Public Health Association of Australia
submission on Family Violence Reform
Rolling Action Plan 2020-23

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The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia. The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of our Board, National Office, State and Territory Branches, Special Interest Groups and members.

We believe that health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

Our mission as the leading national organisation for public health representation, policy and advocacy, is to promote better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health. Members of the Association are committed to better health outcomes based on these principles.

Our vision is for a healthy population, a healthy nation and a healthy world, with all people living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health and wellbeing for all.

The reduction of social and health inequities should be an over-arching goal of national policy, and should be recognised as a key measure of our progress as a society. Public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.
PHAA welcomes the opportunity to provide input to the Family Violence Reform Rolling Action Plan 2020-2023.

The Victorian Royal Commission into Family Violence reported that intimate partner violence is the leading contributor to the preventable death, disability and illness burden in women aged 15 to 45 years. Family violence is prevalent across all cultures, ethnicities, language groups and socio-economic classes, however the ability of victims to access appropriate support services and the burden of illness and disability related to family violence is inequitably spread throughout the community. People with disabilities are disproportionately affected by family violence, and often face additional barriers to becoming safe.1 Culturally and linguistically diverse people in Victoria experience heightened vulnerability to family violence, and face numerous challenges in accessing services and support.2 The impact of family violence in Aboriginal communities rests upon the intergenerational trauma from dispossession of land and identity, the breaking down of language and culture, and the fracturing of families and communities.3 Women and families who have tenuous residency or visa statuses are vulnerable to specific forms of Family Violence, and face additional barriers to accessing services.4 A tendency to focusing on heterosexual intimate partner violence renders the experience of many LGBTIQ people in our community invisible to family violence services.5 Australian data suggest that women living in regional, rural and remote areas are more likely to have been affected by family violence than those living in metropolitan areas.6 Geographical and social structures in communities outside of metropolitan centres result in specific experiences of family violence, and also affect responses to family violence and the ability of victims to seek help and access services.6

An understanding of the lives at the intersections of various communities and identities is vital to a meaningful effort to tackle the burden of family violence in its manifold manifestations.

PHAA has long held that gender and family-based violence must be reduced through co-ordinated, multi-sector whole of Government action involving primary, secondary and tertiary prevention strategies. Primary prevention addresses the determinants of family violence, including gender inequality and adherence to harmful gender stereotypes. Primary prevention must be enshrined in all government and community agencies. Secondary prevention focuses on early intervention. Tertiary prevention involves working with victims and perpetrators. Strategies at each of these levels must be evidence-based – and thus we need a vastly expanded commitment to the academic investigation of the experience of family violence in different cultural, linguistic, geographical and socio-economic contexts. Legislative, community and cultural systems all require strengthening to respond effectively to family and gender-based violence. The PHAA supports a human rights approach in Australia as enshrined in international law.

The public health crisis posed by family violence has been escalated by the social and economic precariousness consequent to the COVID-19 pandemic, and also by the domestic isolation required to curb disease spread. In this time a heightened focus on media on family violence has encouraged more public discourse on the enablers and barriers to accessing support for those affected by family violence. The adaptation of many public institutions to remote service provision might well provide the impetus for sustained expanded access to services for many. Hopefully the COVID-19 crisis has brought to light the importance of using multiple models, languages and platforms to communicate with people who are always isolated from mainstream society.

The PHAA endorses the identification of key activities to address gender inequality and other forms of discrimination as part of the Rolling Action Plan (RAP) – and would encourage the identification of specific measurable outcomes to ensuring equity for more vulnerable members of our community.
PHAA Response to the Family Violence Reform Rolling Action Plan 2020-2023

The numbering below corresponds with the consultation questions, and not all questions have been responded to, hence the numbers are not sequential.

Courts

2. Do you agree with the following statement: “The proposed activities and milestones are a fair summary of the priority deliverables for Courts over the next three years”? If not, why not?

Agree.

It is imperative that successful elements of the Specialist Family Violence Courts (SFVC) model be made as accessible as possible to all Victorians, regardless of their postcode or their language needs. The proposed RAP should have more specific and measurable targets relating to the enabling of access to SFVC initiatives at all court locations in Victoria – whether in-person or remotely.

4. In your view, have the three reform principles (Aboriginal self-determination, intersectionality and lived experience) been adequately addressed in the Courts material? If not, why not?

Victorians from culturally and linguistically diverse communities have long faced challenges in accessing the justice system – relating both to negotiating the court system and understanding legal issues as they are approached within the Victorian legal framework.7 Victorians who speak languages other than English, who may struggle to recognise their struggles as legal problems, and who have low levels of awareness of avenues for dispute resolution (such as judicial processes) need targeted supports.

The lived experience of victims of family violence in non-metropolitan parts of Victoria must also be explicitly addressed in the RAP. The unique geographic and social structures of rural and regional Victorian communities demands particular attention to the challenges to privacy and safety faced when seeking support from family violence issues in non-metropolitan courts.8

Dhelk Dja: Safe Our Way

5. Do you have any other insights about Dhelk Dja: Safe Our Way you wish to share?

PHAA celebrates support of community-driven, trauma informed approaches to family violence that prioritises cultural healing and restores strength, dignity and self-determination for Aboriginal families and communities. First Nations community groups have long advocated for programs tackling Family Violence in their communities to be guided by an holistic approach to addressing issues of intergenerational trauma and loss of identity. Sincere recognition of the importance of primary prevention in response to Family Violence mandates a whole-of-government commitment to tackling the drivers of inequitable experience among First Nations members of our communities. This includes recognition of Aboriginal sovereignty and proactive anti-racist work across all government agencies.
Legal Assistance

4. In your view, have the three reform principles (Aboriginal self-determination, intersectionality and lived experience) been adequately addressed in the Legal Assistance material? If not, why not?

PHAA endorses specific focus on Aboriginal Justice with the expansion of Djirra’s legal service. We would also encourage the provision of increased resources for community legal centres with strong ties to culturally and linguistically diverse communities to provide best-practice support to individuals affected by family violence.

MARAM and Information Sharing

4. In your view, have the three reform principles (Aboriginal self-determination, intersectionality and lived experience) been adequately addressed in the MARAM and Information Sharing material? If not, why not?

It is notable that the material relating to accredited MARAM training makes reference to the importance of intersectional analysis. To ensure the breadth and diversity of experience of family violence faced by Victorians are encompassed in this intersectional analysis, there should be a clearly defined and transparent pathway to ensuring that affected communities have their issues and lenses recognised. The curriculum of any MARAM training should have input from a people with lived experience and representatives from a range of communities, and should be responsive to new evidence as it emerges. Training should be both reflective of a diversity of needs and accessible to a breadth of training recipients – and thus translated into a range of languages and communication formats.

5. Do you have any other insights about MARAM and Information Sharing you wish to share?

It is imperative that Multi-Agency Responses not be confined to Victorian Agencies only – particularly with regard to women and families who have uncertain immigration statuses and who might need liaison with Federally administered immigration services. Women and families who are on student visas, visitor/holiday visas, or spousal/partner visas are particularly vulnerable to specific forms of family violence such as financial and emotional abuse/neglect, yet are likely to be excluded from many of the mainstream public health and mental health services. The MARAM framework needs to be sufficiently adaptive to ensure that no person falls through the cracks of its networks as a consequence of restricted access to public services.

Perpetrators and people who use violence

4. In your view, have the three reform principles (Aboriginal self-determination, intersectionality and lived experience) been adequately addressed in the Perpetrators and people who use violence material? If not, why not?

Just as victims of family violence come from a range of cultural backgrounds, so too do perpetrators and people who use violence. Programs to reach perpetrators and people who use violence need to be informed by the cultural and linguistic needs of the groups they intend to reach, and to be adaptive to a range of formats and environments for delivery.

5. Do you have any other insights about Perpetrators and people who use violence you wish to share?

Action regarding perpetrators and people who use violence must be informed by a preventative approach, with work to identify and minimise barriers to service access for those who are vulnerable to become perpetrators or people who use violence. The drivers of family violence are varied – and thus a
comprehensive approach to minimising the risk of perpetration needs to encompass early access to mental health support and trauma-informed counselling, action to target socio-economic inequity and the fostering of inclusive and responsive communities.

Minimising recidivism is imperative, and the response to those with established perpetrating behaviour need to address the underlying drivers of offending behaviour. We need evidence-based responses to the perpetration of family violence to inform a more nuanced justice-systems response that will keep the community safe.

**Primary Prevention**

5. **Do you have any other insights about Primary Prevention you wish to share?**

The causes of family violence include a complex web of cultural, social and economic factors. A significant underlying factor is the unequal distribution of power and resources between men and women. Primary prevention of family violence must thus include a whole-of-government commitment to improving women’s economic participation and independence. An understanding of gender equity within a human rights framework should be nurtured across a range of cultural values systems, to ensure that all Victorians are part of the solution to family violence.

We cannot hope to meet the diverse needs of the community without representing the breadth of cultural, linguistic and socio-economic experience of Victorians in our leadership. Primary prevention requires strengthening our communities to ensure that the wellbeing of all Victorians is accounted for. While this work happens from the ground up – often mechanised by local community groups and informal networks – it must be reflected by the representation of diversity in decision-making and leadership positions.

Just as our government institutions must model the equitable and inclusive communities in which we aspire to live, our cultural icons must also represent the kinds of relationships we want Victorians to experience. The cultural, media and sporting landscapes must be subject to scrutiny that ensures those who demonstrate harmful views or behaviours are held accountable.

**Research and Evaluation**

4. **In your view, have the three reform principles (Aboriginal self-determination, intersectionality and lived experience) been adequately addressed in the Research and Evaluation material? If not, why not?**

There are vast holes in our understanding of family violence, limiting our ability to inform successful interventions. It is well established that under reporting and barriers to disclosure among culturally and linguistically diverse communities in Victoria impedes development of an evidence-base relating to these groups. Similarly, the Royal Commission on Family Violence noted the limited statistical data regarding the experience of LGBTIQ communities – and therefore a paucity of evidence to guide the design of programs in response to issues affecting individuals and families whose experiences lie outside heteronormativity.

Ongoing research and evaluation are critical to successfully understanding and tackling family violence in Victoria, and must be pursued with a sincere commitment to identify and explore family violence in all of its forms. Research and evaluation must thus be rigorously critiqued to ensure representation and accountability for bias. A diversity of methods must be employed to enable the contribution of a variety of Victorians to our understanding of family violence.
5. Do you have any other insights about Research and Evaluation you wish to share?

PHAA recognises the ongoing work of many public health and research institutions in Victoria and further afield who have a longstanding interest in developing and understanding of and devising responses to family violence. PHAA would encourage the Victorian Government to collaborate with and actively support institutions with expertise in family violence, such as university departments, community health groups, Aboriginal Legal Services and multicultural community groups.

Research and evaluation efforts as part of the RAP should be made publicly available in a range of easy-to-understand formats, and should invite community feedback at regular intervals to ensure that the needs of the community are being met.

The Orange Door

2. Do you agree with the following statement: “The proposed activities and milestones are a fair summary of the priority deliverables for The Orange Door over the next three years”? If not, why not?

Agree.

The proposed activities and milestones should include reference to an inbuilt expectation that each location where The Orange Door is operating is subject to a targeted needs-assessment to inform the specific requirements of the community likely to be accessing the service in that area. Service enhancements for each location are likely to differ – for example by linking in with transport services in one location, and engagement with prominent community health services that already exist in others.

4. In your view, have the three reform principles (Aboriginal self-determination, intersectionality and lived experience) been adequately addressed in the The Orange Door material? If not, why not?

PHAA notes reference to “Enhanced Accessibility”, a “Client Partnership Strategy” and “Two evaluations” of The Orange Door. We stress the importance of reviewing and evaluating the barriers and enablers of access to The Orange Door service including service users’ ability to recognise and attend The Orange Door facilities, to access written and other information in a language or format, and to engage with interpreters or other support staff who are able to facilitate communication.

5. Do you have any other insights about The Orange Door you wish to share?

Critical to the success of The Orange Door intervention will be its rollout in regional and rural parts of Victoria. The scale at which the intervention is expanded might well be guided by needs-assessments regarding which communities are currently most lacking in services to support individuals and families experiencing family violence.

Workforce Development

3. Does the Workforce Development information adequately reflect the impacts and innovations of coronavirus (COVID-19) on family violence response and reform delivery for this priority? If not, why not?

A study by Women’s Safety NSW and the Foundation for Alcohol Research and Education in May 2020 found that nearly half of family and domestic violence services in NSW recorded an increase in their caseloads since the COVID-19 restrictions began, including both new clients and increased demand from existing clients.11
It is likely that increases of at least this size in the workloads of Victorian services have been experienced, particularly since the second wave of COVID cases.

5. Do you have any other insights about Workforce Development you wish to share?

PHAA celebrates the principles of the Everybody Matters: Inclusion and Equity statement and its translation into the strategic approach to building a workforce with the capacity to respond to family violence. PHAA urges that the principles of inclusion and equity are not confined to numeric representation of a variety of lived experiences, but also used to empower a diversity of community members to assume leadership and spokesperson roles in community and government agencies.

RAP Priorities

3. Does the information provided adequately reflect the impacts and innovations of coronavirus (COVID-19) on family violence response and reform delivery for this priority? If not, why not?

During the COVID-19 crisis Victoria’s chief health office has recognised that the Government did not properly engage with linguistically diverse communities about COVID-19 – stating “there are some migrant communities, recent migrants or culturally and linguistically diverse communities, who are overrepresented now with some of our new cases […]. It’s our obligation as government to reach those people. It’s not their fault if we’re not going in with appropriate engagement”. PHAA stresses that this exclusion of culturally and linguistically diverse communities from public health messaging and intervention is not unique to the COVID-19 pandemic. It is well established that many in the community with low literacy levels struggle or are unable to read the English-medium public health communications of official public health information. The provision of information in languages other than English is often left to local councils.

PHAA stresses that the recognition of the diverse communication needs of Victorians brought to light by the COVID-19 pandemic presents an opportunity for the Victorian Government to innovate measures to ensure that public health messaging moving forward reaches all Victorians. The first step in this process would be a commitment to collecting and analysing data regarding the reach and engagement with family violence related information and services, with a view to identifying gaps in the audience. Engagement with and support of organisations who have existing relationships with communities with diverse communication needs will enable insights into the effective translation of public health messages into different mediums. The practice of planning for, evaluating and revising the dissemination of communications to a broad audience should be distilled in best-practice guidelines that are integrated as minimum requirements for all government agencies.

4. In your view, have the three reform principles (Aboriginal self-determination, intersectionality and lived experience) been adequately addressed for the priority areas? If not, why not?

PHAA would encourage the translation of the three reform principles into specific, measurable outcomes to which the Victorian Government can be held accountable. The consideration of Aboriginal self-determination, inter-secionality and lived experience must be embedded in all levels of government from the initiation of inquiry and response design, not post-hoc tick boxes. This might include targets to ensure identification of the community needs of specific groups, or representation of lived experience in decision-making roles of agencies tasked with actioning of the RAP2.
6. When you think about the family violence reform as a whole do you have any additional comments or feedback you would like to share?

A public health response to the disease and disability associated with family violence in Victoria requires a systems-based response that recognises primary, secondary and tertiary prevention activities. PHAA would encourage the prioritisation of responses according to this framework. While often the most challenging element of any public health intervention, primary prevention activities, including research and evaluation, must be front-of-mind for all levels of government and all agencies tasked with responding to family violence. Much of the focus on RAP2 appears to be on secondary prevention initiatives, ensuring the expansion and improvement of early intervention programs. As our understanding of the breadth of implications of adverse early childhood experiences on life-course development expands, the importance of working with victims and perpetrators of family violence becomes more apparent. It is imperative that tertiary prevention services be well equipped to minimise the transmission of family-based trauma from generation to generation.

Conclusion

PHAA supports the broad directions of the RAP2. However, we are keen to ensure that responses to family violence in Victoria are guided by a deep commitment to equity and inclusion, leaving no Victorian family behind. We are particularly keen that the following points are highlighted:

- Tackling the root causes of family violence including gender and socio-economic inequity requires a whole-of-government commitment to modelling and representing respect and equity in leadership and decision-making roles. Specific and measurable targets should be defined to enable the community to hold the Victorian Government accountable to this commitment.
- Family violence agencies must work with public health agencies to ensure that methods of research and evaluation are inclusive of a diversity of experiences, and that initiatives are designed reach their intended audiences.
- There are important lessons to be learnt from the COVID-19 crisis regarding the need for public services to be translated into modes that are more accessible to a geographically, culturally and linguistically dispersed community. Inclusivity and accessibility should be represented by publicly reported transparent metrics.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to improved prevention of family violence in Victoria.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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References