

Safe Systems Coalition



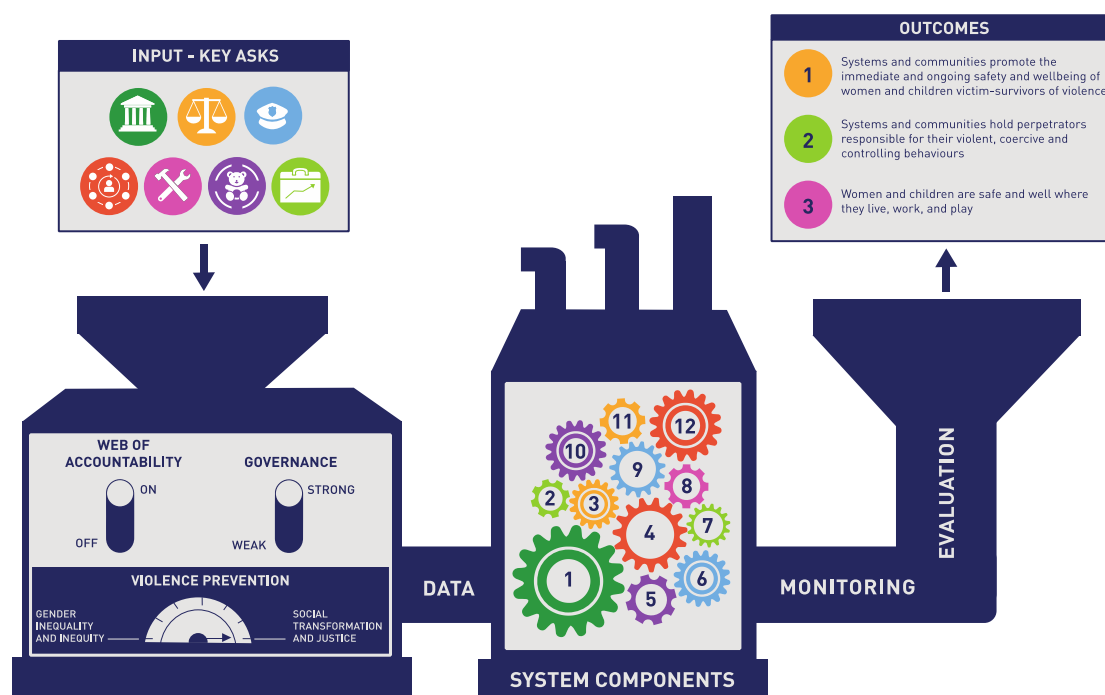
A Response to the WA 10 Year Family and Domestic Violence Strategy Consultation

May 2019

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Safe Systems - A Blueprint for Action



The Safe Systems Coalition – Who we are

In late 2015, the Safe Systems Coalition formed to advocate for major political parties to prioritise domestic and family violence election commitments in their policy platforms.

Members of the Coalition:

- Women's Council for Domestic and Family Violence Services
- Women's Community Health Network WA
- Community Legal Centres Association
- Domestic Violence Legal Workers Network
- Stopping Family Violence
- Unions WA
- Shelter WA

The Safe Systems Coalition advocates for a strong and sustained focus on the systemic factors and social and cultural conditions that constrain and enable the ability of women to create the environments that they believe are the most conducive to the safety, health and wellbeing of themselves and their children.

Introduction

The purpose of the domestic and family violence system is to protect the safety, reduce the risks of harm and increase the well-being of women and children experiencing domestic and family violence. To do this effectively requires high quality service delivery from specialist domestic and family

violence services, resourcing that ensures that all agencies across the sector, specialist services, police, community legal services, courts, child protection and family services, meet the needs of women and children in a timely, flexible and responsive way. In a fully effective system, perpetrators will be held accountable: the system will keep them in view, monitor their behaviours and invoke appropriate penalties, when breaches occur. The system will facilitate transparency and information sharing to ensure that women and children can move through the system smoothly and speedily. This system will have the capacity to respond appropriately and sensitively to the needs of diverse client groups – not just because that’s what is appropriate but because it is necessary for safe outcomes.

The Safe Systems Coalition welcomes the opportunity created by the community consultation on the Western Australian Family and Domestic Violence Strategy to inform the creation of a stronger, more effective and better resourced system to improve the safety and well-being of women and children experiencing domestic and family violence and reduce the incidence of serious harm through more effective and earlier interventions. We are also hopeful that the Family and Domestic Violence Strategy will have a strong focus on the social and structural causes of violence against women through primary prevention and policy and legislative reforms for gender inequality.

There is excellent work occurring in Western Australia to address the high rates of violence against women and their children. Relevant peak bodies work effectively and collaboratively to foster the take up of the evidence in practice and policy and to ensure that the domestic and family violence system is understood from women’s and children’s perspective.

Through the strong advocacy and leadership of specialist women’s services, peak bodies and specialist domestic and family violence services considerable progress has been made in Western Australia that has made a genuine difference to women’s and children’s safety and wellbeing outcomes and instigated systemic changes that have seen an increased focus on perpetrator accountability. With little resources, specialist women’s services have used their knowledge and expertise to maximise impact, work holistically and cultivate networks and collaborative practice to further positive outcomes. This sheer determination – spanning decades in Western Australia – has driven the action that we see today.

Specialist women’s services and peak bodies are informed by a comprehensive understanding of the dynamics, nature and impact of domestic and family violence. The Safe Systems Coalition argues that this expert knowledge and practice should be at the centre of the domestic and family violence system: in direct service delivery, in partnerships with other agencies, such as police, courts and child protection and in collaboration with universal services including health, education and social support to facilitate early intervention opportunities.

The Safe Systems Coalition understands that that the underlying gendered causes of violence against women are embedded in a complex web of social, cultural and economic factors. Specialist domestic and family violence practice works through a human rights and gendered lens. Women are overwhelming the victims of intimate partner violence at the hands of male perpetrators and issues of power and control are its drivers. The unequal distribution of power and resources between men and women is recognised as a key determinant of domestic and family violence. This is reflected in structural inequalities such as the gender pay gap, rigid gender stereotypes that devalue women and the work they do and privilege the role and work of men. These attitudes and beliefs foster a broader culture of violence and violence-supporting behaviours.

The women's sector has a long and influential history of advocating women's rights; promoting the status of women; challenging sexism and community attitudes that support violence against women and children, on the basis that it is a human right to live free from violence.

Despite significant progress over many years, the Safe Systems Coalition is acutely aware of gaps, barriers and concerns about the ways the domestic and family violence system currently responds to the safety and long-term well-being of women and children. In particular, we recognise that, despite increased efforts, there continues to be a gaping hole in relation to perpetrator accountability across the system and to preventing perpetrator behaviours and attitudes from emerging in the first place. We trust that this consultation process will generate a critical examination of the system and generate a variety of strategies to address identified gaps and barriers.

Preventing domestic and family violence

Primary prevention

Programs and approaches to prevent violence from occurring in the first place and to intervene early are necessary to 'Change the Story'¹ and interrupt violence and abuse against women and children in our community and preventing men's violence against women before it occurs. Prevention work requires a dedicated focus and skill set. It is a first order priority on par with the necessity of frontline services and requires planning and oversight. Coordinated primary prevention policies and programs that address the underlying causes of violence against women will save lives.

There is sufficient knowledge, expertise, creativity and infrastructure in Western Australia to drive and oversee planned and co-ordinated prevention work. With sufficient government backing key experts and expert peak bodies could collaboratively mobilise effective prevention work in this State. Peak bodies: Women's Council for Domestic and Family Violence Services, Stopping Family Violence and the Women's Community Health Network are in a unique position to lead coordination of state-wide prevention efforts as they have experience and expertise in gender equity, primary prevention and prevention of violence against women, essential to leading this work.

In Western Australia we need to build commitment to primary prevention, as well as the vision and leadership for it, and work for a seamless primary prevention system of partner organisations with comprehensive reach into the wider community.

Unless we get better at preventing domestic and family violence from occurring in the first place, our communities and support systems will continue to be overwhelmed. A vital part of addressing a public health and social problem, and a precursor to preventing it, is an understanding of what causes it. One of the key factors in public health prevention is identifying the societal factors of the problem at hand and working to change these. Prevention strategies in relation to domestic and family violence are concerned with changing the underlying social determinants that allow it to occur.

In a public health sense or prevention sense, a determinant is a "foundational" cause of a particular health issue or social problem.² Determinants can include the social conditions in which people live

¹ Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015) *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne, Australia.

² Hankivsky, O., & Christoffersen, A. (2008). Intersectionality and the determinants of health: A Canadian perspective. *Critical Public Health*, 18(3), 2712–2783.

that impact and shape their experience of a health or social issue. They can be referred to as the causes behind the cause³, or the set of underlying conditions that enable a social ill such as violence against women. This requires a focus on the societal factors that enable violence against women, such as gender inequality.

Gender inequality as an enabler of violence against women underpins approaches to prevention by organisations such as the World Health Organisation.⁴ Gender equality suggests equal rights, opportunities, responsibilities and access to resources as well as the enjoyment of them. It also suggests that men and women's perceptions, interests, needs and priorities are given equal weight. Gender equality goes beyond economics to include less tangible factors such as the relative social status of unequal groups, social norms and attitudes. Furthermore, gender inequality is not experienced in isolation of other sources and intersections of disadvantage, such as race, class, disability and sexual orientation, which often compound gender disadvantage.

Our Watch – as the Family and Domestic Violence Consultation Paper notes – accepts that violence against women is a complex and multifaceted social phenomenon. It also, unequivocally, places the unequal distribution of power and resources between women and men, and the adherence to rigidly defined gender roles, squarely in the realm of the underlying determinants of the problem (the root causes or most influential drivers). The work of Our Watch shows how these underlying determinants structure social life in multiple ways, from broad societal institutions (such as law, media, religion, family and economic or political structures) to community norms and organisational practices, to our personal relationships. It calls for strategies to redress the underlying determinants in a systemic way in order to prevent domestic and family violence from occurring in the first place. This is *primary prevention*.

Primary prevention is different from the response system because the actions and settings required to prevent violence before it occurs are different from those required to respond. Prevention is everyone's business and requires a distinct system comprising cross-government, multi-sector, community and business partnerships; and a distinct workforce and practitioner skill set. It also needs to be funded and resourced distinctly from the already-overloaded response system, not as 'either/or' but as 'both/and'. The primary prevention system is interlinked with the response system⁵; but there must be stand-alone, long-term and evidence-informed primary prevention programming, partnerships and workforce development.

Primary prevention does not rest with just shifting individuals or their 'awareness' or 'attitudes' towards the problem; nor does it sidestep the crux of the problem by dealing only with less influential contributing factors that, of themselves, are neither necessary nor sufficient for violence against women to occur (mental health problems, alcohol or substance use, for example). Fundamentally, primary prevention aims to disrupt the two structural drivers of violence against women by implementing actions across the entire social ecology (society, communities, organisations and individuals) to *improve gender equity* and *realise gender equality* as the basis of a violence-free world for women. Primary prevention is nothing short of *gender transformative practice*. This is long-term

³ Quadara, A., Nagy, V., Higgins, D., & Siegal, N. (2014). *Conceptualising the prevention of sexual abuse: Final report to the Department of Social Services*. Melbourne: Australian Institute of Family Studies.

⁴ World Health Organization. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. Geneva: WHO/London School of Hygiene and Tropical Medicine.

⁵ It is important that there is a well-functioning and integrated response system in place to meet the increase in demand that often results from prevention efforts.

work – over many years and decades – requiring vision, leadership, commitment, resourcing, partnerships and multi-faceted strategies. As long as women remain unequal to men, violence against women will continue unabated.

Western Australia has signed on to Our Watch, but we have made no serious effort to build a strong prevention system. The support of successive state, local government and non-government is required to build an effective prevention system and make gains in the prevention of domestic and family violence. Currently there are no sufficient pathways for WA policy, programming and partnerships to prevent domestic and family violence before it happens. There are no significant established primary prevention structures in place to use for meaningful action plans and the implementation of settings-based primary prevention initiatives.

Universal and tailored

Primary prevention is universal in that it is aimed at whole populations, communities, organisations and other settings where people work, live, learn and play. It is distinct from secondary prevention, which targets its interventions to particular communities or groups that are at a higher risk of experiencing violence against women. Nonetheless, there is a ‘targeted’ aspect to primary prevention. Socio-demographically, the diverse communities, groups and segments in Western Australia’s population mean that the lived experiences of gender inequities and rigid gender roles vary greatly. Universal and tailored approaches are required if we are to see the population-based outcomes that are necessary to prevent domestic and family violence in the long term.

The drivers of violence against women are mediated differently across different cultural communities, including mainstream culture, for example. The drivers are also implicated differently in lived experience when they intersect with other forms of structural discrimination, such as systemic racism (the legacy of colonialism) or institutionalised disability discrimination. The multiple overlays of intersecting drivers of disadvantage mean greater vulnerabilities to the detrimental impacts of compounding inequities for some women. The more structurally disadvantaged women are in social life, the less power and resources they have, and the more at risk they are of violence.

True universality means *inclusivity*: it means *everyone* must be reached by our actions on the root causes of domestic and family violence. Primary prevention actions must therefore work from sound intersectional understandings of social life, and strong community development and cultural competency principles. They must be appropriately tailored so they resonate in culturally safe ways with the gendered realities of all Western Australians, so that no one is left out of primary prevention efforts.

Intersectional practice

The Safe Systems Coalition recognises the importance of taking an intersectional approach to prevention that considers and analyses dynamics of power and social inequality. Intersectionality recognises how different and interacting inequalities influence peoples’ experiences and their access to resources, services and opportunities. In the context of preventing violence against women and their children and advancing gender equity and equality, the Safe Systems Coalition recognises how gender inequality interacts with other factors such as culture, sexuality, gender identity, religion, geographical location and age. Certain groups of women experience much higher rates of violence than others, because they experience additional barriers to escaping violence and seeking appropriate

support, and they may be harder to reach through universal primary prevention (or early intervention) strategies due to social isolation and other factors.

Intersecting discriminations mean that some women have less access to power, resources and opportunities than others, and gender inequality is not experienced in the same way for all women. Although violence against women occurs in all cultures and socio-economic groups, the evidence demonstrates that the prevalence, severity and frequency of violence is often more profound among women who face multiple layers of disadvantage and discrimination. These groups include women with disabilities, Aboriginal women, refugee women, women in poverty, women who experienced childhood abuse and neglect, women who were raised in out of home care, women with diverse sexual orientation, young women, ageing women and women in rural and regional areas.

Taking an intersectional approach to prevention means that, while gender inequality remains the central focus of prevention action, we need to also focus on the social conditions, structures, norms and practices which allow other intersecting forms of discrimination and inequality to be perpetrated and address these. Thus the Family and Domestic Violence Strategy must have an emphasis on building capacity in Western Australia to take an intersectional approach to the prevention of violence against women and their children.

Intersectional practice for preventing violence against women and their children includes working more closely with communities to understand women's lived experiences of gender inequality, tailoring action to ensure relevance and reach to all in our community, and building a focus on addressing other forms of discrimination into our domestic and family violence action.

A high priority is the violence experienced by Aboriginal women in Western Australia. Men's violence against women in Aboriginal communities cannot be examined in isolation from the devastating effects of colonisation on Aboriginal people in Australia and the failure of successive governments to address the loss of land and culture that have impacted so greatly on Aboriginal communities. However, family violence in Aboriginal communities as in non-Aboriginal communities is highly gendered. Women and children make up the majority of victims of physical and sexual violence, and men known to them make up the majority of perpetrators.

It is essential that programs for preventing violence in Aboriginal communities involve Aboriginal people, are culturally safe and sustainable and do not disregard the historical and contemporary contexts within which violence against Aboriginal women occurs. For example, the multiple layers of discrimination that Aboriginal women experience on the basis of race and gender discourage them from accessing much needed services for fear of child protection intervention. Factors including strong cultural and familial ties and high incarceration and suicide rates in Aboriginal communities make it harder for women to separate from violent partners. A tailored approach is required to work with Aboriginal communities – and, importantly, systemically – one which incorporates recognition of intersecting determinants specific to Aboriginal communities' experiences of violence.

Governing primary prevention

Governance arrangements must reflect the fact that the primary prevention system is both interlinked with, and different from, the response system. It is important that governance and advisory structures for domestic and family violence prevention reflect these linkages and distinctions.

Stand-alone, long-term and evidence informed policy is necessary to guide Western Australian primary prevention programming and partnerships, with bipartisan commitment so it can withstand successive governments, and with assured and adequate long-term funding commensurate to the scale and scope of its implementation as a universal endeavour. Appropriate governance arrangements must also be established to oversee its implementation, maintain its primary prevention focus and assure monitoring and accountability.

Leadership

The Family and Domestic Violence Strategy Consultation Paper strongly emphasises the crucial role of leaders in the community without clearly identifying who they are. It is important to have as a focus the role of the most important leaders in the community: our government leaders. There is important work we need governments to be doing in this space. A new Family and Domestic Violence Strategy for Western Australia will only be effective if it is sufficiently invested in by government. This is not just about funding. It is about leadership. We need governments to take a really strong stand. The funding is as much an indication to the broader community about how seriously the government takes domestic and family violence as it is money that we actually need in the system.

Promoting respectful relationships

There are currently many types of “respectful relationship” educational programs running across all types of schools. These vary considerably in depth and quality. While it is pleasing that Western Australia is introducing a teacher support program for respectful relationships education, research shows that without a commitment to consistent, whole-of-school approaches to Respectful Relationships Education across the State it is unlikely that it will make a significant contribution to preventing and reducing violence against women and their children in Western Australia. Our Watch writes:

In addition to the significant and positive educational outcomes to be gained through good quality Respectful Relationships Education, it is essential if we are – collectively – to achieve the results expected from the National Plan in achieving a ‘significant and sustained reduction in violence against women and their children.’ Without the next generation of children and young people having the skills to recognise and reject violence, and build healthy, respectful relationships, no amount of investment in reducing violence against women and their children can be sustainable⁶.

Furthermore, some existing school-based approaches could enhance their effectiveness by addressing some of the environmental influences that reinforce dominant masculinities. Respectful education approaches that rely predominantly on individual attitude change minimise the role of environmental and structural drivers of sexism, thereby potentially limiting their effectiveness. As just one example, changing the mix of sporting opportunities available to and encouraged for boys, with a greater emphasis on sporting curricula that de-emphasises male superiority and competitive strength, could potentially have as much impact on promoting an acceptance of a plurality of masculinities than a respectful relationships education course.

School-based approaches can invite boys and young men to reflect upon the reinforcers they are exposed to on a daily basis. Some of this exposure is by choice, seeking out freely accessible

⁶ Gleeson, C., Kearney, S., Leung, L. & Brislane, J. (2015). Respectful relationships education in schools. Evidence Paper: Our Watch. Retrieved from <https://www.ourwatch.org.au/getmedia/4a61e08b-c958-40bc-8e02-30fde5f66a25/Evidence-paper-respectful-relationships-education-AA-updated.pdf.aspx>

(mainstream) pornographic web sites on mobile phones that reinforce and perpetuate disrespectful behaviours and attitudes towards women; and some is incidental to their lives, such as the objectification of women and the role modelling that they are exposed to on sporting programs.

When we look at population health outcomes and at who is at risk of violence we can identify another group: young men. Overwhelmingly, the violence they experience is perpetrated by other men but we also see this as the norm. For example, when we talk about violence on the streets at night it's often talked about as being linked to alcohol or linked to the fact that it's late at night or that it's in the city. What is rarely if ever talked about is the impact of gender. This is about reshaping expectations of what it is to be a man, about shedding concepts of masculinity that have such a negative impact on us as a society, particularly when masculinity involves derogatory attitudes towards women. With the development of healthier interpretations of masculinity we'd see a range of benefits in terms of rates of violence against women, street violence, rates of violence against young men and bullying.

It is important to acknowledge that whole-of-school responses would work best in the context of a whole-of-community response and we need to look at opportunities to enable the development of healthy masculinities and respectful behaviours in community settings. Youth workers (equipped with the knowledge, skills and resources), for example, can be effective 'interrupters' of community attitudes that we see reflected in the latest National Community Attitudes Survey findings⁷.

Young people must be engaged in the development and delivery of efforts to prevent, minimise and challenge cultures of sexism and sexualisation, as well as in setting the agenda for this function and in all key decision-making processes.

It is important when discussing primary prevention that we are cognisant of the need to address the lack of capacity in our young people to manage themselves and their relationships. Effective primary prevention needs to go beyond the provision of information. We need to actually support young people to develop the skills they need to behave in ways that are healthy and respectful to themselves and others. This needs to start in primary school and continue through high school. Specifically, we need to support the development of skills in: reflective functioning, emotional literacy, self-regulation, self-responsibility and communication.

A focus is required on the impact that freely accessible pornography and the sexualisation of women and girls in the media is having on the socialisation of both young women and young men. Research undertaken by the Women's Community Health Network with young women and girls in the community revealed a huge concern amongst young women and girls that is just not getting the recognition that it needs. The magnitude of this problem cannot be understated and any primary prevention strategy that is not addressing this issue is doomed to be limited in its effectiveness.

Gender equality and equity for safe outcomes

It is agreed nationally and internationally that gender inequality is a powerful driver (or pre-condition for) domestic and family violence (and men's violence against women more broadly). Thus, gender equality needs to be clearly identified in the Western Australian Family and Domestic Violence Strategy as a target for action and as a necessary condition for a long-term and substantive reduction

⁷ Webster, K., Diemer, K., Honey, N., Mannix, S., Mickle, J., Morgan, J., Parkes, A., Politoff, V., Powell, A., Stubbs, J., & Ward, A. (2018). *Australians' attitudes to violence against women and gender equality. Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS)* (Research report, 03/2018). Sydney, NSW: ANROWS.

in violence against women and their children. Gender inequality is a) a condition of violence b) a barrier to leaving a perpetrator of violence and c) a barrier to recovering and living safe and well into the future after leaving a perpetrator of violence. Domestic and family violence will continue to be narrowly defined and ‘contained’ and so go on unabated if this is not sufficiently understood and addressed in The Family and Domestic Violence Strategy.

The Safe Systems Coalition concludes that the biggest gap and deficiency in current primary prevention effort – which is making some progress at the interpersonal, community and organisational levels of the social ecology – is *government leadership on gender equality and equity at the societal level*.

Evaluating the impact of primary prevention

Like other efforts that aim to ameliorate entrenched social problems that have systemic and structural causes at their root, the links between the primary prevention actions we take for women are difficult to trace. Evaluations that are outcomes focused are neither realistic nor practical for judging the worth of our primary prevention actions.

Our primary prevention efforts are better served by evaluations that focus on the direct impacts of our work, and make the connections between these achievements and the longer-term outcomes that are being sought. This means evaluations must focus on the means and not the ends: how we’re doing the work, for instance, or what the immediate gains are and the promise of these gains in shifting the root causes of violence against women over time. And evaluations must contribute to building an evidence base from here. Victorian primary prevention evaluators – who are much further ahead with this work than WA – have identified a means-directed approach as best practice evaluation for primary prevention, and outcomes-driven evaluations as the most inappropriate fit for such work.⁸

This means being proficient at staying means-focused in evaluations of primary prevention. For example, if we were to develop and implement primary prevention action plans, it would be important to consult closely with intended partners to identify measures of efforts that are realistic and meaningful, given where the work is starting from and what stakeholders hope to achieve within a particular timeframe. These measures could be called *proxy indicators*. These are indicators that ‘stand in’ for what we want to see in the long run because of where we’re at in the pathway towards that state. If, through our evaluations, we find that we’ve hit these proxy indicators, then we can say with confidence that we’re on the way to achieving a longer-term outcome. It may not be helpful to set indicators of outcome to measure our efforts. When it comes to measuring our primary prevention efforts, it is all about which kinds of measures matter.

Proxy indicators must be very specific to the work that we’re doing, and be set in consultation with the people we work with if they are to be achievable and meaningful too. For instance, proxy indicators may include an increase in the number of organisations and agencies that have prioritised primary prevention and/or gender equity in their prevention plans, health plans, or other significant planning documents (health, mental health and AOD, for example). If we achieve this as an indicator, it shows that primary prevention is on the agenda and community stakeholders are committing to the sustained cultural change required to reduce violence against women and their children.

⁸ Kwok 2013.

Well-resourced evaluations will need to be conducted on primary prevention work. These evaluations would have specific, meaningful, achievable, realistic, time-framed and measurable proxy indicators by which to assess the value of primary prevention efforts.

Strengthening the domestic and family violence workforce through improved pay and conditions

As with other community-based or caring sectors in Western Australia's sex-segregated workforce, WA's domestic and family violence sector is a highly 'feminised' one, and not as well remunerated or rewarded as sectors dominated by men. Capabilities as a workforce are hindered by uncompetitive wages and a lack of professional development opportunities. Financial stress is compounded by workplace stress as the increases in service demand add to how workers feel about being at work. Attracting skilled staff *and* retaining them is a real problem, and this in turn has a bearing on the workforce's capacity to play a continuous role in Western Australia's efforts to improve domestic and family violence prevention and response.

The disparity in remuneration, rewards and conditions between the domestic and family violence sector and sectors dominated by men itself contributes to, and perpetuates, structural gender inequities, which (as mentioned earlier) are the most influential drivers of violence against women. The Safe Systems Coalition believes that this disparity requires urgent attention. Achieving pay equity and good working conditions for the domestic and family violence workforce and community services workforce is a worthy primary prevention strategy in itself, tackling the drivers of violence against women at the societal level. A spotlight needs to also be put on the pay and conditions in the community services sector more broadly where we tend to see high casualisation, short-term contracts and lower wages.

A state-wide strategy to address domestic and family violence must have as a focus on improving the employment conditions, remuneration and rewards of the domestic and family violence sector and the community services sector more broadly.

Recommendations

Recommendation 1

There must be adequate long-term funding for the implementation of evidence-based primary prevention initiatives including funding for peak bodies with appropriate skills and specialist expertise to coordinate and facilitate metropolitan and regional action plans.

Recommendation 2

Appropriate governance arrangements must be immediately formed to oversee the implementation of the primary prevention aspect of the strategy. It is important that it maintains its primary prevention focus and monitoring and accountability is assured. Any structures formed must involve high-level representation from across government departments and non-government sectors.

Recommendation 3

Primary prevention programs specifically for Aboriginal communities should be developed by Aboriginal controlled organisations and should address the universal causes of violence against women (gender inequality) as well as culturally specific factors. These factors are not discrete experiences thus gender-based violence is a local and particular experience requiring a tailored response.

Recommendation 4

Ensure specialist family violence services for Aboriginal women and children that have secure and adequate funding so that they can develop best practice services and programs that are culturally safe and Aboriginal community controlled.

Recommendation 5

Establish a high-level primary prevention steering body to: 1. Consult on and develop the primary prevention element of the FDV Strategy, informed by *Change the story: a shared framework for the primary prevention of violence against women and their children in Australia*; 2. Co-design a sustainable and effective governance and operational structure for prevention; and 3. Provide guidance to current government strategies and investment in primary prevention activities (mental health and AOD, for example).

Recommendation 6

Address structural, normative and practice-based gendered drivers of violence against women through an intersectional approach.

Recommendation 7

Promote respectful attitudes and behaviours towards girls and women amongst children and young people by embedding and effectively resourcing whole-of-school Respectful Relationships education across all year levels (K-12). Programs should be focused on achieving meaningful change across the school community.

Recommendation 8

Identify opportunities where children live, learn and play to promote healthy and respectful behaviours and attitudes towards women and girls (funding for ongoing, evidence-based, place-based initiatives). This should include targeted work with boys and young men. Girls and young women will also require strong investment as a strategy to build their resilience and protective factors throughout the process of cultural change. This will require a specialist skill set to ensure gender transformative approaches.

Recommendation 9

There must be a focus on improving the employment conditions, remuneration and rewards of the domestic and family violence sector and the community services sector more broadly.

Victim safety

Domestic and family violence is a serious social, public health and human rights issue. Women and children no doubt both make sense of domestic and family violence and respond to it in ways that are agentic, resilient and resistant. This notwithstanding, it contributes to a range of negative safety, health, social and economic outcomes for women and their children.^{9 10 11} Given the pervasiveness of violence against women and their children in Western Australia considerable more investment, long-term certainty, joined-up planning, commitment and sound evaluations are required to promote the short and long-term safety, health and wellbeing of women and their children affected by domestic and family violence.

Service system responses must place women's and children's needs at the centre. The provision of continuous specialised domestic and family violence women's advocacy is necessary to not only assist with risk assessment and risk management through crisis and case management responses, but also to help women navigate the many complex economic, social, legal, educational, health and other systems that she needs to interface with over many months (and usually longer) to rebuild her life, connections and space for action, and a developmental ecology supporting her children's safety, stability and development.

It is essential that we equip all parts of the domestic and family violence system to meet and manage demand and promote the immediate and ongoing safety and wellbeing of a diversity of women and children. This must include the commitment of resources to develop programs/services that meet the specific needs of children and young people who are or have experienced domestic and family violence.

While domestic and family violence occurs across all socio-economic, cultural and other groups, the poverty, isolation and discrimination some women face because of structural circumstances in their lives can place these women and their children at more risk than others. There is considerable support for integrated services in Western Australia to respond to intersectionality. However, substantial investment and reform is necessary to promote the provision of more integrated services for families affected by violence. Housing, for example, is not sufficiently incorporated into this integrated response.

Housing

The State Government is in the process of developing a State Homelessness Strategy and an Affordable Housing Strategy. It is critical that these two strategies and aligned with and consider the initiatives in the Family and Domestic Violence Strategy.

Having a home is a basic human right. As it stands there is an undersupply of crisis and transitional housing to merely meet the increasing prevalence of domestic and family violence. In addition, there is a significant under supply of social and affordable housing options in Western Australia. Currently, the wait list for public housing has almost 14,000 people on it and it takes almost two and half years

⁹ ANROWS (2016). *A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women: Key findings and future directions*

¹⁰ KPMG 2016 The cost of violence against women and their children in Australia Final Report. Report prepared for the Department of Social Services.

¹¹ <https://www.dss.gov.au/our-responsibilities/women/publications-articles/reducing-violence/national-plan-to-reduce-violence-against-women-and-their-children/economic-cost-of-violence-against-women-and-their-children?HTML#health> [Viewed 1 March 2018]

to be housed in a public housing property.¹² The recent Anglicare Australia Rental Affordability Snapshot found that across Australia, there are only two percent of private rentals that are affordable for a person on the minimum wage. In addition, it found that “single people on the minimum wage with children for example will find that only four percent of rentals are affordable, even with the help of the Family Tax Benefit”.¹³

What this means for young people, women and children when leaving domestic and family violence is that there are limited places for them to call home. In addition, there is insufficient supply of crisis and short-term accommodation. These two issues compound the housing problem for women leaving domestic and family violence. This means that they are often moving around from short-term option to short-term option and this has significant impacts on their lives, from an employment, financial and security perspective.

Statistics from the AIHW show that family and domestic violence is the leading cause of homelessness.¹⁴ Several factors contribute to the homelessness of women and children leaving domestic and family violence. Women often struggle to obtain or maintain secure housing through financial insecurity and poverty, the effects of trauma from their experiences, and the lack of affordable social and private rental housing options. Consequently, women often struggle with a sense of security, belonging, stability and control over their daily lives, as they experience constant movement and vigilance to safety.

Many women who become homeless because of domestic and family violence have limited independent financial resources to support themselves and their children, and this includes their ability to cover housing expenses and other costs of living.

It is clear that if the housing needs of women leaving domestic and family violence are not adequately met (regardless of whether they have children with them or not) they typically have no real choices available to them, but to return to the men who are perpetrating the domestic and family violence, entrenching them to a cycle of violence and their ongoing disempowerment. Their other options are to move into inappropriate and unsafe housing or become homeless.

Housing first is a principle that should be a focus for women leaving domestic and family violence, but also any person that requires supported housing needs. This approach provides a safe, secure and affordable home with support services that the individual needs in order for that person to maintain their tenure. This is important, to enable women to maintain long term secure housing, to stop the cycle of domestic violence.

The principal crisis response for women and children who must leave their home due to domestic and family violence is provided by the Specialist Homelessness Services system. Yet, service feedback and data from the Australian Institute of Health and Welfare Report on Specialist Homelessness Services suggests that for many clients the lack of investment in housing means that they are unable to provide a pathway from crisis accommodation into stable, secure and a long-term home.

The lack of funding certainty for Specialist Homelessness Services, with the ongoing roll over of contracts, has had an impact on crises services. Without long term funding and the required increases to meet the Equal Remuneration Order in place to pay workers in the sector appropriately places

¹² Rethink social housing, 2019, <http://www.rethinksocialhousing.com/The-Waitlist>, accessed 28 May 2019.

¹³ Anglicare Australia, 2019, Rental Affordability Snapshot National Report.

¹⁴ Kaleveld, L., Sievwright, A., Box, E., Callis, A. and Flatau, P, 2018, *Homelessness in Western Australia: A Review of the research and statistical evidence*, Perth, Government of Western Australia, Department of Communities.

further strain and pressure on services that are currently unable to meet the growing demand. Whilst the recent injection of additional funds to the 24/7 services was welcome, long term funding security is needed. The State Government needs to take a leadership role and ensure longer term funding for the sector to deliver these services.

Current domestic and family violence support programs cannot compensate for the absence of affordable, appropriate and suitable housing. Moving from short-term crisis accommodation into permanent, independent housing is very difficult, and sometimes unachievable, for women and children affected by domestic and family violence. There are limited options and services supported in Western Australia that addresses the systemic barriers across the housing market, to enable victims of domestic and family violence to move into secure and appropriate long-term housing.

The crisis system provides valuable support for many women, but the lack of secure, affordable and permanent housing is a systemic issue. There needs to be greater integration between the domestic and family violence response services and the wider housing system, so women affected by domestic and family violence are able to obtain long term, safe, affordable, accessible and appropriate housing. Housing support for women and children affected by domestic and family violence must be integrated with other forms of support to improve safety and wellbeing.

Without secure housing, women and their children remain in crisis and transitional housing for longer than is appropriate. This creates insecurity and uncertainty for them, and puts pressure on the whole crisis response system.^[1] To meet the needs of women and children affected by domestic and family violence, more investment is needed into a range of long term affordable housing options, such as public and community housing and affordable private rental options. The current lack of social housing and the unattainable private rental market is placing pressure on short term and crisis accommodation. This is compounding the impact on women leaving domestic and family violence, as they cannot access a real, secure and long-term housing solution.

As the Pets in Crises Program shows, an issue experienced by women leaving family and domestic violence is their ability to find appropriate housing that can accommodate family pets and animals. Crises accommodation are not designed or funded to take pets. In the United States, crisis shelters have infrastructure to support pets, with kennels. Thought needs to be given to how women leaving domestic and family violence can have their pets accommodated at this time of crisis and into the longer term. The strategy should respond to this.

Currently, it is very difficult for tenants in the private rental market to find appropriate pet friendly housing. The proposed review of the *Residential Tenancies Act 1987* provides the opportunity to consider how this law reform can respond to family and domestic violence by encouraging more pet friendly homes in the private rental market. The strategy should respond to this.

One of the continuing challenges of Western Australia's domestic and family violence system is in meeting the housing needs of women leaving domestic and family violence *as early intervention to homelessness*. A coherent state-wide housing strategy (which is under development) needs to take into consideration the housing needs of this vulnerable group.

[1] For more useful information and data on this topic see: Flanagan, K., Blunden, H., valentine, k. and Henriette, J. (2019) Housing outcomes after domestic and family violence, AHURI Final Report 311, Australian Housing and Urban Research Institute Limited, Melbourne, <http://www.ahuri.edu.au/research/final-reports/311>, doi: 10.18408/ahuri-4116101.

More needs to be done to ensure that women leaving domestic and family violence have options for safe, affordable and secure housing than currently exist – from social housing to private rentals to home ownership options – these aspects should be an essential component of the integrated family violence system in Western Australia. The federal government is not currently committing to meeting the housing needs of women leaving domestic and family violence. There exists an important opportunity for state government leadership in this area.

It is, of course, important to continue to challenge assumptions that women and their children are the ones who should leave their homes, rather than the perpetrators of the domestic and family violence. The Safe Systems Coalition strongly supports the rights of women and their children to stay safely in their homes, through a best practice *Safe at Home* program. We have evidence that this program is both appealing and effective for women and their children.

The South Australian Government has recently announced a trial program which will remove perpetrators of domestic and family violence from the home and placed in crisis accommodation, giving victims the opportunity to stay in their home. The program has \$4 million in funding allocated to it, and the purpose is to determine what other interventions can be made to support women at this difficult and traumatic time. The financial impact of women who remain in their home without their partner must be considered so women are not placed into a situation of poverty. This is certainly something that the WA State Government can consider as part of the broader strategy around supporting women leaving domestic and family violence.

Long-term safety, stability and wellbeing

The long-term safety, stability and wellbeing of women and their children should be seen as a core component of our domestic and family violence prevention and response and invested in accordingly. The Safe System Coalition strongly supports the development and implementation of a ‘post-crisis service model’ in consultation with key service providers and stakeholders. There are small-scale variations of this model in Western Australia. According to a report published in Victoria as far back as 2011, the objective of a post-crisis service model is ‘to prevent women from returning to violent relationships and environments due to lack of support/assistance and to prevent their re-entry back into the crisis homelessness and/or family violence service system’. It identifies the need for systemic support for some women and children, who will need a ‘support safeguard’, that is, support ‘where it is needed for as long as it is needed.’¹⁵ The model specifically refers to support to:

- Maintain stable housing
- Overcome financial hardship
- Find avenues of on-going emotional support
- Re-connect with family and community
- Build resilience and self-determination
- Address mental health and physical wellbeing issues; and
- Increase social and economic participation.

It recommends dedicated post crisis case management support for up to two years. There are some comparable service models with this integrated response up to two years post-separation, which could be potentially ‘scaled-up’ in Western Australia¹⁶.

¹⁵ ‘Filling the Gap Service Model – Integrated Post-crisis response for women and children that have experienced family violence’. Good Shepherd Youth & Family Service and McAuley Community Services for Women. 2011.

¹⁶ Women’s Health and Family Services, for example, provide an integrated, multi-disciplinary and case-managed response to women and children affected by domestic and family violence for up to 2 years across key areas affecting their capacity for long-term positive

Forensic medical examinations

A vital part of supporting the victims of domestic violence is the collection of forensic evidence for use in court. Forensic medical examinations are performed on victims and perpetrators to document physical evidence of a crime to be used in court cases against offenders. In 2016, the *Victorian Royal Commission into Family Violence* identified access to forensic medical examinations in family violence matters as a top priority¹⁷.

While issues affecting courts, police and social services provision have received significant media attention, the role of clinical forensic medical services is less well known. While only one of the Royal Commission's recommendations specifically refers to clinical forensic medicine, a review of the report indicates that almost 30 recommendations have relevance to the practice of clinical forensic medicine. These recommendations deal with areas such as data collection, including information sharing and analysis, education, the development of specialist domestic and family violence service models, integration with family violence agencies and service providers, and the importance of research. A striking feature of the provision of services to those involved as parties to domestic and family violence, particularly victims, is the relative lack of engagement of clinical forensic medicine services in providing both medical support and evidential medical assessment.

Availability and utilisation of clinical forensic medical services has the potential to improve the effectiveness of courts in addressing some of the issues arising out of domestic and family violence.¹⁸ A clinical forensic medical service is an essential service that has been shown to strengthen court outcomes. Ideally, the service needs to be embedded in a "Hub" type model with domestic and family violence agencies to provide the ongoing court support, advocacy and case management required. The Safe Systems Coalition strongly recommends that a pilot be trialed in Western Australia.

WA Police domestic and family violence response

As police are often the first point of contact in domestic and family violence incidents they are in a unique position to respond to, intervene in, and be proactive about, preventing family violence. Police play a very important part in the front-line response to domestic and family violence, and are integral to the broader domestic and family violence system in Western Australia. Police members who respond to domestic and family violence incidents are often the first contact that a victim has with the domestic and family violence system. An effective police response is essential to victims' ability to remain safe, receive a fair outcome, and recover from the violence.

The Safe System Coalition acknowledges the changes that have taken place within WA Police in the past 10 years. As an organisation, WA Police has shown commitment to improving the way it responds to domestic and family violence. The Safe Systems Coalition also recognises that improvements must be made in order to ensure that domestic and family violence is regarded as core business, to improve the investigation of offences, and to ensure that police interact appropriately with victims, perpetrators and with other service systems.

Important front-line operations and workforce development include improving training and processes relevant to risk assessments, reviewing and strengthening police practice identifying the primary aggressor, and a bolstering of police education and training.

outcomes; including, family support/therapy, education and employment services, support groups, mental health and AOD services, access to legal and financial counselling).

¹⁷ Find the full report here: <http://www.rcfv.com.au/Report-Recommendations>

¹⁸ See: Family violence and clinical forensic medicine – The forgotten service? J Law Med. 2016 Jun;23(4):780-4.

A safe and supportive justice system

Safe outcomes for women and their children depend on a safe, integrated, responsive and well-resourced court system.

Safe outcomes for women and their children depend on the following:

- **Access to Justice** - Access to justice is fundamental to the rule of law. It is also essential for the enjoyment of basic human rights, social inclusion and the effective functioning of any democracy.

A good justice system must be accessible in all aspects. Accessibility means it must be fair, simple, affordable and easy to understand and navigate. The system must be free of barriers for all individuals, regardless of their racial, cultural, religious or social-economic background, age or level of education. It must also have pathways for early intervention to prevent further disadvantage.

- **Human Rights** - A human rights based approach to addressing and eliminating domestic and family violence recognises the entrenched nature of discrimination for women from high risk groups and that intersectional discrimination further perpetuates the denial of their human rights. The state holds responsibility for addressing entrenched and intersectional discrimination through investment in specific, tailored initiatives that are informed by the women who may benefit from them.

Achieving equal access to justice requires recognition of the diverse experiences of women in the domestic and family violence system and their diverse needs. There must also be an acknowledgement that women face greater barriers in the legal system if they belong to specific groups including:

- Aboriginal and Torres Strait Islander women
- Women who are newly arrived in Australia and on temporary visas
- Women from diverse cultural and linguistic backgrounds
- Women in regional and rural communities
- Women with disabilities
- Older women (particularly in the context of elder abuse) and
- Women in prison.

Entrenched and intersectional discrimination within the system must be named and recognised as a primary factor that contributes to placing these women at higher risk of violence and of inequitable legal outcomes.

The Safe Systems Coalition recommends that the FDV Strategy has a strong focus on the experience of women from high risk groups. A system that is easy to access for the most high risk women will be a system that is accessible to all.

In order to promote equality and address entrenched discrimination, it is critical that a strategic approach to improving legal responses to women experiencing domestic and family violence are informed by:

- The experience of women who are from high risk groups and who are victims of family violence
- The expertise of relevant specialist agencies representing Aboriginal people, people with disabilities and people from culturally and linguistically diverse backgrounds.

- The existing body of research that documents the experiences of women from high risk groups.

The Safe Systems Coalition recommends that an audit be undertaken of accessibility and issues that create barriers to victims from high risk groups in the court system, having particular regard to policies, practices, physical spaces, knowledge and understanding of staff and Magistrates. It would then be necessary to develop policies, frameworks, strategies and training to address and remove barriers for women in high risk groups.

Furthermore, it is crucial that we strengthening victim/survivor participation in influencing change through a strong and effective advocacy network led by women who have experienced domestic and family violence by funding the establishment of an advocacy organisation led by victim/survivors.

It is also necessary to strengthen the focus on intervening early, reducing ongoing risk to victims and preventing future incidences of domestic and family violence.

The court system, in its current form, operates to respond to single incidences of domestic and family violence rather than recognising and responding to the ongoing nature and continuum of violence and abuse. Additionally, opportunities for intervening early and tailoring responses to perpetrators are missed and victims are left disempowered and unsupported in the court system.

The following areas have been identified as gaps in the court system that reduce the effectiveness of intervention orders:

- Lack of accessibility to the system for the most marginalised and at risk victims.
- Limited opportunities for victims to be heard in the decision-making process.
- Time pressures and long lists limit the time that parties need to make decisions.
- Lack of free and timely legal assistance at each point in the court process.
- Limited specialisation and expertise to inform decision-making.
- Lack of interventions and management of perpetrators in the system.

There is considerable scope to build on the current foundations to improve the effectiveness of the court system in intervening early and preventing future violence. These elements include:

- Comprehensive collection of information available at an early stage.
- A robust case assessment and management process.
- Access to timely, free and targeted legal advice.
- A court system with processes and procedures that are easy to understand and to navigate.
- The availability of a range of court responses and early intervention strategies to minimize future risk and offending.

An effective system will reduce and prevent future incidences of family violence but it will also promote the human rights of victims to recover from and live free from violence.

The need for specialist women's services

Social and cultural change requires considerable and sustained political will, strong commitment and resources. It also takes time. In the meantime, women must not be left without the supports and services that they require to live safe and well.

For women, there is an accumulation of risk over the life course and the poorest outcomes are for those who experience abuse and violence of different kinds as both children and adults. This

accumulation of risk from violence and abuse also needs to be understood in relation to gender and other inequalities. The inequalities associated with growing up a girl represent a risk for all women, but there is a gradient of gendered disadvantage with most white, middle class women high on the scale and poor, Aboriginal and minority women low down on it¹⁹. For more privileged women to earn as much as men and to have the same freedoms and choices as men, they have to overcome the persistent imbalance of power inherent in our society. Women who are also subject to inequalities of race, class, poverty and/ or being part of a particular minority group face multiple risks. In other words, when thinking about women and girls at risk, understanding gender inequality is absolutely essential – but alone it is not enough.

Violence and abuse is a common thread running through the lives of the vast majority of women who experience the poorest outcomes. Experiencing violence and abuse is a risk factor for poor outcomes, but the relationship is not a simple one. The level of risk depends on the nature and degree of abuse and on the other circumstances of the women involved. Women who have single abusive experiences and have other protective factors in their lives are more likely to survive successfully than those who experience multiple and continuing forms of abuse without as many protective factors. And the risks operate in both directions: women who have serious and ongoing experiences of abuse are more likely to face negative outcomes, and those negative outcomes are highly likely to increase their experience of continuing abuse.

Gendered data paints a picture of some of the gender specific risks women and girls can face, which constrain their capacity to achieve and sustain good physical, mental, sexual and reproductive health; and to live free from fear and with economic security. It is essential that responses are tailored to the needs and circumstances of women. Given the seriousness and extent of domestic, family and sexual violence; gender inequity; and sexual harassment and discrimination gender specific services with expertise in working with women affected are a necessary part of the service landscape.

Currently, it is very difficult to organise sustainable services for women because effective intervention depends on an integrated service model that can work with women across the issues that are constraining their capacity to achieve and sustain good outcomes. Funding arrangements are not ‘naturally’ geared to providing an integrated model of care. Women’s services – to ensure that they are responsive to women’s needs, experiences and circumstances – have had to actively build this integrated model with women in their communities.

The value of each service component (with its own specific funding source) is only meaningful (in terms of the value of what has been purchased and the value in terms of its usefulness to the client) as part of an integrated model. This integrated model achieves services that deliver quality outcomes for women and their families. For women clients that have experienced significant trauma through family, domestic and sexual violence and who have diminished resources in terms of finances and social supports require family and domestic violence, trauma and gender informed care and practice. This is not necessarily achieved through generic referral pathways, place-based or consortium models.

Women specific, integrated models of care that are tailored around women’s needs, experiences and circumstances work well for women in that women are more able to sustain quality outcomes post service engagement. There is not nearly enough invested in prevention (of family, domestic and sexual violence and gender inequity) hence we need high quality services and supports that are accessible to a diversity of, particularly disadvantaged, women, staffed by professionals with expertise

¹⁹ Nandi A and Platt L (2010) *Ethnic minority women’s poverty and economic well*, London, UK: Government Equalities Office; Bullock H (2013) *Women and poverty*, Wiley Blackwell

and the best knowledge available in working with women and children affected by domestic, family and sexual violence and constrained by their social and economic circumstances and/or cultural barriers.

Specialist women's services play an important role in supporting hard to reach groups. Founded on an ethos of empowerment and shaped by a woman-centred approach, they offer a holistic solution to meet both women's multiple needs and wider societal problems. Women's organisations provide a valuable opportunity for funders and decision makers to connect with the needs of women in the community and offer a mechanism for ensuring that women's voices are represented in local decision-making. Specialist women's services also promote broader benefits to society by tackling social exclusion and promoting community cohesion. Their services help to integrate marginalised women into wider society. Women's services acknowledge the diversity of the female experience and design and deliver effective and tailored services that are sensitive to women's needs across the equalities spectrum. They also address prejudice and discrimination and further women's rights.

There is a very real danger of losing the knowledge and skills of women's services as they are further marginalised within current policy agendas. As specialist organisations of a smaller scale, offering unique services, community-based women's services face challenges in competitive tender processes, being forced to compete with large generalist services with bigger budgets and grant writing specialists. In this small space, organisations are forced to guard against each other in a highly competitive funding and contracting environment, thus a culture of collaboration – which is in the best interests of disadvantaged and disengaged women - can be lost. We urge that the FDV Strategy recognises the value of community based women's services in building protective factors and enabling women to build safe futures for themselves and their children.

A note on sexual violence

Sexual violence is prevalent in Western Australia²⁰. Sexual assault in particular, occurs primarily within either the family or other familial relationships and is traditionally underreported. Embodied in sexual assault are dynamics of power and control and deep cultural norms, especially gender norms. Sexual assault is a complex crime with far reaching consequences for individuals, families and the community as a whole. Thus it demands significant commitment, not only by the Western Australian Government but by the wider community, to champion change in social attitudes and accountability.

Sexual assault is part of a continuum of violence, ranging from inappropriate sexual behaviour, to sexual harassment to sexual assault. It is important that prevention, early intervention, response and support for victims and survivors is led by government and owned by everyone. This would ensure an integrated response that involves prevention, early intervention and education, perpetrator accountability and evidence based therapeutic support for victims and survivors.

There is some outstanding work being done in the sexual violence space in Western Australia. However, given the prevalence of sexual violence in Western Australia, and disturbing community attitudes to sexual violence reported in the latest National Community Attitudes Survey findings, a high level strategic response is essential.

²⁰ Over the course of their lives, 1 in 5 Australian females will experience sexual violence, with 99% by a male perpetrator, compared to 1 in 22 men.²⁰ ABS 2016 'victims of crime' figures show WA with 5 years of continuous increase in the number of sexual assault victims. The release includes information on family and domestic violence (FDV) related crimes, with FDV-related assault showing a 12% rise in Western Australia (more [here](#)).

The Women's Community Health Network, in collaboration with Allambee Counselling and Desert Blue Connect, would like to convene a Sexual Violence Expert Advisory Group to begin a conversation about Western Australia's response to sexual violence in our State and to map a way forward. There has been a very positive response to this amongst stakeholders.

It is important that there is a more co-ordinated approach between the Department of Communities and the Department of Health around this issue so that we can be delivering integrated and holistic services. Women affected by domestic and sexual violence do not understand why these issues are considered separate and nor should they have to. There is a need for significant upskilling of the domestic and family violence sector around the issues of sexual assault and also a review of laws around sexual assault in intimate relationships.

Recommendations

Recommendation 9

Implement the recommendations from the Western Australian Law Reform Commission's (WALRC) Enhancing Laws Concerning Family and Domestic Violence Report²¹. Its six objectives for reform remain compelling.^{22 23}

Recommendation 10

Ensure family and domestic violence lists/court reforms focus on FVROs- not just family and domestic violence criminal offences.

Recommendation 11

Trial a Family and domestic violence court that is responsible for FVROs, Family Court orders and tenancy issues.

Recommendation 12

Ensure that any legislative reforms are backed with adequate resources and training to ensure they will be properly implemented.

Recommendation 13

Resource and support/facilitate the judiciary to have regular and appropriate family and domestic violence training.

Recommendation 14

Support family and domestic violence training to be mandatory for the CPD requirements for lawyers practising in family law and criminal law areas.

Recommendation 15

Ensure theoretical and practical knowledge of FDV/FDV competency are specific criteria for appointment as a Magistrate, to reflect this as core work of the courts.

²¹ Law Reform Commission of Western Australia 2014. *Enhancing Family and Domestic Violence Laws: Final Report*.

²² Objectives for reform: Enhance the safety of victims of family and domestic violence (and their children); Reduce family and domestic violence by increasing perpetrator accountability and improving the management of offenders; Provide fair and just legal responses to family and domestic violence; Improve integration and coordination in relation to family and domestic violence in the legal system; Increase the knowledge and understanding of family and domestic violence within the legal system; and Maximise timely legal responses.

²³ The Commission's proposals for reform responded to those aspects of the legal system most in need of improvement and were informed by the views of individuals with day-to-day experience and expertise in relation to the way in which the legal system responds to family and domestic violence.

Recommendation 16

Ensure an ongoing support presence for family and domestic violence victims at courts (that is, throughout the court process).

Recommendation 17

Introduce specific – standalone – legislation to address non-fatal strangulation to reduce the risk of serious injury or death to women experiencing domestic and family violence in Western Australia.²⁴

Recommendation 18

Increase investment in frontline services including refuges, advocacy services, community legal centres, counselling services, perpetrator interventions, Safe at Home programs, homelessness and housing systems, court services, sexual assault services²⁵ and children's services.

Recommendation 19

Provide sustainable funding for wrap around family and domestic violence initiatives led and designed by Aboriginal communities and Aboriginal community controlled organisations.²⁶ And include local Aboriginal communities in collaborative program development with the mainstream community sector and government, to improve safety and wellbeing for women and children.

Recommendation 20

Resource workforce development and prevention initiatives (to be developed and delivered by women with disabilities in WA) to ensure appropriate and effective responses to women with disabilities experiencing domestic and family violence. Building the capacity of local women with disabilities to deliver these programs reduces social isolation and improves economic security (both known to be preventive and protective factors).²⁷

Recommendation 21

Build the capability of adult services – including family and domestic violence, drug and alcohol services, mental health and homelessness services – to be sensitive to the needs of children and better able to respond to those needs.

²⁴In 2015 the special taskforce on Domestic and Family Violence in Queensland released its report *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland*.

Recommendation 120 requested the Queensland government consider the creation of a specific offence of strangulation. The Government accepted the recommendation and stated,

"The Queensland government recognizes that non-lethal strangulation is a high risk indicator of future domestic and family violence related homicides" (pg2 Discussion paper, *Circumstances of aggravation and strangulation* October 2015).

Since specific legislation was introduced in Queensland in May 2016 almost 800 people have been charged with strangulation offences related to domestic and family violence incidents. The offence carries a maximum penalty of seven years jail. The NSW Domestic Violence Death review team in 2011-12 found the highest number of domestic violence homicides were caused by strangulation.

²⁵Sexual violence is one of the abusive tactics that are characteristic of family and domestic violence; and is at the higher end of seriousness as a form of family and domestic violence and is a risk factor for further violence, as well as a risk factor for death ANROWS 2015. *Sexual assault and domestic violence in the context of co-occurrence and re-victimisation: State of knowledge paper. Also SA stats in WA*.

²⁶ A useful resource regarding such interventions is ANROWS' *Innovative models in addressing violence against Indigenous women: State of knowledge paper*. Prepared by Harry Blagg, Nicole Bluett-Boyd and Emma Williams.

²⁷ In Western Australia, the 18 month project: ['Doors to Safety for Women with Disabilities Experiencing Domestic and Family Violence'](#) would be a useful project to learn from and build upon in this area as it was developed and delivered by women with disabilities in Western Australia.

Recommendation 22

Ensure the availability of specialist domestic and family violence services that have the knowledge and expertise to work effectively and safely with immigrant and refugee women experiencing domestic and family violence. This must include an emphasis on community-led responses.²⁸

Recommendation 23

Enable rural and remote domestic and family violence services to reach across large distances and into local communities; to engage with women's individual needs; and in local initiatives, coordination, and community development.²⁹

Recommendation 24

Co-design targeted responses to women of diverse genders and sexualities experiencing domestic and family violence. Workforce training will be required in conjunction with this.

Recommendation 25

Strengthen coordination and collaboration between the family and domestic violence and sexual assault sectors, including shared case work models and protocols for sharing information, participation in proposed 'One Stop Hubs', and joint education and training.³⁰ A strategy to prevent sexual violence – in dialogue and collaboration with – the FDV Strategy is also required.

Recommendation 26

Develop and implement evidence-based programs/services for working productively and safely with families when the perpetrator remains in the home.

Recommendation 27

Resource state-wide recovery and re-building programs to support women and children to (depending on their circumstances): attain economic security, independence and employment; further their education; secure housing, health and wellbeing.³¹ This must be seen as a core part of any strategy to reduce domestic and family and domestic violence in Western Australia; *not* as an item that can be added on should there be some resources leftover.

Recommendation 28

Increase investment in a range of affordable housing options, including safe, secure and supportive social and affordable housing.

Recommendation 29

Improve integration between the domestic and family violence response and the wider housing system to promote women's access to long term, safe, affordable, accessible and appropriate housing.

Recommendation 30

In recognition of the crucial importance of childhood experience in shaping the health of the individual, and ultimately, society, increase the availability of therapeutic interventions, counselling,

²⁸ For examples see: Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia: The ASPIRE Project: *State of knowledge paper*. Issue 12/2015: ANROWS.

²⁹ These and other examples can be found in: *Seeking help for domestic and family violence: Exploring regional, rural, and remote women's coping experiences: Key findings and future directions*. Authors: Sarah Wendt, Donna Chung, Alison Elder, Antonia Hendrick, and Angela Hartwig. Compass, Research to policy and practice, Issue 06 | September 2017.

³⁰ ABS 2016 'victims of crime' figures show WA with 5 years of continuous increase in the number of sexual assault victims.

³¹ According to several researchers, external resources (actual tangible forms of social support), including government, non-governmental organisations, communities and family play an essential role in fostering resilience. Thus resilience can and should be developed through intervening in systems (family, social, community, government). They all play an important role in developing positive outcomes. See, for example: Ungar M (2011) 'The social ecology of resilience: addressing contextual and cultural ambiguity of a nascent construct', in *American Journal of Orthopsychiatry*, 81, 1, 1–17.

early intervention and post-crisis programs for children and young people; and ensure capacity for undertaking evaluations of children's programs.

Recommendation 31

Specifically address the rights and needs of children and young people in specialist family and domestic violence service standards; and elevate the importance of, and responses to, children's needs and voices in perpetrator response work. There must also be initiatives implemented for WA's domestic and family violence system to support shared understandings of children's risks and needs, and shared frameworks for responding to these.

Recommendation 32

Clinical forensic medicine services must be provided in Western Australia for both medical support and evidential medical assessment for people affected by and perpetrators of domestic and family violence.

Recommendation 33

Resource ongoing training of WA Police to ensure consistent, evidence-based best practice across Western Australia.

Recommendation 34

Ensure police are largely responsible for applying for FVROs on behalf of victims. Restraining Order (RO) laws allow a police order to initiate a Family Violence Restraining Order (FVRO) court application (this makes WA Police responsible for running the application). The *Restraining Orders Act 1997* (WA) allows police to initiate restraining orders, however this is rarely done. There needs to be a clear policy regarding when police should initiate orders, and this could be included in the proposed WAPOL family and domestic violence policy (see above). There also needs to be a shift in police culture and increased resources in order for police to initiate orders more readily. It is crucial that any police initiated application is completed in a risk informed and victim centred way whereby it is not assumed that separation creates safety; and that it is only utilised where coercive controlling behaviour is present.³²

Recommendation 35

Give *full* effect to the recommendations arising from the Investigation into issues associated with violence restraining orders and their relationship with family and domestic violence fatalities.³³

Recommendation 36

The State Government, address the shortage of crisis accommodation and social and affordable housing options for women leaving family and domestic violence by looking at ways to increase new supply in partnership with the community sector.

Recommendation 37

The principles of Housing First are incorporated into the response to women leaving domestic and family violence.

Recommendation 38

That the State Government takes a leadership role to ensure longer term, sustainable funding for homelessness services

³²See Heather Nancarrow's 2016 PhD thesis: 'Legal Responses to Intimate Partner Violence: Gendered Aspirations and Racialised Realities'. School of Criminology and Criminal Justice. Arts, Education and Law. Griffith University. Queensland, Australia.

³³ Currently, there have been steps taken, or proposed to be taken.

Recommendation 39

That consideration is given to how crises accommodation services can accommodate family pets.

Recommendation 40

That this strategy informs and is aligned with the proposed State Homelessness Strategy and State Affordable Housing Strategy

Recommendation 41

That the proposed review of the *Residential Tenancies Act 1987* provides the opportunity to consider how this law reform can respond to family and domestic violence by encouraging more pet friendly homes in the private rental market

Recommendation 42

The State Government pilots a program similar to the one in South Australia, that seeks to trial removing perpetrators from the family home and into crisis accommodation.

Recommendation 43

Ensure viable and sustainable specialist women's services to support the safety, health, wellbeing and social connectedness of women affected by domestic, family and sexual violence.

Perpetrator accountability and behaviour change

Service systems must be capable of holding perpetrators accountable for the violence that they inflict on their partners and children and the profound harm and fear caused by their coercive and controlling behaviours (that usually continue after separation). According to No To Violence / Men's Referral Service,³⁴ perpetrator accountability systems are strongest when formal and informal accountability processes work together to form a web of accountability around perpetrators. Structures, services in the community, community networks, family members and friends must develop the skills to both support and advocate for victims, and scaffold/support perpetrators towards 'journeys of accountability' and nonviolence.

No To Violence / Men's Referral Service further argue that: Women and children, and the services which support them, perform a central role in the web of accountability. While they are not responsible for holding men accountable, they are not passive victims, and accountability is strongest when their existing efforts to hold men accountable are supported, and not undermined, by formal accountability measures.

Holding perpetrators accountable is also about building the capacity for the broader system to be enabled and resourced to meaningfully engage with perpetrators. This means resourcing specialist programs and training to build the capacity of the workforce to engage effectively with perpetrators about the harmful impacts of coercive control on women, children and other impacted family members.

It is also important to resource collaborative projects – lead by organisations with specialist knowledge and expertise – to target services that are frequently utilised by perpetrators of domestic and family violence, such as health, mental health and alcohol and other drug services. Penetrating the universalist service space should be seen as an essential strategy to build a whole-of-community

³⁴ Cited in: Rodney Vlasis, Sophie Ridley, Damian Green and Donna Chung Stopping Family Violence Inc. 2017. *Family and domestic violence: Issues paper of current and emerging trends, developments and expectations*. Stopping Family Violence Inc.

response to domestic and family violence in our communities. Peak bodies are keen to collaborate to progress work in this area and should be better supported.

To reiterate, the proposed areas of focus for the WA Family and Domestic Violence Strategy – prevention, victim safety, perpetrator accountability, and safe, accountable and collaborative service system – are not discrete areas. Thus primary prevention needs to be approached in relation to perpetrators. We need to prevent perpetrator behaviours by promoting, valuing and supporting the development of the behaviours that are conducive to healthy and respectful relationships and attitudes towards women, such that women are safer in their homes and on the street.

Clearly, the safety of women and children in the long-term depends on an ecological approach. This strongly suggests that we need to link the current stronger focus on the perpetrator with prevention and community engagement work that goes well beyond social marketing and public awareness-raising. NCAS findings show that young men need more support to overcome the social pressures that stop them from speaking up and challenging sexism. They also need more knowledge about consent and control and need the skills to have respectful relationships. Some of their beliefs are strongly linked to the factors that can lead to violence against women.³⁵

It needs to be made clear that primary prevention is a non-negotiable part of the Family and Domestic Violence Strategy because change lies with creating cultural, social and structural conditions that foster male behaviours and attitudes (and masculinities) that are respectful towards women. In the long term, this is where men's behaviour change lies. Strategically, we would do well to focus more attention here as the population based outcomes will be far greater and hence the impact on women and children's safety and wellbeing more meaningful and sustainable. This should, of course, be supported or facilitated 'upstream'. For example, we must promote social norms supportive of respectful relationships and initiate, for example, policies to increase the value of work done by women and to obtain equal pay for women. These policies would provide women with a social standing that would be more equal to that of men than is currently the case.

Men's Behaviour Change Programs change the behaviour of *some* groups of men – those who are willing to change. Evidence does not support the efficacy of court-ordered programs. Indeed, many men in this group fail to attend programs when court ordered, with little or no follow up, reinforcing a lack of accountability for their behaviour. Other mechanisms besides men's behaviour change programs must be in place if we are to hold men to account for their violence.

There is a risk in placing too much emphasis on men's behaviour change programs as a primary mechanism for holding perpetrators to account. The next phase of sustainable improvements to family violence in Western Australia require attention to be shifted to how perpetrator accountability can be achieved at a *systems* level as a mechanism for behaviour change; at a primary prevention level as a means of preventing perpetrator behaviours and actively promoting the behaviours that support a reduction in violence against women and their children; and at the early intervention level through agency coordination by *all* parts of the family violence system in holding men to account for their violent behaviour.

Having said this, improved regulation to bring about consistency in men's behaviour change programs is also desirable, ensuring that service providers meet minimum standards of program delivery

³⁵ Politoff, V., Crabbe, M., Honey, N., Mannix, S., Mickle, J., Morgan, J., Parkes, A., Powell, A., Stubbs, J., Ward, A., & Webster, K., (2019). *Young Australians' attitudes to violence against women and gender equality: Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS)* (ANROWS Insights, Issue 01/2019). Sydney: ANROWS.

Accreditation, in different shades of intensity and rigour, appears to be a feature of perpetrator program monitoring in many jurisdictions outside of Australia. Its absence in Western Australia communicates that referrers, systems agencies and consumers/clients should take it on good faith that they can trust all existing programs all of the time to meet or exceed relevant minimum standards. This is an unusual ask for such a complex health and human services matter.

Currently, sector silos limit the ability of services that more routinely engage with men, such as alcohol and other drug and mental health, to identify perpetrators and safely engage them around their use of violence and abuse. Men need to be engaged with more often and more consistently to encourage them to deal with the consequences of their choices to use domestic and family violence. This means improving the response of the whole system.

Perpetrator accountability is strengthened when each domestic and family violence systems agency – police, courts, corrections, child protection, family services, specialist non-government family violence agencies, health services (such as primary care, alcohol-and-other-drug, mental health), child contact centres and the like – have defined and transparent roles and responsibilities concerning strengthening the web of accountability around perpetrators. These roles and responsibilities define how each systems agency will work with each other towards a coordinated approach in strengthening webs of accountability.

Community consultations strongly indicate that it is far too difficult for perpetrators from particular geographical, cultural, identity or otherwise defined communities to access services that address their violent behaviour, and there are insufficient service adaptations to work with their particular circumstances. This often results in the unacceptable situation where perpetrators with complex needs (around mental health and alcohol and other drug use, for example) are referred to services without the capacity and expertise to manage these clients with a view to the safety of the women and children in their lives. This is a serious gap in our response to domestic and family violence which undermines our efforts to reduce it.

Recommendations

Recommendation 44

Deliver early engagement programs, specialist interventions and post program accountability mechanisms to ensure that all eyes are on the perpetrator and women are not responsible for managing their safety and the safety of their children and to ensure that their health/wellbeing/recovery is not continually being compromised.

Recommendation 45

Build the capability of all services that have contact with perpetrators to work with common objectives and principles and to reinforce each other's roles and responsibilities in keeping victims safe and holding perpetrators accountable (as per the 'web of accountability').

Recommendation 46

Improve the capability of AOD and mental health interventions and case management to reduce perpetrator risk, minimise collusion and to assist perpetrator capacity and willingness to benefit from later participation in a MBCP.³⁶

³⁶For more information on this see: Rodney Vlasis, Sophie Ridley, Damian Green and Donna Chung. Stopping Family Violence Inc. 2017. *Family and domestic violence: Issues paper of current and emerging trends, developments and expectations*. Stopping Family Violence Inc.

Recommendation 47

Ensure providers of Men's Behaviour Change Programs (MBCPs) in WA are accredited and audits are conducted by appropriately skilled assessors to ensure compliance with the Practice Standards in use in WA. In particular, this will help to ensure providers situate the partners of perpetrators and children at the centre of their work; and thereby allow women and children, and the services which support them, to perform a central role in the 'web of accountability'.³⁷

Recommendation 48

Improve the safety of women and children by ensuring perpetrator engagement within the court processes – for example, through the engagement of Respondent Workers as is done in other jurisdictions;³⁸ and the implementation of a program of risk assessment, support and supervision for perpetrators following court orders being served.

Recommendation 49

Improve cross-sector collaboration between statutory child protection, family law, and community-based services to better support women and their children and stronger accountability for perpetrators, based on evidence from *The Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services—the PATRICIA Project: Key findings and future direction*.

Safe, accountable and collaborative service system

System design and congruence

It is of crucial importance to approach strategic planning from a system-design perspective. This includes ensuring congruence between the key areas of focus in the strategy: prevention, victim safety, perpetrator accountability and service system. These areas of focus are completely and utterly involved with one another. Thus a system-design perspective understands that due to the congruency of the identified focus areas each area must have the same rigorous and resourced investment if we are to see a reduction in population-based outcomes (that is, a reduction in violence against women and their children).

Governance

Well thought out governance mechanisms are necessary to provide a broad and long-term perspective; give legitimacy and voice to survivors of domestic and family violence; give clear direction to all stakeholders across where they live, work, learn and play; ensure that the system is responsive to stakeholders; promote the efficient and effective use of resources; and to ensure accountability and transparency. Sound governance is necessary if integrated systems that promote the long term safety and wellbeing of women and their children are to be realised.

Looking through the lens of traditional government governance approaches – discrete ministerial and departmental portfolios tackling discrete problems – is a significant barrier to a whole-of-government,

³⁷St Rodney Vlasis, Sophie Ridley, Damian Green and Donna Chung Stopping Family Violence Inc. 2017. *Family and domestic violence: Issues paper of current and emerging trends, developments and expectations*. Stopping Family Violence Inc.

³⁸These workers attempt to contact the perpetrator, follow up, gather and share information about him and can also explain the order and deal with any "excuses" for future breaches. The idea is well evidenced and works well especially in terms of the aim of keeping the perpetrator in view. Our current system is based on the idea that the perpetrators needs will be addressed by a MBCP but we know that only a tiny proportion will end up in those programs and the rest get away with very little engagement and therefore accountability. Respondent Workers would also be responsible for monitoring compliance with court orders to attend MBCPs.

whole-of-community response. A genuine whole of government approach is critical – both at a state-wide level, where vision, policy and budgets are decided, as well as at regional and local levels.

Shared leadership, responsibility and collaboration at every level is needed – from ministerial leadership across portfolios, to shared and complementary risk assessment and management practice amongst frontline workers who come into contact with women and children experiencing family and domestic violence and the perpetrators of that violence. Focusing on specific services or programs without regard for their implications for, or role in, the wider system will not reduce violence against women and children.

The governance structures for a fully effective and integrated family and domestic violence system must also be informed by the voices and experiences of victims/survivors of family and domestic violence and specialist domestic and family violence knowledge and practice. Also, the voices and experiences of victims of domestic and family violence must directly inform service planning and performance evaluation to ensure that the system is designed to suit the needs of the people and families they are intended to support.

The role of specialist domestic and family violence expertise is necessary in the wider system and governance structures. The specialist sector must maintain a critical watch over the system, to monitor its gaps, themes and challenges, and to push for continuous improvement. Specialist knowledge is critical to reducing violence against women and their children. A whole-of-community and whole-of-government response does not mean a dilution of this expertise. This expertise is the holder of the rigorous evidence that can then be taken up in practice in various settings in appropriate and effective ways. Specialist expertise must be engaged to ensure that the mediums and the language used to foster change do not inadvertently undermine long-term efforts to see population-based changes and a significant reduction in violence against women and their children.

Data, monitoring and evaluation

Effective data, monitoring and evaluation supports a safe and accountable service system. Responses to and prevention of domestic and family violence must be evidence based, monitored or evaluated. Accurate, relevant and timely data collection is necessary to: assess the extent of family and domestic violence in the community; measure the system's response to family and domestic violence; evaluate whether programs and services are making meaningful progress towards population-based outcomes and to inform research and funding priorities.

Furthermore, if we are to better understand how an individual comes into contact, and interacts with and across services in Western Australia then we need the same identifiers across the datasets to determine whether individuals are held in common across the datasets. Currently it is difficult to track an individual's 'journey' through the system. Children have a distinct experience and distinct needs thus data collection must also be inclusive of child-specific information.

Data collected by different organisations and sectors is often incommensurable. This limits capacity to aggregate data and measure our overall progress towards family and domestic violence-related outcomes. Consequently, outcome measurement and accountability for outcomes are underdeveloped. Safe and healthy futures for women and children rests on government being held jointly accountable with providers for the achievement of outcomes (or social impacts), and the linking of funding to the

achievement of those outcomes. We need both good definitions of those outcomes and good data sources to measure progress.

Importantly, ensuring greater and more accurate data collection and initiatives has the potential to enhance the inclusiveness, capability and effectiveness of the system which supports victims and intervenes with perpetrators. Currently, for example, there is a lack of systematic data collection on family and domestic violence against people with disabilities. Consequently, reliable and consistent data on this issue is not available.

Evaluation helps to answer critical questions, such as whether and why a program or approach is producing the intended (and any unintended) outcomes; whether there are better ways of achieving intended outcomes; whether the program might work in other settings; and so on. Thus an evaluation component should be built into funded programs from the beginning. Funding also needs to include a component for evaluation so a credible evaluation can be done. High quality evaluations are the evidence base required by governments to draw upon when making resource allocation.

Further to the need for evaluations of particular programs, is the need for wider evaluations of the system and its parts. A lack of system-wide data impacts on the capacity to plan and identify priorities. Limited linkage between data sets, and inconsistent practices and definitions in collecting data, inhibit a holistic evaluation of the domestic and family violence problem. Currently, in WA we are not capturing sufficient information to make assessments and guide planning and decision making. Also, current procurement methodologies support a siloed, short term approach that pitches organisations against each other rather than encouraging open sharing of information, knowledge and expertise and meaningful collaboration.

Effective integration and coordination ‘on the ground’ relies on good information flow between agencies of an integrated domestic and family violence system. This helps agencies to gain a holistic view of the domestic and family violence circumstances of those presenting to them, and supports agencies in delivering appropriate domestic and family violence responses. The underlying premise here is that no single agency can see the sum total of an individual’s domestic and family violence situation, but that agencies working together can share information, contribute to a bigger picture, and maximise their domestic and family violence response.

Increases in service demand and police referrals currently being experienced are likely to continue for some time. We note that an over-stretched domestic and family violence service system without adequate resourcing is a recipe for poor integration and coordination, since it will always have difficulties undertaking the degree of sustained collaborative and partnership work required of effective integration and coordination. Thus we add that integration and co-ordination should be reflected in funding models and service delivery targets.

Finally, being safety orientated and risk informed cannot just be the responsibility of crisis domestic and family violence services. Many women and children do not access domestic and family violence services. It is crucial that highly accessed services such as health services, mental health services and alcohol and other drug services can work safely with clients, and the families of clients, that are choosing not to engage with domestic and family violence services. Capacity to do this is a high order safety issue.

The intersectionality of domestic and family violence, health, mental health and alcohol and other drug use is common, such that it must be effectively managed in the interest of clients/patients and family outcomes. We continue to put women and children at risk in Western Australia so long as we allow domestic and family violence to be ‘parked’ by mental health, AOD and other universal services or treated as a matter or an issue that can be referred to another service while they focus on the mental health or alcohol and other drug use. Service providers need to be able to safely and appropriately manage the domestic and family violence if they are continuing to work with the client to address their mental health concerns or alcohol and other drug issues.

It is crucial that the State Government develop protocols and processes that strengthen communication, collaboration and accountability across Departments and Ministerial portfolios. This should start with strategic collaboration across the Family and Domestic Violence Strategy, the Ten Year Women’s Plan and the Women’s Health and Wellbeing Policy.

Concluding remarks

The Safe Systems Coalition specifically emphasises the need for fundamental social change to remove the cultural supports of violence against women. Addressing gender inequality and raising the status of women is essential. A systems-wide approach addressing the ‘cultural facilitators’ of violence against women is needed to ensure that legal, medical and social responses serve to expand the options available to women experiencing violence, and to limit the opportunities currently afforded to perpetrators to use violence with impunity.

Efforts to reduce violence against women and their children need to be based on the ‘depowerment’ principle where the dominant group makes the changes and the less powerful group benefits. This requires firm accountability mechanisms and ongoing vigilance by all parties.

Domestic and family violence is both *a social construct* and a (painfully) lived experience. Domestic and family violence can be viewed as an extension of rigid gender roles that are socially constructed and involve the sets of traditions, habits and beliefs which permit some men to assume dominance and control over women, and thus, to assume the right to use violence (or the threat of violence) as a means of exercising that control.

Domestic and family violence is about gender and power. The use of violence is an abuse of power combined with opportunity. In the light of the gender imbalance in rates and patterns of domestic and family violence reported locally and globally, we therefore need to ask how power is so unequally divided between men and women, and what facilitates the opportunities for and actively encourages the abuse of that power.³⁹

Recommendations

Recommendation 50

Resource an independent, Consumer Advisory Group of women with a lived experience of family and domestic violence to identify priority issues and/or contribute to legislative reform and policy and service responses.

³⁹ Based on principles outlined in: Gridley, H. & Turner, C. (2010). Gender, Power and Community Psychology, In G. Nelson, & I. Prilleltensky (Eds.), *Community Psychology: In Pursuit of Liberation and Well Being (2nd ed.)*, Ch.18, pp.389–406. Basingstoke, UK: Palgrave MacMillan.

Recommendation 51

Through Funding and Service Agreements, prescribe adherence to minimum standards of practice and build in sustainable levels of specialist expertise in responding to family and domestic violence, as well as clear and specific requirement for systems wide collaboration.⁴⁰

Recommendation 52

Create a framework that enables effective information sharing about the perpetrator and risk assessment across government agencies to ensure that all forms of risk assessment are: timely; used consistently and effectively in combination with skilled professional judgement; well informed by relevant information about the perpetrator; and able to trigger an appropriate set of coordinated (and available) interventions.⁴¹

Recommendation 53

Improve domestic and family violence data collection and research; adopt shared data definitions; and improve measurement, monitoring and evaluation capacity. An important aspect of this is the creation of a central database accessible by WAPOL, law courts, and the Departments of Health and Communities; which will record the perpetrator's name, all allegations of family and domestic violence, and action taken upon them, so that agencies are fully informed of where other agencies are up to in dealing with any given allegation against any perpetrator). This will require amendments to legislation.

Recommendation 54

Develop an overarching state-wide health department policy and response (including resources) to family and domestic violence as a public health issue.

Recommendation 56

Ensure that governance has a focus on children to facilitate long-term integration/collaboration between the family and domestic violence and child protection sectors (and across other sectors such as health, social support and education) to improve the outcomes of children.⁴² To improve safety and well-being for Aboriginal children, this must be in collaboration with local Aboriginal communities.

Recommendation 57

Ensure that relevant peak bodies have the capacity and resources to support the capacity building of specialist domestic and family violence services and the universalist workforce; to meaningfully participate in delivering a fully effective and integrated family and domestic violence system; and to use their skills and knowledge to prevent domestic and family violence where we live, work, learn and play.

Recommendation 58

Resource sustained workforce development in health, mental health, AOD and other associated services to equip them to safely identify, assess and manage risk; and to respond and refer appropriately.

⁴⁰ Currently, smaller NFPs lack the resources needed to action this.

⁴¹ This is *not* an issue with existing the WA Common Risk Assessment and Risk Management Framework but, rather, their consistent use in combination with skilled professional judgement and that: 'the assessment triggers an appropriate set of coordinated interventions. If either the risk assessment tools are not used effectively or the required interventions are not available, then the risk assessment is not really of any help in ensuring women and children's safety.' Royal Commission into Family Violence: Witness Statement (WIT.0049.001.0001) of Professor Donna Chung.

⁴² See, for example, Healey, L., & Humphreys, C. (2013). Governance and interagency responses: Improving practice for regional governance. A continuum matrix (Topic Paper No. 21). Sydney: Australian Domestic & Family Violence Clearinghouse.

Recommendation 59

Implement standardised and mandatory screening in hospital-based/public health settings along with training to facilitate competent responses to disclosures.