit down with a lawyer who can explain their rights and say, "If you have a problem with this or if you're anxious about your passport, this is the number that you call." These women are coming into Australia with no idea.

Ms BROCK: Yes, exactly. A lot of them are not aware of the legal system and their rights when they experience violence and also where to go in the first instance that they experience violence, whether it is in the community or from their own families.

The Hon. CATHERINE CUSACK: Do you think the Committee should be making recommendations about that initial stage?

Ms BROCK: Yes. We have done that recommendation on our part. Last week we spoke to Chris Bowen and, to iterate again, we reinforced and reaffirmed our proposal to have cultural package information that women and all people who are coming here should read. They have to work with the countries of origin of these people to be able to distribute this. In the case of the Philippines it has the Commission for Migrant Filipinos. The commission has gone to the Australian Embassy in Manila and asked for information. They are the ones who have asked for information, with our own campaigning, as well as from the Filipino community. They have asked the commission to go to the Australian Embassy and to get that information. Of course, they can only do so much.

I believe that the Australian Government should take leadership in ensuring that this information is available on the website. The booklet is now on the website. I guess we need more friendly, plain language and easy-to-read information. It is very voluminous. I have a copy here with me. Once you look at the website you will know where to go. What does family violence entail in plain language? That is the difficulty experienced by many of those who are reading the website. Much of the terminology and concepts are not couched in a way that people who come here understand.

The Hon. CATHERINE CUSACK: Would you support a recommendation that women be given a session with a solicitor as part of that application process?

Ms BROCK: I believe that is very helpful. I am sure that the partner sponsor will be happy to spend some money on that, if that is the proposal.

The Hon. CATHERINE CUSACK: That will not happen for them unless it is a requirement.

Ms BROCK: There was an assurance of support before but that has now been cancelled. I guess that is one thing that they can do. In place of the assurance of support that was cancelled—I believe it is in operation now—there should be support for legal advice and the sponsor should really pay for it. But in the case of 457 visa holders I do not know whether employers will be happy to spend money on some legal advice session before they come here.

The Hon. HELEN WESTWOOD: Mr Raj talked earlier about intimate partner violence in same-sex attracted couples. I would like evidence from you about family violence to same-sex attracted people who either come out to their family or are suspected by their family of being same-sex attracted, particularly in ethnic and diverse communities.

Mr RAJ: That is a really important question. I think often when we discuss domestic violence the automatic presumption is that we are talking about intimate partner violence. When it comes to people who identify same-sex attracted or gay and lesbian, a lot of the violence they encounter in a domestic context is perpetrated by family or siblings. The "Writing Themselves In 3" report which was a national survey on same-sex attracted and gender questioning young people who had experienced homophobia related bullying primarily in schools noted that 24 per cent of the young people surveyed suffered some form of verbal or physical abuse in the home.

Recently in this very Parliament the "We are Family Too" report was launched which looked at the affects of homophobia in Arabic speaking communities. Certainly When we are discussing the issue of sexual orientation and its intersection with culture and religion, this becomes particularly important. What we are dealing with is when that violence becomes justified on the basis that your sexual orientation is perversion—an illness—it is immoral. So either that violence is punitive or sometimes a lot of people do not even think of the abuse as punitive; they think of it as reparative or corrective. What they do to their children, for example, forcing them to go to a priest for reparative counselling, sending them to a psychiatrist to be cured of their homosexuality, they do out of some misguided idea of love. They do not intend to punish or victimise their children but effectively the trauma that these young people from various cultural and religious backgrounds endure is intense shame and guilt.

Suicide Prevention Australia has done studies that indicate that lesbian, gay, bisexual, transgender, intersexed, questioning [LGBTIQ] young people are between four to 14 times more likely to commit suicide.

The "Writing Themselves In 3" report identified that 31 per cent of young people had attempted suicide or some form of self-harm. When you are dealing with those statistics it is important to recognise that in any discussion of domestic violence we are discussing also family violence in relation to same-sex attracted people, particularly young people, and looking also at how that relates to other communities, whether that is people living with disability, culturally and linguistically diverse communities and faith communities as well.

CHAIR: The Committee has resolved that answers to any questions that have been taken on notice should be returned within 21 days. The secretariat will be in contact with you to facilitate that response.

(The witnesses withdrew)

(The Committee adjourned at 3.36 p.m.)
