



24 July 2013

The Hon Pru Goward, MP
Level 34 Governor Macquarie Tower
1 Farrer Place
SYDNEY NSW 2000

KINGSFORD
LEGAL CENTRE

Dear Ms Goward,

It Stops Here: Standing together to end domestic and family violence reforms

Survey questions

1. What do you think are the critical elements of the strategies and actions for prevention to drive change?

Strategies and actions for prevention to drive change and the domestic and family violence (DV/FV) framework more broadly, should operate within a human rights framework and ensure compliance with Australia's obligations under the *Convention on the Elimination of All Forms of Discrimination Against Women 1979* (CEDAW) and the *Convention on the Rights of the Child* (CROC).

Children and young people must be educated about what constitutes healthy relationships and the dynamics of DV/FV in order to help prevent violence and drive change. Education about healthy relationships and the dynamics of DV/FV should form part of all primary and high school curriculums, and should be delivered in a culturally sensitive and inclusive way, making reference to additional dynamics experienced by CALD, ATSI, people with disabilities and LGBTI people in violent relationships.

Early invention programs that support victims to be protective parents would also help to prevent violence and drive change. These programs should be available to families at risk of violence and should aim to educate people about the dynamics of DV/FV and make them aware of support services available to people wanting to escape unhealthy relationships.

We submit that non-government organisations providing services to victims and perpetrators and the community about domestic and family violence should be adequately resourced to enable them to provide these services and meet reporting and funding requirements.

2. What do you think must be done to prevent the intergenerational transfer of violence?

The first step to preventing the intergenerational transfer of violence is to empower and support primary victims of DV/FV to leave violent perpetrators.

Victims are more likely to leave violent perpetrators if they have trust that service providers will support them to leave violence and act to mitigate the social, financial and psychological costs to them and their children of leaving violent perpetrators.

Service providers need to acknowledge the social, cultural and economic barriers faced by victims seeking to leave violent perpetrators and ensure victims are adequately supported and resourced to overcome those barriers.

As stated in our response to survey question 1, victims of DV/FV should be supported to be protective parents through early intervention programs. The 2008 *Special Commission of Inquiry into Child Protection Services in NSW* (Wood inquiry) found that the key to reducing risk of harm to children is “sufficiently resourcing flexible prevention and early intervention services as to reduce the numbers of children and young people who require the state to step in to keep them safe” (Hon James Wood 2008 at i). Early intervention services should be available to parents and children and include social worker/support, housing and legal services. Removing children from victims of DV/FV should be avoided as it can further traumatise victims and their children.

Victims and their children must be supported through education, emotional and financial support to recover from the trauma of experiencing violence.

3. How do you think the proposed reforms and the practice standards will change the ‘service’ a victim receives from ‘the system’?

Some of the proposed reforms and practice standards may discourage victims from seeking support to leave violence and expose victims to further risk of harm.

We have some concerns regarding the proposed minimum practice standards for all victims of domestic and family violence.

We understand that it is proposed that Police complete and submit a risk identification tool (RIT) to a Central Referral Point (CRP) after they have attended a DV/FV incident. A RIT should only be submitted to a CRP with the prior informed consent of a victim. To submit a RIT without the prior informed consent of a victim may put a victim at further risk of harm, for example the perpetrator may answer the call from CRP and become angry at the victim for seeking support.

Separate safety planning for children of victims is problematic. Deciding what to do with children is a crucial part of safety planning for victims of violence. Victims will be less likely to seek support to escape violence if they believe that FACS will intervene and possibly remove their children. Victims of violence are more likely to take action to escape violence, if they can be assured their children will be safe from violence and there will be minimum disruption to their children’s lives.

We are concerned about the minimum practice standards for responding to victims who are assessed as being at serious threat of escalating violence.

We are concerned about the proposal to reduce the threshold for information sharing without victim consent from imminent risk of harm to serious risk of harm. We understand that the intention is to better ensure the safety of victims of violence, however, lowering the threshold enabling information sharing without consent, may discourage more victims from seeking support, for fear that their information will be shared with agencies they do not want made aware of their situation.

We are concerned about Safety Action Meetings (SAMs) being carried out without victim consent or control. Referral of a matter to a SAM without prior informed consent from a victim is problematic because victims will not be able to control who attends the SAM and control and/or correct what information is shared between the agencies at the table. The information held by agencies about the victim may be incorrect, incomplete and/or out of date, and relying on such information to develop safety plans may not be in the victims' best interests and may expose the victim to further, perhaps, escalated violence.

To override decisions made by victims and/or to make decisions, including sharing their personal information, without prior informed consent of a victim, further disempowers victims, who have already been disempowered by perpetrators of violence. To act without the consent of a victim of DV/FV may also cause them to lose trust and confidence in a DV/FV service provider and result in a victim disengaging from the system and may discourage victims from seeking support in the future.

4. What do you think will be critical to ensuring Safety Action Meetings are effective?

Victims of DV/FV should have the right to make decisions that will affect their lives and the lives of their children.

Therefore, a referral to a SAM should only be made with the prior informed consent of the victim and should be controlled and directed by the victim. It is submitted that a victim-controlled SAM would serve to empower typically disempowered victims and give them the ability to develop a safety plan that works best for their particular circumstances.

A victim should have control as to who attends the SAM and should have the right to view the information held by the agencies and have an opportunity to correct, complete and/or update any information held by an agency. Victims should have the power to determine what information, if any, is shared between agencies, and for what purpose.

5. What must be done to ensure high-risk people feel confident/comfortable about their information being shared with or without their consent at a Safety Action Meeting?

No personal information should be shared without prior informed consent of a victim. If a victim is at imminent risk of harm, every effort should be made to seek the prior informed consent of a victim before sharing information, and if it is not possible to obtain prior informed consent, information sharing should be limited to ensuring the immediate safety of a victim.

If it is decided that prior informed consent is not required, victims should still be advised what information will be shared with whom and for what purpose and have opportunity to correct, complete and/or update information which is intended to be shared, before it is shared.

6. What do you think the Central Referral Point must consider when dealing with people impacted by domestic and family violence to give them the confidence they will be responded to/supported?

It takes a lot of courage and strength for victims to seek support to take action to escape a violent perpetrator. If a victim does not feel supported by a DV/FV service there is a risk they will disengage with the support service and may be discouraged from seeking support in the future.

It is therefore it is very important that CRP staff build relationships of trust with victims of DV/FV through understanding and respecting the complex dynamics of DV/FV; empowering victims to make informed decisions by explaining the DV/FV framework and the information sharing policies; respecting victims' decisions; ensuring that safety and case planning is victim, not service, driven; and having a thorough knowledge of local DV/FV service providers and the types of services they provide.

7. The reforms acknowledge that an additional and/or different responses are required for victims from high risk groups (e.g Aboriginal, CALD, people with disability, people who identify as LGBTIQ). What do you think needs to be addressed or considered to enable these more effective responses?

FACS should fund ATSI/CALD/disability/LGBTIQ specific workers at CRPs and victims who identify as ATSI/CALD/disability/LGBTIQ should be given the option to speak to and be supported by these specific workers.

Mainstream CRP workers should receive training about the additional dynamics of DV/FV experienced by ATSI/CALD/disability/LGBTIQ victims and how to deal sensitively with ATSI/CALD/disability/LGBTIQ victims.

8. Strategies to suggest programs that hold perpetrators to account for their actions and support them or stop using violence. Do you think this is enough? If not, what other suggestions do you have?

Perpetrators of violence should be referred to services who can help identify the root causes of their violent offending and address those causes.

9. Do the reforms adequately enable the community to respond to Domestic and Family violence as a whole?

We understand that the reforms intend to improve and streamline the service victims of DV/FV receive and to better ensure victim safety; however, we are concerned that some of the proposed reforms will inhibit the ability of the community to respond to DV/FV.

Lowering the threshold for information sharing without victim consent from imminent risk of harm to serious risk of harm and the proposal to carry out SAMs without victim consent may have the effect of further disempowering victims of DV/FV, by taking decisions that affect their lives out of their control. Disempowering victims may cause victims to lose confidence in the system and result in them disengaging from the system and/or discouraging victims from seeking support in the future.

Without clear objectives to support victims to be protective parents and including safety planning for children as part of adult victim safety planning, the proposal to integrate child protection responses with DV/FV responses may cause victims to be reluctant to seek support to escape violence, fearing that their children will be removed if they do.

The proposed information sharing reforms may also expose victims to increased risks of violence, particularly if the information shared is incorrect, incomplete or outdated.

10. What do you think are the key issues to consider to enable a victim to move more effectively through the service pathway?

We submit victims are more likely to move effectively through the service pathway if service providers, including CRPs, build relationships of trust and confidence with victims, by doing things identified in the answer to survey question 6.

We submit victims of DV/FV should be supported to be protective parents. Children should be a crucial component of safety planning for adult victims of DV/FV. We submit that if victims believe that FACS will intervene and make separate plans for children, including removing them from a victim, they will be less inclined to seek support to move no from violence.

Victims should be empowered and supported to make decisions that affect their lives, particularly safety planning and information sharing.

Victims should be empowered and supported to develop their own safety plans, unique to their particular circumstances and services should respect decisions made by victims. Victims who are empowered and in control are more likely to implement a safety plan and take steps to escape violence.

Services should obtain prior informed consent from a victim before sharing any of their personal information. Victims should control what information is shared, if any, with whom and for what purpose. Victims should also have opportunities to review information held by agencies and complete, correct and/or update any information held by agencies.

Yours sincerely,
KINGSFORD LEGAL CENTRE

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