



**Women's Health NSW  
Peak Association for the 22 NSW Government Funded  
Women's Health NGOs**

***Response to the Discussion Paper  
NSW Domestic and Family Violence Strategic  
Framework***

Thank you for the opportunity to respond to the Discussion Paper on NSW Domestic and Family Violence Strategic Framework. Due to the current demands and limitations on the peak body's time, our answers here only touch some of the issues. Women's Health Centres will however be participating in the planned consultations. Domestic violence is a significant experience of our clients and places challenges and strains on many NSW services, including our member centres.

Domestic violence is an insidious and dangerous problem. It is occurring quietly in NSW homes every day and while policy makers and services are doing what they can within current resources, more Government action is needed, immediately.

**A courageous and bold approach is needed in NSW to effectively prevent and respond to domestic violence.**

Domestic violence is a chronic and lethal dimension of the NSW community. It is causing dysfunctional intergenerational patterns of behaviour and individuals and the overall society are deeply affected and not as healthy as either could be. It causes individuals, families and society to fall far short of their potential.

We as a community need to link all the behaviours that are domestic violence. The prevalence of domestic violence is such that all behaviours leading to and part of domestic violence need to be afforded more significance for the role they play – emotional control and abuse, intimidation and threats, financial control, monitoring of victim's movements, stalking and surveillance through to physical abuse.

To fully grasp the seriousness of domestic violence and to play their vital roles in the prevention and intervention of it, many service systems including educators, the judiciary and the police need training to understand the subtleties and the interconnected components of domestic violence. It is the revelation of physical abuse that usually attracts attention.

Domestic violence costs the community enormously. Domestic assaults consistently account for 35-40% of all assault incidents in NSW each year (1) and the majority of female homicide victims are killed as a result of domestic related conflict (2). One in five Australian women report they have been subjected to violence at some stage in their adult lives, increasing their risk of mental health problems, behavioural and learning difficulties (3). Domestic violence is multi-layered, complex, common and underreported. Most episodes of domestic violence go unreported, with possibly only 31% of assault victims and 20% of female sexual assault victims reporting it to police (4).

We as a community should have a zero tolerance approach to domestic violence. There is good will in the community to ensure this but in reality the understanding of the pattern of domestic violence and the subtleties of it are not completely realized. Unfortunately ending domestic violence is not as simple as leaving the relationship. Women are often invested in the relationship or find it difficult to leave for many possible reasons of which safety is one. Other factors prohibiting a simple ending of the relationship can be concerns about where to live, the deterioration of financial stability, the children's development and security (if there are children present), concerns about stigma from other family members or community, concerns the family will be shunned by the culture or others to name a few. Added to this, the relationship with the perpetrator is often complex – the victim often sees positives in the perpetrator, the victim can genuinely love the perpetrator but fear or recoil from the violence for which he is responsible. Victims talk about seeing the perpetrator as separate from his behaviour.

The greatest inhibitor ending domestic violence is usually fear. Fear is an immobilizer and will literally freeze victims from believing there is a way to end the violence. Fear will stop victims from speaking to the police and from reaching out to counselors and other support services. Fear can be all pervasive. The victim usually knows the perpetrator very well and is usually best placed to understand the perpetrator's capabilities. For this reason, the victim/s will try to manage the domestic violence privately and try to keep the peace in the home as much as possible. Occasionally the victim/s will react to the perpetrator and in these instances the victim is often incorrectly identified as part of the problem.

Women's Health NSW encourages the NSW Government to take a courageous and bold approach to preventing and responding to domestic violence. To minimize the continued damage of domestic violence on the living, to prevent new women and children being affected and to avoid more domestic violence deaths, some of the recommended measures require urgent implementation.

### **What are the key principles that should guide the Strategic Framework on Domestic and Family Violence in NSW?**

The key principles of the Strategic Framework on Domestic and Family Violence in NSW should be:

- i. Gendered
- ii. Embedded in a Human Rights Framework
- iii. Consistently articulated
- iv. Based on the Principles of Women's Health Care in NSW
- v. Coordinated
- vi. Integrated
- vii. Resourced
- viii. Communicated
- ix. Educated

#### **Gendered**

Any overarching strategic framework in NSW has to recognize that domestic violence is overwhelmingly perpetrated by men against women and children. Most studies indicate that 90-95% of domestic violence victims are women with perpetrators being male partners or ex-partners (5).

#### **Embedded in a Human Rights Framework**

The basic human rights of women and children to live free from power, control and abuse must be another foundation of the Framework. Gendered based violence is recognized internationally as the most socially tolerated forms of human rights violations (Gender-Based Violence: A Price Too High. UNFPA 2005). The Declaration of the Elimination of Violence Against Women provides a concise summary of the meaning and standard applied to the concept of due diligence. The committee submitted that gender based violence, that is violence directed against a woman because she is a woman, or which affects women disproportionately, constituted a form of gender discrimination and could therefore amount to a breach of specific provisions of the CEDAW, regardless of whether those provisions expressly mentioned violence (6).

The NSW Government has obligations through international treaties and protocols signed by the Commonwealth of Australia. We recommend these are adhered to at State and local level in a meaningful and purposeful way.

#### **Consistently articulated**

One definition should be adopted across NSW, regardless of the funder or the service-type. Currently, different professional sectors use different definitions of domestic violence, thereby resulting in a lack of continuity across service provision and statistical data.

For instance, The Crimes (Domestic and Personal Violence) Act NSW 2007 groups together all violent domestic situations. In our opinion, this results in the understanding of (and subsequently the responses regarding) and the extent and type of violence being diluted.

As noted in the Discussion Paper, there continues to be numerous attempts to redefine domestic violence by various government departments and organisations. The definitions make no reference back to the legislative framework that currently governs policing in NSW. This causes confusion in efforts to plan appropriate priorities.

In terms of policing, we believe there needs to be a greater emphasis placed on understanding the difference between a domestic violence relationship and the broad range of altercations that are captured in the current legal definition of domestic violence. Some domestic situations (ie. flatmates) could be reclassified under 'personal violence' jurisdictions. The insidious, oppressive nature of domestic violence and the cycle experienced by victims is lost in the current grouping.

The 'grouping' of all violence in domestic situations and the broad definition of a 'domestic relationship' adds to the confusion. This is evident in discussions with professionals, including service providers, parliamentarians, government, non government and the public.

The adopted, across-government definition of Domestic Violence needs to include concepts that articulate the nature of domestic violence, ie:

- Violent, abusive, intimidating behaviour
- Patterned and repeated behaviour
- Purposeful domination and control over the other person/s
- Abuse of power
- Gendered
- The varied forms of violence: physical abuse, sexual force, threats, intimidation, emotional cruelty, social isolation and economic deprivation.
- The effects of violence; fear, harm, intimidation, injury, hospitalization and fear for life, loss of self confidence, compromised developmental milestones, lost opportunities, poor education outcomes, poor decision making, potential repetition of the cycle...
- The types of domestic relations involved - partners, ex partners, elder abuse and carer abuse, effects on children and potential for multi-generational dynamics...

When service providers in NSW refer to domestic violence, most would be referring to the above characteristics unaware that there are various definitions in circulation.

NSW Health defines domestic violence with reference to cause and effect:

'Domestic violence is: violent, abusive or intimidating behavior carried out by an adult against a partner or a former partner to control and dominate that person. Domestic violence causes fear, physical and/or psychological harm. It is most often violent, abusive or intimidating behavior by a man against a woman. Living with domestic violence has a profound affect upon children and young people.'(7)

Women's Health NSW preferred definition for adoption across NSW policy and service provision would be influenced by a clearer articulation of the cycle and nature of domestic violence, such as this definition currently used by the Scotland National Strategy:

'Domestic abuse (as gender-based abuse), can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as treats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family or friends).' (13)

We also recommend the Attorney General work with police and women's groups to review current classifications of domestic violence and implement changes that differentiate domestic violence (which is ongoing, gendered, controlling etc) from the other forms of violent actions that may occur in other domestic relationships.

### **Based on the principles of women's health care in NSW**

Where the strategy refers to service provision and integrated planning, it is recommended the principles of women's health care be included. They are:

- ✚ Health is determined by a broad range of social, environmental, economic and biological factors
- ✚ Differences in health status and health objectives are linked to gender, age, socio-economic status, ethnicity, disability, location and environment, racism, sex-role stereotyping, gender inequality, and discrimination, ageism, sexuality and sexual preferences
- ✚ Health promotion, disease prevention, equity of access to appropriate and affordable services and strengthening the primary health care system are necessary, along with high quality illness treatment services
- ✚ Information, consultation, advocacy and community development are important elements of the health process.(15)

### **Coordinated**

Whilst some excellent work is occurring, such as the Yellow Card system and Domestic Violence Court Advocacy Services, largely these systems are at the tertiary end of service delivery, somewhat ad hoc and are often pilot programs.

- ✚ If the NSW Government is to take domestic violence against women and children seriously it should take the lead in bringing together the many agencies involved in the various levels of work regarding domestic violence and assist with the implementation of a coordinated approach from sustainable prevention programs through to service delivery which has high-level responsiveness and sensitivity to the issues.

### **Integrated**

Prevention strategies through to service delivery should be integrated. And by this we do not mean watered down or cut – we mean existing and new services should integrate and overlap in their purpose so where one jurisdiction finishes another picks up responsibility.

- ✚ The NSW Government should develop a cross government approach to the elimination of violence against women and children and where violence is experienced a similarly cross government approach to ensuring safety and security for the victims.

### **Resourced**

Significant additional, recurrent resources need to be injected into the prevention and intervention of domestic violence against women and children. The coordinated, integrated approach which requires immediate implementation will require substantial resources.

### **Communicated**

Genuine dialogue between all agencies concerned with the prevention and intervention of domestic violence against women and children should be facilitated. A State, regional and local system for consulting, planning, sharing information and evaluating should be established as a matter of urgency.

### **Educated**

We urge the NSW Government to take the view that education both towards and about domestic violence is paramount. Let's learn from the success stories internationally and nationally where communities have the lowest incidents of domestic violence (not just the lowest rates reported).

Education about domestic violence should begin in pre-school years about respectful and healthy relationships and progress through schooling to social and sporting clubs and in workplaces by unions and employer bodies.

#### ***Real Stories...***

*He'd monitor my every move. I had no privacy. I lost my friends – he didn't like them. At first it was subtle and his suggestions seemed kind. Then he became more forthright about what I could and couldn't do. I just couldn't eat and went from 62 to 42kgs. I'd go to sleep and hope I wouldn't wake up. I didn't want to die but I couldn't face living any more. He's never laid a hand on me but in a way, at the time, I'd wish he had. Then I'd have a physical sign. An old friend cried when he saw me in the street one day. I'll never forget the look on his face. My friend dropped by again and suggested I go to the women's health centre. When I got there it felt like I was being taken by the hand. They understood and never judged me. That's when my life changed for the better. It was the first time I could confide in anyone. They helped me with food, vitamins, the refuge and then Department of Housing.*

*28 year old woman*

## **What are the key areas that need improvement or change in the current service response to domestic and family violence? How can these areas be improved?**

### **Groups that require identification of additional barriers**

- ✚ Aboriginal Women
- ✚ CALD Women
- ✚ Women with a disability
- ✚ Older Women
- ✚ Young Women
- ✚ Rural remote communities
- ✚ Same sex partners
- ✚ Partners and former partners of serving and retired police, defence force personnel, prison officers and security guards

The most important consideration for any specified group is that focus be placed on the issues that add barriers preventing women's access to services and safety.

There is a tendency to attribute general characters of 'experiences of abuse' to marginalized groups which creates further marginalization. An example would be to say 'older women fear that discussing the violence with police will lead to an increase in the violence'. This is a common experience for all women who experience domestic violence, including older women, and distracts from the additional aspects older women may seek to be understood such as a fear of being moved to a nursing home if reporting the violence leads to them having to leave their homes.

We would recommend the Government form working parties of each group and ask the groups to list the specific additional barriers that affect their access to services and safety. We would also recommend common characteristics women experience be listed with an aim to limit any further marginalization of any one particular group of women.

### **Systems need to be more highly tuned to the sensitivities involved in domestic violence**

The current system does not appreciate that fear is the essential component of domestic violence. Fear of their current situation, fear of consequences of talking, fear of not talking... Fear is an immobilizer and can be the sole reason women and children keep the secret and try to manage the situation personally. Fear is the significant reason that domestic violence continues to be experienced privately and underreported.

Because of the victims' fear, 'early intervention' often does not occur at the earliest opportunity. By the time domestic violence is identified in families, the violence and its tactics are usually well advanced and the victims are afraid to disclose, or if they disclose, to cooperate fully with the ensuing process because of the potential and very personal ramifications. Many women, and children, are not able to talk to police because of fear of consequences from the perpetrator. The very nature of domestic violence is that it is a highly volatile situation with the potential to escalate. The 'system' usually doesn't adequately comprehend this reality. For instance, women are not able to ask police for advice without a note being recorded and logged onto a state-wide data base. Women have reported to women's health centres that they fear the disclosure may lead to loss of confidentiality and an insensitive handling of the case by new officers not properly appraised of the issues particular to her case.

Victimised women seek help from health services more often than women in the general community, but most do not disclose. The response by health services, including mental health services, can often be uninformed and inappropriate. At worst these services can re-traumatise, re-victimise, stigmatise or be unwittingly drawn in to the abuser's web of control, further harming the woman's emotional self (8).

Recommendation next page.

Recommendation:

- ✚ Work with women's services including the Women's Health NGOs to investigate possible improvements to increase the sensitivity of systems to respond appropriately with victims experiencing fear and at risk of violence escalating.

### Conduct an audit of current services

As evidenced by descriptions in the Strategic Framework, there is a vast discrepancy between the extent of service delivery the Government believes available and what in reality is available to prevent and respond to domestic violence. It is recommended that there be a thorough audit conducted of existing agencies dealing with domestic violence and that this audit is conducted in consultation with representatives of all existing agencies; that agencies enter into a dialogue about the purpose, limitations and challenges they currently face and are asked their views on how to overcome them. The audit should be driven by representatives from the various groups and resources to attend should be available – some agencies find it difficult to attend consultations due to budget limitations.

The three areas where resources are required are:

3. Secondary and Tertiary intervention (fixing the immediate problems) – this is where most resources and attention is currently applied
2. Early intervention – more resources are required and will lessen the needs for secondary
1. Prevention – considerably more resources are required.

Recommendation:

- ✚ In consultation with the existing services, conduct an audit of services to map the existing resources and identify gaps in prevention and service delivery.
- ✚ Provide enhancement funding for women's specific services instead of inexperienced child protection and charitable bodies to promote expert, wholistic and strength-based service delivery.

### **Real Stories...**

*The police know nothing of my husband's 45 year campaign of domestic violence against me and my sons. If I ever asked for help he would go berserk. He's broken my nose and I told the hospital I fell over. That's the only time I've ever had a physical injury. The other times he's pushed me and he's made me have sex with him over the years but other than the nose there's never been a physical sign of the violence. He's once been questioned over an incident with a neighbour who claimed my husband punched him. The police couldn't prove it because my husband made me back up his version of the event. The verbal abuse is beyond belief and I've endured it from our second year of marriage. He comments on my weight, my face, when I'm on the phone to a friend he mimics my voice. He constantly taunts me that I must be having an affair and any male acquaintances are suspects as far as he's concerned. If he sees me being polite to a shop keeper he waits until we're in the car and he calls me a slut and asks if I realize how stupid I looked and how the man felt sorry for me.... This taunting can go on for days. All because I was nice back to someone.... He's a monster. He's cost me a lot. We have four beautiful grandchildren but they don't like to have sleepovers with us because he's so mean to me; our oldest son suicided largely because of his poor relationship with his father and the impact the abuse had on his self esteem; I couldn't go to my goddaughter's wedding because she didn't know how to have me but not him there. Yes, he's cost me a lot. When he asks me to make him a sandwich I wipe the knife along the dirty sponge in the hope he'll get sick. He never does though.*

*68 year old woman, two remaining adult sons and four grandchildren*



## **Equip services to understand the fear factor and adequately address the fears**

Fear is an immobilizer. It is often the reason women and children do not report domestic violence; it can be the reason domestic violence goes undetected until a front page story. It can be the reason family members fall short of their potential, it can impede children's development and it can significantly contribute to continuation of the cycle of intergenerational domestic violence.

### Recommendation:

- ✚ Ensure all aspects of the system with responsibility for preventing and responding to domestic violence understand the dynamic of fear within the dynamics of domestic violence.
- ✚ Gather representatives from all agencies working with women and children to conduct a think-tank on how to address fear and the realities of fearful situations.

## **More recognition of longer term care is required following early intervention**

Events of physical domestic violence are often responded to well by police and other systems, but the lack of longer term support/case management does not recognise the long term impacts and the pattern of domestic violence.

An additional experience for the victim is the long term effects of shock and trauma. Current work has clearly articulated the range of symptoms experienced by 'Individuals subjected to extreme and/or prolonged, repeated totalitarian control in association with interpersonal stressors, especially violence including domestic violence and sexual assault' in a term coined by Judith Hermann (1992) as Complex Trauma. Complex Post Traumatic Stress Disorder (C-PTSD) has become a clinically recognized condition. Some of the core characteristics include chronic difficulties in many areas of emotional and interpersonal functioning, loss of a sense of safety, trust and self worth, a propensity to be revictimised and most importantly, the loss of a coherent sense of self (14).

Greater resourcing needs to be applied to longer term care of families escaping from, or living with, domestic violence. For instance, when a woman leaves her perpetrator it will take around 24 months for that woman to be living a 'good-enough', independent life. The woman's journey from the crisis of the relationship ending and the threats lifting, will pass through stages of needing immediate, life-sustaining support through to rebuilding her self esteem, embedding herself in her new life, training and employment. Domestic violence wreaks havoc on the family system - dysfunctional family systems ensue as a result as do intergenerational problems. Children's developmental milestones are impeded. All of this requires longer term attention and support.

Currently in NSW a triage-type response aims to fix the immediate needs of the woman/children but there needs to be an approach coordinated and resourced for the longer term. Some services appropriate for the longer term support already exist but do need enhanced resourcing to do this very necessary work.

### Recommendation:

- ✚ Commit additional recurrent funds to services utilising the social model of health approach with the capacity to provide longer term care to families experiencing the effects of domestic violence.

**Real Stories...**

*I live with my husband and his parents. He came to China to meet me and we have been married 1 year. He is under pressure from his parents to get me pregnant so they become grandparents. My husband pinches me on my upper arms and legs and he forces me to have sex with him. He holds me down and holds his hand over my mouth so I can't yell for help but I can't breathe either. I have to cook the family's dinner and clean up afterwards and I have to help his mother do the washing and the ironing. They don't talk to me. I want to leave him but I am waiting for my visa to be a permanent resident. I will have no where to live because my husband doesn't let me work and I don't have any money unless he gives it to me. I can't afford to support myself. I cannot go back to China because of the shame it will bring to my parents that my marriage failed and no one else will want to marry me either. I can't go to a refuge because there is no where my husband won't find me. I eventually told my GP and she is very worried about me. I did not know what to do until I met the woman from the women's health centre. She's working with my GP so I can make a plan to get away. She understands and respects that I have to do it slowly. I cannot go to the police because that will embarrass my husband and his parents and it will only make their behaviour worse. If I go to the police I will be in more danger from him.*

*21 year old woman from China, married*

## **Resource the 22 non-government women's health centres with domestic violence support workers**

The 22 Women's Health Centres in NSW have a range of domestic violence related responses and prevention strategies embedded into their service delivery. Women's Health Centres have ensured this occurs in their service delivery because violence against women and children is a significant issue the centres encounter.

Domestic violence is a women's health issue. It poses the greatest risk for disease and premature death for women 15-44 years old and costs the country \$8 billion each year (9). Proportional to all women, domestic violence causes more ill health than well known risks to health such as cholesterol or illicit drugs (10). Mental illnesses, substance abuse, femicide, suicide, abortion and miscarriages are all health risks of domestic violence (11). Women who have been exposed to violence have a greater risk of developing a range of health problems including stress, anxiety, depression, pain syndromes, phobias and somatic and medical symptoms (WHO 2000). They report poorer physical health overall, are more likely to engage in practices that are harmful to their health and experience difficulties in accessing health services (WHO 2000).

Women's Health Centres squeeze preventative, educative and intervention approaches into their already stretched service delivery and as time and competing demands for their resources permit. The range of strategies implemented by the women's health centres include:

- Case management of women experiencing violence which is individualised, sensitive, solution-focussed and strength-based
- Work in partnership with police and their local courts. Most Women's Health Centres are on the court roster for their local WDVCS and are part of the local Domestic Violence Liaison Committee
- Two centres auspice the Domestic Violence Court Advocacy Services (WVCAS) funded through Legal Aid NSW
- Counselling to assist women and families recover from the longer term effects of violence and the patterns of violence
- Some centres have the 'Yellow Card system' in place measuring significant beneficial impact. These centres are able to follow through with the client formally
- Other Women's Health Centres provide emergency crisis intervention to varying degrees doing what they can in terms of fitting women into appointments, emergency case management and coordinated and appropriate referrals
- One centre has a permanent 'anti violence' worker providing support, information and advocacy to women who have experienced violence
- Resilience-building, stress management, healthy relationships courses for women including; *Is This Love* and or *New Beginnings* Support Groups programs for women who have experienced domestic violence; Depression information and support; self esteem; assertiveness and communication; safety and self defence; effective parenting; healthy relationships.
- Development of non-funded support programs such as the provision boxes of fresh food and financial support to access medical specialists
- Development of creative partnerships with non-health specific services crucial to the multi-agency approach required for women experiencing domestic violence, eg. centres have developed in-house and in other cases near-by partnerships with family law solicitors, family support services and private domestic violence counsellors to complement the funded health services the centres provide
- Education for prevention and awareness raising, including to other services women experiencing domestic violence access, such as the police and court staff.

### Recommendation:

- Provide recurrent enhancement funding to each of the 22 women's health NGOs in NSW as part of their Women's Health grant specifically for a domestic violence support worker. The DV support worker will conduct individualised case management and be responsible for coordinating the approach to preventative, corrective and early intervention strategies conducted by the centre.

### **Encourage career attractiveness and workforce retention by improving workforce pay rates and conditions**

The majority of NGO service providers' pay scales are tied to the Social and Community Services Award. These are extremely skilled, competent and knowledgeable professionals who agree to work for approximately \$25 per hour. The community service system for domestic violence early intervention and prevention rests on them. The employing organisations cannot afford to pay higher rates because of the amount of funding provided by the Government. Recruitment and retention is usually reliant solely on staff members' passion for community work and their commitment to their clientele. Insufficient funding places undue strain on organisations and limits the community sector as an attractive career choice for school leavers.

#### Recommendations:

- ✚ Provide enhancement funding to Non-Government organisations conducting domestic violence advocacy and support work in recognition of the value of retaining the skilled workforce and encouraging this work as a career option.

### **Acknowledge success of existing pilots by committing to recurrent programs**

The DVPASS Yellow Card system brings together into one location health requirements, housing, family support, police, child protection, solicitor, counselling, security and moving facilities. The Yellow Card system should be permanent and in every area – however as an example, the funding for the Campsie program runs out in November 2009. The Yellow Card has been evaluated in many areas as a valuable tool for police and domestic violence support services throughout the health, welfare and legal system. This program warrants being rolled out across NSW with recurrent funding.

#### Recommendations:

- ✚ Commit recurrent funding to the DVPASS Yellow Card system to be coordinated across NSW.
- ✚ Ensure police, as the front line workers, are trained to use the Yellow Card system effectively and to its potential.
- ✚ Identify appropriate prevention education programs and ensure they are implemented statewide e.g. *Weewiser* Education Program

#### **Real Stories...**

*No one would know what my husband's really like. He's a respectable business man. . From the outside our life looks blessed. Last year I found out my husband has been having sex with male prostitutes and has developed a fondness for one in particular – which has cost a lot of money. My husband has vowed that if I breathe a word of this he will take the children away from me and he will make sure I die. I am aware of other things he has done to others and I believe he is completely capable. My husband is a very charming, very lovely man – to other people. I don't have access to any of our money, he listens into my phone conversations and has spyware on the home computer. The home environment is horrible. I think he is sick of me and will plan for me to have an 'accident'. I am seeing a wonderful counselor at the women's health centre for free and I don't think he knows about her. I don't know what to do. It is out of the question that I go to the police.*

*43 year old woman, married, two children 8 and 6 years old*

## **Flag the high risk times as predictors to potential violence escalation**

Recognise there are high risk times that can be predicted for domestic violence to escalate.

Handover times for access visits are a prime time for abuse and there are insufficient services acting as access points. Many access visits occur at McDonalds and in public parks – where there are no protection policies for the families involved or members of the public. Appropriately well-funded after hours safety handover centres are needed. Relationship centres were supposed to provide this service but in reality they usually do not. Resourcing services for this purpose would be supportive of the women and children experiencing fear and at risk of violence, and also be supportive for the perpetrator as it would show him there is a network of support for the family. The relatively neutral but supportive territory of the resourced access service shows to all affected parties that the network of supportive services extends to this practical measure.

Potentially high risk times can include:

- at relationship breakdown and separation
- at application and granting of Apprehended Violence Orders
- when police become involved in a matter
- when men experience mental health issues including depression
- when men experience significant financial distress
- when men threaten suicide or are having suicidal ideation
- non-gay identifying homosexually active men being outed and or considering their options
- when defence force personnel experience PTSD symptoms.

### Recommendation:

- ✚ Work with existing women's and men's services and other relevant agencies (such as the police) to identify the high risk times for the escalation of violence against women and children and develop appropriate, immediate actions to ensure safety
- ✚ Develop resource materials that can be utilised in ongoing training for all service providers
- ✚ Resource services to conduct mandatory and wholistic training in how to respond appropriately and in a timely manner to men in the higher risk groups
- ✚ Apply additional resources where gaps are identified through the audit of existing services.
- ✚ Consistently evaluate the efficiency of program outcomes and utilise a continuous quality improvement approach.

## **Move Domestic Violence Help Line from the Department of Community Services to NSW Health**

There are inherent failings in the system that places responses for violence against women and children within DOCS. By placing responsibility for domestic violence responses within DOCS, strategies have been influenced by DOCS priorities – which are the protection of children. Subsequently, there can be a community perception of a conflict of interest and potential for breaches of confidentiality.

In addition, many women without children experiencing domestic violence are not afforded the same level of seriousness by DOCS – being the lead agency for the protection of children. Placing responsibility for domestic violence responses within DOCS constricts the willing cooperation of women with children as women with children are concerned that disclosing and/or cooperating with DOCS may lead to the removal of their children. Women will not make the call fearing loss of autonomy. A greater emphasis needs to be placed on a wholistic and coordinated approach with clear messages of support. Domestic violence within a family is distressing and complex without placing this unnecessary additional layer of concern. DOCS should be the agency in partnership with the lead agency, not the lead agency. The lead agency needs to be free to act as the team leader without conflict of priority and with the safety and wellbeing of all in mind, including children.

### Recommendation:

- ✚ Move resources and responsibility for coordinating DV Help Line to NSW Health.

## **Reinstate Violence Against Women Regional Specialists & provide enhancement funding for local coordinated service delivery**

The change from Violence Against Women Regional Specialists to Regional Domestic Violence Coordinators has left a significant gap in resources and placed responsibility for filling and coordinating the gap to stretched Women's Health Centres, refuges and other domestic violence services. The seriousness of domestic violence in NSW warrants having the resources significant to reinstating the VAW Regional Specialist positions and retaining the Regional Domestic Violence Coordinators in a re-worked partnership.

**Recommendation:**

- ✚ Reinstating the much-needed VAW Regional Specialist positions and retain the Regional Domestic Violence Coordinators in a re-worked partnership.

### **Real Stories...**

*Living with him has become really hard - he's nasty, he stands over me, he won't feed the animals and he kicks the dog when I'm later home than I said I'd be. I've moved bedrooms but it's still hard to sleep. He makes me have sex with him and I hate it. I'm afraid of him and what he might do.*

*The young constable told me I had to take out an AVO but that made me weak at the knees. My husband will not allow it I know it in my bones. I walked away quickly from that young fella - he must have wondered what was wrong with me. Two years later the counsellor I see at the Women's Health Centre suggested I go back to the police and talk through some options. She came with me and asked to speak to an older police officer. He was very understanding, but still, until he hits me, it's only an AVO that's possible. Instead I've gone back to school and I'm learning teaching. I intend to go back to work and then I'll leave somehow.*

*56 year old woman, farmer's wife.*

### **More counselling services must be provided**

Due to resource limitations, funded counselling services currently need to have short time frames and usually have waiting lists. This is across the spectrum of government funded community services. The lack of access is seriously out of step with the high-risks and the distressing and multi-generational nature of domestic violence patterns.

In the first instance the funding should be provided to the Women's Health Centres and refuges to enhance their capacity to respond to domestic violence. Where there is no comparable Women's Health Centre the funding should be provided to an NGO comparable with the strength-based Women's Health Care standards.

**Recommendation:**

Provide adequate resources for the provision of two types of counselling:

- ✚ Case management during the first 2 years – this has a practical application of linking the woman (and children if children are present) with the services she requires in her particular situation.
- ✚ Longer term counselling - currently almost non-existent, longer term counselling will support women through understanding the patterns of domestic violence and to assist their children and family members deal with its consequences. The purpose of the longer term counselling will be to end the cycle of violence in a meaningful way in that family.

### **Improve access to priority housing**

For women, refuges often represent an escape from abuse but into the trap of homelessness and poverty from which it is difficult to escape. They may then also be vulnerable to more violence or abuse (12). While options to have the perpetrator leave the home need to be encouraged (as this can be the greatest support to the woman and the children) sometimes this is not a viable safe option because of the perpetrator knows their location, and can also have a strong sense of entitlement to enter 'his' home.

Currently women escaping domestic violence are not necessarily given Department of Housing priority. Whilst policy states on paper the woman's priority status, in reality often people with mental health and drug and alcohol issues are afforded priority. Police and other services have communicated they regularly have to refer women to refuges because priority housing is not being made available within the immediate and necessary timeframe. Often refuges are full and women are turned away. This disjointed approach and lack of safe and reliable accommodation is another barrier to women disclosing and seeking support and can endanger the woman and her family.

**Recommendation:**

- ✚ Increase priority places in Department of Housing for women and children escaping domestic violence.
- ✚ Provide enhancement funding to domestic violence refuges and increase places for women with children.

### **Improve court systems**

Some courts have designated courts for ADVO lists on a particular day of the week – facilitating a coordinated justice system. Smaller courts tend to incorporate their AVO list with many other court lists. It would be a more effective use of police and Women's Domestic Violence Court Advocacy Service workers (including seconded workers) if there was a designated time on an AVO list day for domestic violence matters. Women are often trembling with fear of the consequences of their cooperation, in fear of seeing the perpetrator, feeling intimidated by the system and sometimes in pain due to injuries incurred from an assault. If lists were dealt with sequentially the system would be significantly more comfortable and humane for the victims and would enable the police and other specialist workers to return to their other clientele.

**Recommendation:**

- ✚ Enlist a best practice model for courts to deal with AVDOs and domestic violence matters on the same day, on the same list.

### **A Women's Domestic Violence Court Advocacy Service in every NSW court**

The WDVCA's have been operating since the mid '90s and thankfully are expanding to 107 courts in 2009/10. They are critical to the operation of AVO list days, improving outcomes for women and children experiencing violence by providing access to justice and some level of protection. In a daunting and difficult legal system they are a supportive measure, often only sustainable due to the commitment of the local specialist women's services, police and other agencies. The WDVCA's provide expert advice, a coordinated approach to the family's immediate needs and screened referrals all within a supportive framework. The legal service, police, local women's health centre, refuges are usually all rostered to support the women coming through on AVDO list days. Housing should, as a matter of course, also be represented in this excellent wholistic model of service delivery.

**Recommendations:**

- ✚ Increase the number of Women's Domestic Violence Court Advocacy Services to all courts hearing ADVOS and domestic violence matters
- ✚ Domestic Violence Court Advocacy Programs should routinely include a representative from the Department of Housing as well as the usually rostered women's health centre/refuge workers and the police.

### **Services need awareness training to understand the dynamics of domestic violence**

Court staff, the judiciary, police and agencies providing services to men need regular training to understand the dynamics and patterns involved in domestic violence. Currently service providers and police often experience confusion between domestic violence and other aggressive domestic incidents. These services need to participate in mandatory training to understand the layered experiences of fear, control, intimidation, serious violence and degradation as elements of domestic violence. Often domestic incidents are confused with domestic violence, yet the majority of the indicators of domestic violence are not present. Examples of this are the one off argument which may escalate to an aggressive event, or where a woman responds aggressively in an argument to a man. The test of whether it is domestic violence or a domestic incident need to be: is there a victim, does the victim fear the other party, is there control and what type of control (emotional, financial, physical, social etc)? In a one-off aggressive domestic incident the cycle of fear and control are not featured.

#### Recommendations:

- ✚ Utilising Women's Health Centres and other specialist women's services, implement a regular training schedule on the dynamics of domestic violence to judiciary, police (see below), men's groups, employer bodies and unions.
- ✚ Establish a simple complaints procedure to receive, investigate and act on complaints about judiciary and utilized for evaluation and improvements

#### **Real stories...**

*My ex-boyfriend used to hit me and he raped me. There was other stuff too like he used to take my money and he followed me around everywhere. It was awful. He ended up being charged for the beatings and the rape and I saw it all through and he went to goal. When he went to goal he said 'I'm going to get you bitch. You're dead' and he told his cousins he was going to get me. The police organized an AVO for me but two months before he was due out of goal the AVO finished. I went to the police and asked for another one and they agreed. They didn't serve it on him in goal though and now he's out of goal and they can't find him. He's staying at his cousins' place but they tell the police they haven't seen him. All his friends know the police are looking for him – I think he's deliberately avoiding them. Now I don't even have an AVO and he has a lot of reason to want to hurt me badly. I'm jumpy and I don't go out much.*

*22 year old woman, attending Newtown Court Women's Domestic Violence Court Advocacy Service in 2008*

### **Police to be highly tuned to the dynamics of domestic violence**

Very often the police are the lead agency at the tertiary end of responding to domestic violence. Police are often in the privileged position of being in the home where violence is being perpetrated and experienced. From this vantage point it is imperative that police understand the dynamics and patterns of domestic violence and the sensitivities that are required when attempting to communicate with and support the victims.

Domestic Violence Liaison Officers fill a valuable role. Often however DVLOs are called to fill gaps in other areas of policing diverting them from their essential domestic violence-intervention related work. Services and victims often report difficulties contacting DVLOs due to their busy schedules. If the State government is serious about prevention and early intervention it will ensure that the NSW Police are encouraged to improve the status and importance of DVLOs.

Some police prosecutors are well equipped to deal with domestic violence, while unfortunately many appear untrained, lacking in confidence and even disinterested. Police prosecutors should be specifically trained in how to represent domestic violence cases. This would improve outcomes for women and children in domestic violence matters.



In recent years there have been considerable sensitivities built into the police and judicial system responding to sexual assault. While these improvements have not been rolled out across NSW and rural women continue to suffer from lack of resources, in policy at least there have been recognitions to the specific nature of sexual assault the need for a tailored and sensitive approach. An example is that female police officers attend the victim early in the police contact. However, similar sensitivity has not been unilaterally applied to domestic violence against women and children. Currently many police do not understand the fear women and children experience and how fear is an immobilizer for women and children; the police system does not equip officers to use the necessary sensitive and confidential approaches in an integrated and sustainable way.

Often leaving violence, or more to the point - having the violence leave the family - is a slow and staged process requiring extreme sensitivity, patience, resourced and quick-to-respond support services. Understanding the dynamics of domestic violence – the fear experienced, the power and control enlisted – is central to dealing effectively and in a long-lasting way to domestic violence in a family. In many instances the police are doing a good job and are doing the best they can – clearly there is the commitment to resource police to do their work and there is a growing appreciation from the police leadership of the problem and the risks domestic violence poses to police officers. However, training is required to sharpen police responses – this will be of benefit to police officers, the victims and the community. There could also be considerable improvement in police knowledge regarding referral options for the victims.

Recommendations:

- ✚ Include the dynamics of domestic violence as a compulsory module in the training at the NSW Police Academy at Goulburn.
- ✚ General Duties Police to attend training on the dynamics and incidence of domestic violence at least two yearly.
- ✚ Training should utilise Women’s Health and domestic violence NGOs
- ✚ Competency in understanding and success in responding to domestic violence in the various aspects of policing needs to be a KPI, demonstrated and tied to promotion.
- ✚ Police need training in how to use the Yellow Card system effectively
- ✚ Resources should be applied to support and counsel/educate police officers who disclose their perpetrator status and those who’ve experienced domestic violence in their own family of origin.
- ✚ When police attend domestic violence calls the contact should be followed up by someone in the DV team who will have the sensitive approach and thorough knowledge on how to weave the woman and children (if children are present) through the support services.
- ✚ Improve the effectiveness of Domestic Violence Liaison Officers by making the officers’ DV liaison work the sole focus of their work.
- ✚ Improve the status of DVLOs within the police hierarchy
- ✚ Stop supporting cross AVDOs – realise the significance of every domestic violence case having a perpetrator, a victim/s and the dynamics of power and control. The victim should not be punished because of lack of understanding of the dynamics.
- ✚ Initiate a State-wide program of specialised police prosecutors trained in the dynamics of domestic violence
- ✚ NSW Premiers Council on Preventing Violence Against Women be invited to critique the training materials used to train police in NSW

**Real Stories...**

*I used to think of my relationship with my husband as mostly good but thinking back when he drank beer he'd be very volatile and even when he hadn't he could get angry. I would try to keep the children quiet and try to keep things calm. Even when the children were little there were things he did that were not ok. Teaching our then 6 year old son to tell the time, he became frustrated and smashed the toy clock down his nose; when our daughter was eight he lost his temper with her and pushed the little eight year old through the hedge fence head-first. Mostly he was a good father and I loved him. But by the time the kids were teenagers he would say 'what's this shit' when I served him dinner and there were many nights he'd swipe the plate off the table and into the wall. He'd slam doors till they broke and a couple of times he put his fist through the wall. All this time he had a gun license and he'd go pig shooting in Western NSW. He had three legal guns and seven illegal guns. He used to wake me up during the night 1, 3, 4.30 in the morning opening the wardrobe doors or turning the television up - 'oh sorry, I didn't wake you did I?' One Sunday morning he put his hands around my throat and squeezed - he said 'I could kill you and I'd get off because I'm a veteran.' That's when my children insisted I leave.*

*There was nothing we could do about him. We had to keep the peace. Only a handful of our friends know what he's really like - most other people think he's pretty harmless because he's always been careful to present the best image to them - he's everyone's mate...*

*I have never been to the police. If I did go to the police he would kill me and he'd probably kill the kids and my grandchildren too. It's not over because he's still in our lives and he hasn't changed. If anything he's worse. He keeps getting his gun license renewed - it defies logic how he passes. Can't they tell he's dangerous?*

*64 year old woman, wife of a Vietnam Veteran,  
three adult children, four grandchildren*

## **Reduce access to firearms and firearms licences in NSW**

Firearms licences are easily obtainable in NSW. The current test for fitness is grossly inadequate and enables perpetrators legal access to lethal weapons. Due to the private nature of domestic violence and the nature of fear itself, the number of women and children living in fear because a perpetrator has access cannot be accurately estimated. Women's Health Centres know that perpetrators of domestic violence have legal firearms and use the very ownership of these weapons to exercise fear and control and elicit submission in their families. While the argument for firearms on rural properties is appreciated, it is not clear why guns need to be in homes in metropolitan areas.

Guns will often not be fired in domestic violence but they are being used as a deadly tool for control over the family and to silence the family from making positive changes to end the abuse. While the police have implemented some measures to suspend a firearms licence and seize declared weapons when a charge of violence is laid and when an AVO is applied – there remains a dire need to tighten access. In some cases, just threatening to seize the weapons from the man will further escalate the violence the family experiences, it is therefore eminently preferable that men with the potential for violence do not have access to weapons in the first instance.

The lethality of weapons and the danger they pose to women, their families, the police attending domestic violence calls and the general community warrants a strong Government response acknowledging the role of firearms in the cycle of fear and control of domestic violence and subsequently draws the conclusion that there is no reason for the presence of recreational firearms in NSW homes.

### **Recommendation:**

- ✚ Reduce access to firearm ownership in metropolitan areas by ensuring that any legal weapons can only be kept under lock at gun clubs or police stations and tighten access requirements.
- ✚ Increase the criteria required to pass the firearms licence test
- ✚ Ensure men from high violence prevalence groups have greater scrutiny applied to their applications and renewals for firearms licences, e.g. defence force veterans, former police officers, prison guards, and men with a current diagnosis or history of depression, substance-use issues and/or PTSD.

## **Increase the responsiveness of Family Law processes in adequately dealing with women and children experiencing domestic violence**

There are strong indications that the Federal Government's Family Law system has increased risks for women and children subject to domestic violence. Despite the safeguards in the Federal guidelines, the system is not sufficiently attuned to the reality of the power imbalances and coercion in relationships which may previously have gone relatively unrecognized. Separation is a significant time in the life of a family and can have serious and ongoing ramifications for children. Women have been bullied into accepting orders or parenting 'agreements' that are unworkable and not in the best interests of the children, or the mother.

There is a need for the new Family Law mediation system to be better aware of and adequate in protecting the abused in abusive relationships. The Family Law system is daunting for any person, let alone a person who is a victim of abuse. The sensitivities of the dynamics of domestic violence are not afforded prominence in the new Family Law system.

### **Recommendations:**

- ✚ All mediators to receive mandatory and regular training on the dynamics of domestic violence including case studies on how domestic violence experiences can differ.
- ✚ Work with the Commonwealth to establish a system where the disclosure of dynamics of the relationship can be communicated without fear of reprisal from the abuser.

## **Increase the capacity to respond to women and children who are being deliberately intimidated**

While improvements to the law have made some headway to improving the safety and peace of mind of victims, AVOs need the capacity to be widely and at times universally applied. For instance where it can be reasonably confirmed that a man has followed his victim to her new location in a new country town, an AVO should be able to apply to the town and/or the criteria for charges broadened so he is answerable for his tactics of intimidation. Obviously this is a complex issue, however if the system is to be more highly tuned to dealing with the sensitivities involved in domestic violence against women and children, challenges such as this have to be addressed.

### Recommendation:

- ✚ In consultation with Women's Health Centres, the police and other service providers investigate options to broaden AVOs and criteria for criminal charges to adequately respond to the more malevolent and evasive tactics of domestic violence such as intimidation and stalking.
- ✚ Ensure punishments of ADVO breaches are consistently applied.
- ✚ Where the abuse of women and children is witnessed and corroborated, charges of assault should be laid in addition to the AVO.

## **Make the links between assaults in public places and domestic violence**

Evidence gathered from victims' accounts in Women's Health Centres strongly indicates that there are many men who have never attracted the attention of the police and other services for their domestic violence. These men however have quite often been questioned or charged for assaults and other acts of aggression in public places, e.g. road rage, common assault on the street and in drinking venues.

It can safely be assumed that men who have attracted the attention of the law because of their public aggression and acts of violence have anger and control issues and would be difficult to live with in a domestic relationship – often these men will be privately perpetrating domestic violence.

### Recommendation:

- ✚ Utilising the network of NSW Women's Health Centres and other services, conduct qualitative research with women known to be experiencing the health effects of domestic violence and who have never reported the violence to the police but whose partners/ex-partners have drawn attention for public violence. Use this as a starting point to gather more knowledge on this correlation.

## **How can NSW improve its data collection on the incidence and prevalence of domestic violence and on the usage of services by women?**

### Recommendations

- Promote sharing of data between all agencies including police, government, NGOs and hospitals to inform all services in their work and to foster active partnerships and quality improvements. This will have the end result of effectively reaching and assisting women and children experiencing domestic violence.
- Ensure information on domestic homicides is accurately monitored and publicly released regardless of the political election cycle
- Ensure consistency in across crime data to carefully and accurately recognise where assaults should be reasonably classified as domestic and are not common assault between strangers.

## **What are the priorities for a domestic violence research agenda?**

### Recommendations:

- Investigate the efficacy of the social model of health approach compared to the medicalised approach.
- Conduct research into the prevalence and impact of fear as an indicator of domestic violence; its role in the dynamic and evidence based ways to address fear.
- Conduct research into the intergenerational impact of violence against women and children.
- Conduct, without minimising responsibility, the contributing factors in men perpetrating domestic violence against their families and seek best practice models for behaviour change
- Conduct research into correlating the occurrence of assaults in public places by men who are often not identified as perpetrators of domestic violence – the network of NSW Women’s Health Centres can be utilised for this.
- Conduct research into the higher domestic violence prevalence groups of men and work with their support agencies and women’s services in conducting this research, eg. the Veterans & Veterans Families Counselling Service and other specialist groups that reach significant numbers of women and children experiencing domestic violence.

## **What are the most effective ways to raise community awareness on domestic violence?**

### Recommendations:

- Develop and deliver education from pre-school up on healthy relationships and that violence against women and children is a crime.
- Expand *WEEOWISER* and *Love Bites* programs into new areas by new NGOs
- Investigate the strategies that have been utilised in countries overseas which now have the lowest incidence, not just the lowest reported rates, of domestic violence and implement the strategies evaluated as effective.
- Fund a dynamic and engaging sustained media campaign on healthy relationships which also addresses the pattern of violence against women and children – including the tactics of control and abuse, the lived experiences of intimidation and fear, placing responsibility for the violence with the perpetrators and offering the range of supports and interventions available.
- Fund and promote accessible counselling and case management for victims.

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