

Submission by the Australian Psychological Society to the Royal Commission Into Family Violence (Victoria)

Australian Psychological Society

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The Australian Psychological Society (APS) welcomes the opportunity to make a submission to the Royal Commission into Family Violence (Victoria). The APS is well placed to contribute to this consultation by identifying psychological research and best practice as it relates to family violence, particularly in ensuring the protection of victims from further harm.

Domestic or family violence is one of the most significant health and human rights issues in our community, and often remains an invisible or hidden crime. The negative impact of violence on the health and wellbeing of individuals, groups and communities is of great concern to the APS.

Psychologists often work as researchers and/or service providers with individuals and groups who experience or use violence, seeking to both prevent violent behaviour and address its impacts. This submission has been informed by consultation with APS members currently conducting research or working within the Victorian family violence system.

Executive Summary

The APS welcomes the Royal Commission into Family Violence, and hopes that as a result, policy and programs are strengthened to prevent violence and to ensure the safety of victims of family violence (predominantly women and children).

Family violence typically consists of behaviours which are intended by the perpetrator to control the actions of the victim, including their resistance to the violence, and results in varying degrees of fear and intimidation. Another aspect of this control is isolating the victim from potential sources of psychosocial support, both informal from friends and family and formal victim services.

Violence has a significant impact on the mental health and wellbeing of victims (predominantly women and children). Violence against women is a major cause of reduced quality of life among women and children, and of distress, injury and death for women, and has serious secondary effects for families, communities, and the economy. Violence leads to a high prevalence of acute and chronic mental and physical health consequences, and being assaulted by or witnessing assaults toward family members in childhood or adolescence increases the likelihood of mental health problems, substance abuse, and involvement in abusive relationships for both women and men (APA, 1999).

Addressing violence is not a private matter but a community responsibility. Past approaches that see violence against women as an individual or a relationship problem will lead to practices that are ineffective, victim-blaming and unsafe. Comprehensive policy and practice responses to violence need to avoid gender blind conceptualisations (e.g., 'the violent couple', 'family conflict'), directly confront the violence as a central issue, encourage perpetrators to take responsibility for their use of violence, avoid blaming victims, and limit perpetrators' scope for abuse of power. This requires a whole-of-government approach to enforce legal sanctions and expand victims' options in housing, income support, job opportunities, legal redress, crime compensation and parenting support.

The APS acknowledges the positive developments that have taken place to prevent and respond to family violence in Victoria. These reforms include increasing awareness and reporting of family violence, increasing safety for victims of family violence (through improved police response and intervention order systems) and prevention programs (such as bystander intervention and respectful relationship education).

These reforms, which have resulted in increased referrals and service access, coupled with recent funding cuts however, have meant that the family violence response system does not have the capacity to meet demands. Services need to be more accessible for those experience family violence, and be integrated with other areas of service delivery such as mental health, alcohol and other drug, and child protection services. Urgent funding across the system is required for this to be achieved.

Support for perpetrators of family violence to change abusive and controlling behaviours is required, but longer term funding and research should be undertaken to ascertain the evidence for behaviour change or 'anger management' programs. The APS recommends that where alcohol, drugs, mental illness and stress play a role, interventions directed at these factors are provided within a context that takes full account of the risks to safety of potential victims.

Broader education and training across all sectors is important, including family court professionals, maternal child and health nurses, psychologists, doctors and all other members of the legal profession. Integration and coordination of services across these systems is also essential for supporting the safety and options for women and children who are experiencing family violence.

The APS specifically emphasises the need for fundamental social change to remove the cultural and material supports of violence against women. Violence is both a socially constructed and a (painfully) lived experience – family violence can be viewed as an extension of rigid gender roles that involve the sets of practices, traditions, habits and beliefs which permit or even encourage some men to assume dominance and control over women, and thus, to assume the right to use violence as a means of exercising that control. It is essential that new models of masculinity are encouraged that genuinely treat women as equals in public and private life. Addressing gender inequality and raising the status of women are also essential, in terms of working towards a more equal distribution of resources and power between men and women in Australian society.

RESPONDING TO THE INQUIRY

Question Two

The Royal Commission wants to hear about the extent to which recent reforms and developments have improved responses to family violence, and where they need to be expanded or altered.

Victoria has been recognised nationally and internationally as a leader due to the work informed by the VicHealth (Preventing Violence Against Women framework), improved system level responses involving governments, non-government

organisations, Victoria Police and the Magistrates Courts of Victoria working together, and strong leadership from successive Chief Commissioners of Police.

These reforms have resulted in dramatic increases in reporting of family violence, which in terms of reforms are considered a success but have placed significant burden on all parts of the family violence response system. Coupled with recent funding cuts, the APS understands that agencies are being forced to direct the majority of their resources to responses at the intake and crisis point of service delivery, leaving them unable to provide clients with more holistic or long term support and without adequate attention to prevention. This can affect the quality of outcomes for clients, leaving them unable to access the level of support they need to gain independence and in some situations of family violence this can mean that women and children's lives are at significant risk (Domestic Violence Victoria, 2014).

While these developments are positive, there is an insufficient safety net for women to be confident they will receive the support they need (e.g., with member experience suggesting that women are routinely turned away from refuges due to lack of capacity, calls to crisis lines going unanswered and men's behaviour change programs closing down because of funding difficulties even though demand is at an all-time high). Systematic data collection is needed on the current situation including how long victims have to wait to have their calls answered and how satisfactory they find these services in terms of getting meaningful assistance.

The APS recommends that both the Australian and Victorian Governments direct more funding to services where demand exceeds capacity – especially in the justice and community service systems. Investment is also needed in prevention and interventions that will ease the burden of increased demand on the rest of the system and reduce the inefficiencies created in the 'revolving door'; that is, women and children returning to the service system due to inadequate supports the first time round. Emergency help lines must also be adequately resourced so that callers whose lives may be in danger are attended to straight away.

Question Three

Which of the reforms to the family violence system introduced in the last ten years do you consider most effective? Why? How could they be improved?

APS members who have been involved in a range of ways with the recent reforms have identified the following as specific promising developments.

The police response has improved. There are more charges being laid and it is police who now take out most IVOs, rather than victims, which indicates a more serious attempt to treat family violence as a crime. The Intervention Order system has improved as breaches are taken more seriously, although much more needs to be done to protect women (e.g., GPS ankle bracelets on dangerous men). Removing offenders from the family home instead of victims has also been a very positive development.

The spread of community programs has improved, although all are vastly under-funded. Some workers operate in very dangerous circumstances (e.g., late at night in isolated community centres).

IMPROVING OUR RESPONSE TO FAMILY VIOLENCE

Reducing/preventing family violence

Question Six

What circumstances, conditions, situations or events, within relationships, families, institutions and whole communities, are associated with the occurrence or persistence of family violence?

Inequality (the unequal distribution of resources and power) in society between men and women underpins violence-promoting attitudes and behaviours against women. Australia has large disparities between men and women in areas such as income (and the gap is widening, rather than narrowing); ownership of and access to assets, including superannuation; positions of leadership, status and authority, including in governments, companies and most other sectors and fields, including those that are female-dominated in terms of numbers; recognition for contributions (as reflected in the gender disparity in national awards); and the undertaking of caring for children and others needing care (women undertake significantly more of these types of tasks, whichever way it is examined and regardless of time spent in paid employment). This situation underpins attitudes which generally attribute greater respect and status to men and less to women, as well as gender stereotypes and more rigid gender roles. There is ample evidence that endorsing traditional gender norms may encourage the perpetration of violence against women (Allen & Javdani, in press).

Such attitudes underpin men's and women's perceptions of entitlement, worth and options, and these perceptions in turn underpin violent and other controlling or belittling behaviours by men towards women. Growing boys and girls, and then men and women, look around and see that the leaders, those who make more money, those who get to make large decisions, those who are paid more, those who are promoted more frequently and to higher levels, and those who do a significantly smaller amount of housework and caring for children and other family members are far more frequently men than women. Not surprisingly, this gendered inequitable pattern of distribution of resources shapes understandings of people's value and power, social and interpersonal attitudes, and ultimately behaviours.

Cultures that demonstrate higher rates of violence against women are those that:

- excuse, promote or justify violence as a legitimate means of solving disputes
- normalise gender inequality, and
- adhere to rigid gender roles, stereotypes and expectations.

There is no doubt that growing up with domestic violence, either as a witness or as a child experiencing violence, is a significant predictor of future problems. The single biggest predictor for becoming a perpetrator is being a male who has grown up with violence. Psychologists in counselling practices see many men whose lives are blighted by these experiences. Girls growing up with violence are more likely to become victims. Men and women in the prison population have an enormously high incidence of growing up with violence at home.

Other factors, such as alcohol and drugs, mental illness, poverty and stress may play a role when they interact with these main drivers of violence against women. Interventions directed at any of these factors may be of value in reducing the likely incidence of family violence, provided they are undertaken within a context that takes full account of the risks to and safety of the primary victims. For example, having a mental illness is not in itself a predictor of violence, but it may well increase the likelihood of family violence – so treating the mental illness might be a first step, albeit in the context of attention to gender issues and associated risks. And thus a mental health service provider assessing a man’s suicide risk would also need to attend to the risk of violence towards a family member, which might mean liaising with other service providers to ensure the safety of his current or estranged partner and any children.

Conversely, part of the problem with current family violence responses is the difficulty in accessing appropriate treatment for mental illness. For example, a person with military-caused PTSD or with bipolar disorder or schizophrenia may be violent towards a partner, but treating the mental illness in such instances is critical (albeit within the context of ensuring the partner is safe). And a perpetrator who attributes his violent behaviour to alcohol abuse might demonstrate his commitment to changing his behaviour and keeping his family safe by seeking treatment to help manage his substance use.

The fact that abusive partners might not be abusive all the time, and can be loving at other times, that couples often have a long and valued history together, and that being a partner or wife and sharing a house and possibly children with someone is a very significant or central part of many women’s lives and identities, means that they can often be ambivalent about whether they wish to continue in the relationship. This ambivalence is compounded by serious practical and material constraints on any ‘choice’ to leave. The psychological impacts of living with abuse, and the inherent difficulties in leaving, can thus make women very susceptible to temporary promises of change, which often exposes them to further abuse.

Furthermore, although psychological research indicates that being exposed to or witnessing violence and/or strong conflict and tension is detrimental to a child, and that this is the key source of detriment to children whose parents separate, rather than the separation itself, the commonly held, but not strictly accurate, view that children are better off living with both of their parents can exert additional pressures on women to stay with abusive partners.

Question Seven

What circumstances and conditions are associated with the reduced occurrence of family violence?

International research indicates that countries which have relatively greater equality between men and women also have relatively lower rates of violence against women (World Health Organisation [WHO], 2002). Thus, the central and foundational focus of preventing family violence should be on increasing equality between men and women. From these changed material and cultural circumstances, attitudes and behaviours can be expected to change. In addition, foci of prevention should also be on changing attitudes that attribute more respect and status to men than to women and that therefore promote the cultural and relationship climate that

men have the right to assert their wishes over women and to use various forms of control and potentially violence to do so. Given how widespread this form of violence is, and how embedded and supported it is, fundamental change needs to occur in both the social and material conditions and the related issue of whose needs and wishes are regarded as important and what is regarded as acceptable behaviour of men towards women.

The APS endorses the VicHealth Framework for the Primary Prevention of Violence against Women as a strong conceptual and practical foundation for the primary prevention of men's violence against women. This Framework recognises that prevention of violence against women is best guided by three interrelated foci: promoting equal relationships between women and men; promoting non-violent social norms and reducing the effects of prior exposure to violence (especially on children); and improving access to resources and systems of support. Strengthening this framework through a human rights and social determinants of health approach will ensure that structural and cultural factors that underpin and reinforce gender-based attitudes and behaviours are also addressed.

Violence against women must also be located in its full social and historical context of gender and power. Acceptance of controlling and abusive behaviour from men within society can mean that aggression and non-collaboration are rewarded in some work and public environments. A disproportionate sense of personal entitlement is characteristic of the abusive partners of women seeking assistance.

Ensuring the safety of people affected by family violence

Question Eight

Tell us about any gaps or deficiencies in current responses to family violence, including legal responses. Tell us about what improvements you would make to overcome these gaps and deficiencies, or otherwise improve current responses.

APS members with years of experience working in this field report the following systems-level problems as either contributing to the violence, or impeding recovery:

Gaps or deficiencies in current responses to family violence

- **Ignorance about the frequency and nature of abusive relationships**

Most sectors of the community experience difficulties in recognising and understanding patterns of family violence. This includes the women themselves, their families and friends, and also the professionals they seek help from including doctors, lawyers and counsellors. At the relational level, violence must be viewed in terms of its controlling effects. Explanations such as 'the cycle of violence' or 'it takes two to tango' are unhelpful, as such models assign women a role in precipitating or maintaining violent behaviour patterns by their intimate partners (Gridley & Turner, 2010).

Psychological evidence indicates that a past history of violence is the best predictor of future violent behaviour, and this must be considered when assessing the safety of women and children who are potential victims of this violence. Where victims do not feel safe, even after they have left the relationships, the community has a responsibility to try to ensure this safety. At the personal level, a woman's

subjective fear can be the best indicator of the dangerousness of her violent partner, regardless of any informal or professional risk assessment – yet her voice is often ignored, sometimes with fatal consequences.

- **Lack of supportive responses when women seek help**

Women report very mixed responses from all types of professionals, including the police, the courts, medical and legal personnel, and even, though less often, from workers in designated domestic violence support roles. There is also a lack of alternatives for women wishing to exit an unsafe relationship, with a serious and chronic shortage of affordable housing in particular. Women exiting such relationships often have dependent children; this reduces their capacity to access paid work or private rental. Refuge housing is a last resort and more women than not are turned away due to shortages, often meaning they have nowhere safe to be. This situation, combined with the knowledge that the majority of women murdered by their partners are killed when preparing to leave or leaving, or after they have left, can make women feel that perhaps it is safer for them, and possibly their children, to remain with an abusive partner.

- **The difficulty in holding perpetrators accountable for domestic violence**

This is a major impediment to recovery, and a major cause of repeated abuse. There are low rates of charges being laid in the context of domestic assaults, and there is evidence that penalties for abusing a partner are less than if the man had similarly assaulted a stranger. Men often breach Court Orders with little or no consequence; Family Court judgements may minimise or ignore reports of abusive behaviour, and shared care arrangements may expose both abused women and their children to frequent distress, especially when more subtle forms of abuse and harassment are difficult to verify.

- **Misunderstanding and misuse of mental health diagnosis**

Women may be penalised for seeking help if they are diagnosed with a mental health issue and their help-seeking is seen as evidence of pathology rather than as appropriate self-care. Symptoms and aftermath reactions should be normalised rather than pathologised. Another dimension of this problem relates to medical or psychological evidence that may be called upon in custody disputes. It is imperative that where, for example a woman is depressed or anxious as a result of intimate partner violence, this connection is properly documented in the patient's/client's history. If it is not, the presence of depression could be used as grounds to argue that a woman was psychologically unfit to have custody of her child/children

- **Lack of consideration of context of family violence**

Allegations of domestic violence in Family Court contexts should be investigated by those who understand the dynamics of domestic violence and the ways that perpetrators can manipulate professionals at all levels, including in the Child Protection system and the courts. While there is mounting evidence of the negative impacts of domestic violence on children's mental health and wellbeing, policy responses that treat women victims as 'perpetrators' of child abuse on these grounds are misdirected at best and counter-productive (and potentially dangerous) at worst.

Recommended improvements to current responses

Policy responses that would support the safety, as well as psychological, physical and economic wellbeing of those who experience family violence include (but are not limited to) the following key areas:

- ***Improving service accessibility and responsiveness***

As discussed above, reforms which have resulted in increased referrals and service access, coupled with recent funding cuts have meant that the family violence response system does not have the capacity to meet demands. There is an urgent need for an increase in funding across the system.

Services for those experiencing domestic violence should be provided free of charge, available locally and out of hours. Community-based responses need to be further supported (e.g., peer mentoring, volunteering), and information about services needs to be much more widely disseminated. Services for children need to be more readily available, with many mental health services for children having waiting lists between 3 and 6 months.

- ***Improving police and legal responsiveness***

Improving the responsiveness of the family courts by addressing long waiting periods, following up on relevant evidence of allegations of abuse, increasing the expertise in domestic violence support and recovery at all stages of the legal process (including expertise in child development), and developing procedures for victims of domestic violence to feel safe while going through legal processes is needed.

In particular, family court processes and outcomes need strengthening. – failure to protect children has long-term, and often life-long consequences. Parents and children have expressed ongoing concern for children’s safety post separation, with research pointing to questions about how well family law policies protect children from violence (Bagshaw et al, 2011). Children should not be required or permitted by the Court to be in the unsupervised care of parents who have exposed them to violence, for example, by being violent to the child’s mother. Further, there is a need to reduce the number of children who are required to even have supervised contact with parents who have been abusive or who have exposed them to abuse. There is also a need for long term follow-up of children who have been ordered by the Family Court to have some contact with parents where there are allegations of abuse, especially where evidence is tendered. It should also be made easier for children to obtain recourse if wrong decisions are made.

Police responsiveness to allegations of violence needs to be enhanced, and further family violence training is required by all police. Crimes in the home and/or by a partner need to be treated with the same importance as other crimes, and where appropriate and possible, charges laid, as they are in other situations. Specialised Family Violence responses are recommended but not at the expense of embedding best practice across the police force (given the high likelihood of police involvement in family violence as part of their everyday practice).

- ***Improving material, workplace and social support***

Family violence is a leading cause of homelessness among women and children. It is a basic psychological health principle that people’s recovery is enhanced when they are safe and secure. Family violence accommodation support should be a discrete

Government-funded program, with a greater focus on maintaining the victim and children in the family home.

Ensuring financial security for victims of family violence is paramount. Where benefits and services are means-tested, it needs to be recognised that household income is an irrelevant indicator in most cases of family violence, as most women victims do not have independent access to that income. Women (and children) experiencing family violence need separate access to income support. Unemployed women involved in violence-related legal proceedings should be released for the duration of the process from Centrelink requirements to search for work or work for the dole.

Integrating family violence policies into workplaces also recognises that one of the key barriers to sustainable employment for women experiencing family violence is additional time off required to attend court and other services and for relocation (Womens Health West, 2015). Workplaces need to develop systems of supporting women to maintain their employment and be sensitive to performance issues caused by family violence (e.g., lack of sleep, difficulty concentrating). Many estranged men attempt to contact their ex-partners at or around the woman's workplace (e.g., on their way to or from work or during breaks). Developing cultures at workplaces where women can discuss the risks posed by a partner or ex-partner without fear of detrimental repercussions should enable a woman to negotiate safety plans to keep herself and her colleagues safe (e.g., divert phone calls during difficult times, escort her to transport, brief reception).

- ***Improving prevention and education***

As discussed above, addressing family violence involves addressing gender inequality - a range of strategies is required to address gender equity, and gender stereotypes specifically, in both the media and society more broadly. A range of prevention, early intervention and tertiary level responses are needed to prevent and address family violence. Policy and service responses across a range of sectors can impact upon and potentially support victims of family violence, including legal, housing, health, mental health and welfare responses.

There is a need for education in schools for boys and girls about the warning signs of abusive and controlling behaviour (beyond education on healthy relationships). Consequences for antisocial behaviour such as bullying must be readily available and enforced. Collaboration with women's health and family violence services to provide public health and education campaigns designed to raise awareness and prevent family violence in all its forms is also important.

Developing expertise around domestic violence means that training should be mandatory and ongoing for maternal and child health nurses, psychologists and other counsellors/allied health professionals, doctors, members of the legal profession, including magistrates and judges, and police.

Question Nine

Does insufficient integration and co-ordination between the various bodies who come into contact with people affected by family violence hinder the assessment of risk, or the effectiveness of (early intervention, crisis and

ongoing) support provided, to people affected by family violence? If so, please provide examples.

Question Ten

What practical changes might improve integration and co-ordination? What barriers to integration and co-ordination exist?

Supporting the ongoing safety and wellbeing of people affected by family violence

The crisis response system has improved in recent years, but there are still problems with referrals and case sharing between family violence programs and partners such as drug and alcohol services, mental health services and the Office of Corrections. These problems are largely due to inconsistent treatment philosophies, resource constraints and timing (e.g., clients cannot be quickly transferred into services as needed).

The relationship between police and family violence services has improved, but the police response is inconsistent at times. There are also issues associated with therapists, particularly 'couples counsellors' or marriage guidance counsellors who see couples for therapy together. The woman in the relationship may leave the session at greater risk of harm if she disclosed something in the session that embarrassed or humiliated her partner (e.g., "he hit me on Sunday"). Alternatively, she may be so afraid of upsetting him that she is too intimidated to speak openly in therapy, which wastes everyone's time and keeps her in a highly dangerous position, as the real issues have not been addressed.

In terms of planning for children's care post-separation, there are many concerns around the overlap between issues of family law and those around protection from violence. Research has raised questions about how well family law policies, as expressed in the legislation and implemented in the national service system, respond to violence in families (Bagshaw et al, 2011).

Better integration and coordination across the system is required. This requires a whole of government response, further funding for better service delivery and capacity to undertake partnership and networking activities, and an agreed upon definition and response to family violence (with regards to victims and perpetrators, as well as children).

Question Eleven

What are some of the most promising and successful ways of supporting the ongoing safety and wellbeing of people affected by violence? Are there gaps or deficiencies in our approach to supporting ongoing safety and wellbeing? How could measures to reduce the impact of family violence be improved?

The most promising ways of responding to family violence involve strict meaningful sanctions for perpetrators and an effective support network for victims (e.g., the Quincy Solution, USA). These involve a range of strategies as outlined above (question 8). Two specific models cited in the research relate to community advocacy and to a network or coordinated response to violence, usually at a local level.

The Community Advocacy Project (CAP) works through increasing women's social support and helping them successfully obtain desired community resources (e.g., housing, legal aid, childcare). These factors, in turn, promote quality of life, which is a protective factor for later abuse (Allen & Javdani, in press). CAP, one of the first models in the USA to centralize advocacy, focuses on one-on-one intervention with survivors of intimate partner violence (IPV) while emphasizing changes in context rather than the individual. Longitudinal field experiments have found that women receiving the community advocacy intervention report less violence and higher social support and quality of life two years later, after just 10 weeks of intervention (Sullivan, 2003, cited in Allen & Javdani, in press).

Coalitions also show promise in reducing family violence. Coalitions (networks or partnerships) involve a broad array of sectors that come together for a coordinated response which typically create a new community setting in which key stakeholders from relevant groups join together to define the problem and potential solutions locally. Research in the USA has found that the implementation of family violence coalitions was associated with greater access to longer term protection orders for survivors following an emergency order. In this way, local councils (or State governments) can foster systems change by promoting the implementation of best practices through interagency collaboration. These coalitions often focus on criminal justice reform as well as other facets of prevention including those that provide educational efforts within schools to promote healthy relationships that emphasize equality and community-education campaigns through natural settings like faith-based organizations, for example (Allen et al., 2009). Importantly, as participants in family violence councils, advocates consistently reported the ability to influence council decision-making (Allen, et al., 2009). The inclusion of multiple voices and perspectives guards against concerns about co-option from those within the system and suggests that councils are capable of achieving shared power among key stakeholders (Allen & Javdani, in press).

Making people who have been violent accountable and helping them to change their behaviour

Question Fourteen

To what extent do current processes encourage and support people to be accountable and change their behaviour? To what extent do they fail to do so? How do we ensure that behaviour change is lasting and sustainable?

Question Sixteen

If you or your organisation have been involved in observing or assessing approaches to behaviour change, tell us about any Australian or international research which may assist the Royal Commission. In particular, what does research indicate about the relative effectiveness of early intervention in producing positive outcomes?

Support for men as the most common perpetrators of family violence to change abusive and controlling behaviours and to move away from violence is required, but as the evidence base for the effectiveness of perpetrator programs varies, further research should be undertaken and program evaluation required prior to re-funding. We refer the Royal Commission to the work of Professor Thea Brown (Monash University) on the effectiveness of men's behaviour change groups in Victoria.

Men's behaviour change programs generally work best when the man is seriously committed to changing his attitudes and behaviour. There is a system of accountability built in where the man's partner or ex-partner is invited to be in contact with the organisation and report on his real progress outside of the group. These groups require long-term interventions (i.e. 6-12 months) to successfully remedy many decades of prior conditioning. Unfortunately, over recent years, there has been a higher proportion of participants who attend these programs involuntarily (e.g., as a condition of their Intervention Order or through their solicitor's advice), which changes the culture of the groups and makes them more difficult to manage.

More resources need to be put into these groups to ensure a higher level of accountability. Funding constraints often place organisations in a bind between financial and therapeutic considerations. For example, they may want to expel men who are not attempting to genuinely change their behaviour, but need to keep them in the program to ensure that it is viable and can continue for the other men and their families.

The programs of treatment need to be at least 6 months long to provide a higher likelihood of success. There needs to be funding for long-term evaluation and client tracking to get a clear sense of the effectiveness. There are few consequences for most men who use violence and who promise to attend behaviour change programs but do not do so, or where women experience no change in violent and controlling behaviour. Accountability measures, in addition to treatment programs, need to be further strengthened (e.g., legal consequences).

The use of duress alarms, ankle bracelets, effective security cameras and similar technological aids to safety should also be explored and funded widely if shown to be effective in reducing recidivism.

Interventions with individual men need to be complemented by work at other levels such as cultural change in sports clubs, workplaces and broader society (e.g., addressing attitudes that promote violence or male superiority and entitlement).

Family violence and particular groups and communities

Question Seventeen

Are there specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects? If so, what are they?

Question Eighteen

What barriers prevent people in particular groups and communities in Victoria from engaging with or benefiting from family violence services? How can the family violence system be improved to reflect the diversity of people's experiences?

Question Nineteen

How can responses to family violence in these groups and communities be improved? What approaches have been shown to be most effective?

Cultures that privilege men over women have the highest rates of violence against women. Family violence interventions need to be conducted very sensitively so that men do not resist the work by seeing it as an attack on their cultural traditions.

While family violence affects women of all backgrounds, Aboriginal and Torres Strait Islander women are up to 40 times more likely to experience it (AIHW, 2006). While the reasons for this are complex and linked to the impacts of colonisation, dispossession, family removal policies and ongoing racism and discrimination, the impact on the social and emotional wellbeing of affected individuals and communities is enormous. The APS urges Government to work collaboratively with Aboriginal and Torres Strait Islander family violence services and local communities to address family violence in a culturally appropriate way.

Less well known is the prevalence of family violence against women with a disability, however a growing body of evidence suggests that women with a disability in the home and in institutional or residential care settings are more likely than other women to experience violence, and that the impact of this violence may be more severe (WWDA, 2013).

There is a growing awareness around violence within LGBTIQ relationships; however there is a need for further research and best practice models of prevention and intervention models within these communities. Recent research indicates that there has been a low level of community readiness to address intimate partner violence and limited awareness of its existence (Turrell et al, 2012). Awareness needs to be raised within LGBTIQ communities and any interventions need to be developed in partnership with LGBTIQ communities and community organisations.

Respect for diversity is sometimes misinterpreted as cultural relativism, justifying a failure to intervene in the affairs of groups defined as 'other.' But violence is unacceptable in any form, and attention to diversity means working from within the perspectives of minority group women experiencing violence (Gridley & Turner, 2010). For example, Aboriginal women in remote communities may prefer to tackle alcohol profiteers to reduce levels of violence associated with substance abuse. Selected examples of Indigenous-led programs that have addressed family violence can be found at <http://www.sewbmh.org.au/page/3671>

While there are barriers for any community in accessing family violence services, in the communities discussed above, the following are reported as key barriers:

- Fear that things will get worse
- Lack of trust in authorities (e.g., police, child protection removing children)
- Stigma or shame
- Not understanding the damage of emotional and psychological violence (e.g., assuming that it's not that bad because he doesn't hit me, or because it is a widespread occurrence within that community and hence seen as the norm)

Partnerships with groups and organisations that work with minority communities are the recommended strategy to effectively respond to their needs, and to ensure the family violence system is improved to reflect the diversity of people's experiences.

General questions

Question Twenty

Are there any other suggestions you would like to make to improve policies, programs and services which currently seek to carry out the goals set out above?

There must be a long-term, bi-partisan commitment as there is to reducing the road toll. We must recognise that this may take decades to see significant reductions, but this is our time to act. Workers in the field are burning out due to the heavy demands of the work and the strains in the system (e.g., insufficient finances, gaps in cross-referral systems). Organisations that conduct programs need much more support to ensure that highly skilled, experienced staff remain in the family violence and related sectors.

Question Twenty-one

The Royal Commission will be considering both short term and longer term responses to family violence. Tell us about the changes which you think could produce the greatest impact in the short and longer term.

In the short term, a significant funding boost is needed to achieve a more integrated family violence response system. The elements are there, but they need more support to improve outcomes. This is the best short-term investment, as it will retain the best workers and bring some of the most experienced workers back to the system. Substantial funding should be invested in staff supervision and program evaluation to ensure best value for money.

A gap analysis should determine which parts of the system require intensive support (e.g., CALD, Indigenous, rural areas). More work needs to be done to prevent and reduce the more subtle forms of family violence such as emotional and psychological violence. This involves broader awareness of what constitutes violence at an individual and community level. Unfortunately, funding for good trials is either not scaled up nor tested across longer time periods (e.g., 10 years).

Some prevention programs are very promising (e.g., bystander intervention, Respectful Relationships Education In Schools, work with male advocates/champions from local communities to challenge sexism and help create gender equality in settings such as sports clubs and workplaces). Initiatives that are found to be effective, such as the Respectful Relationships Education In Schools program, should be extended substantially state-wide.

In the long-term, there needs to be a focus on challenging the aspects of hyper-masculine cultures that lead to violence against women and children. We need genuine gender equality demonstrated across society – particularly in business, politics, and not-for-profit organisations. This will require changes to childcare arrangements and cultural assumptions so that women and men share this role more equally. Multiple levels of intervention are needed not only to address the known antecedents of violence, but also to disrupt the social-cultural norms and hierarchies that provide the fertile ground for violence to persist.

Allen and Javdani (in press) argue that in response to the 'web of violence' we need a 'web of solutions' that attend to the complexities defining violence, the context

within which violence occurs and multiple levels of analysis of our understanding of violence that integrate not only individual and situational factors, but the socio-cultural factors and inequities that shape the ultimate context which enables violence to occur.

The overall task is to narrow the gender/power gaps at global, community and interpersonal levels that facilitate violence against women and children (Gridley & Turner, 2010). The APS believes that the Victoria is on the right track with its family violence reforms, and that substantial attention, further funding, support and evaluation of current initiatives is the recommended way forward.

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Appendix: The prevalence and impact of family violence

- One in three women aged 15 years and over have experienced physical violence, one in five sexual violence and one in four have been emotionally abused by a partner (ABS, 2013)
- About 60-70 women are killed each year in Australia by a current or former partner (domestic homicide) (Chan & Payne, 2013; Mouzos & Segrave, 2004). So while males continue to be overrepresented both as homicide victims and offenders in general, females remain overrepresented as victims of intimate partner homicide (Chan & Payne, 2013).
- More than 20 children are killed each year by their parents, with fathers being responsible for the majority of filicides in Australia (Mouzos & Segrave, 2004).
- While men are more likely to be victims of violence in the community at large, this is likely to be violence perpetrated by strangers and/or by other men - they are significantly less likely than women to be victims of domestic violence or long-term periods of violence. As these are fundamentally different gender patterns, specific strategies are required to prevent and reduce violence against women. Other campaigns focusing on male fights in public places (e.g., coward punch strategy) are required to reduce the numbers of male victims of violence. Many of these public incidents are related to rigid gender stereotypes too (e.g., fighting over a woman, or 'flying the flag' for one's mate).

Violence has a significant impact on the mental health and wellbeing of victims (predominantly women and children). According to the American Psychological Association (APA) Resolution on Male Violence against Women:

- violence against women is a major cause of reduced quality of life among women and children, and of distress, injury and death for women, and has serious secondary effects for families, communities, and the economy
- violence leads to a high prevalence of acute and chronic mental and physical health consequences
- being assaulted by or witnessing assaults toward family members in childhood or adolescence increases the likelihood of mental health problems, substance abuse, and involvement in abusive relationships for both women and men.

Examination of the deleterious impacts of intimate partner violence (IPV) on the burden of disease in Victoria revealed that such violence is the leading cause of premature death, disability and illness for women aged 18-44 years in Victoria. IPV was associated with 7.9% of the overall disease burden and posed a larger risk to health than traditional risk factors like raised blood pressure, tobacco use and increased body weight. Importantly, poor mental health contributed 73% and substance abuse 22% to the disease burden attributed to IPV (Vos, Astbury, Peris, Magnus et al, 2006).

Psychologically, the impact of domestic violence is complex. Women often feel it is too hard to continue to fight for justice, which could mean dealing with a range of legal, financial and other systems in order to address the situation. They find they must focus on the recovery and wellbeing of their children, usually while living with gravely reduced circumstances and ongoing violence, threats of violence, and harassment. The need to take time off work to attend court can affect their often

already limited income and sometimes tenuous or casual employment. Victims' physical health frequently suffers due to stress and anxiety.

Early research on IPV often focused on physical violence. It can be very difficult to prove verbal and psychological violence, yet a recent systematic review of mental health outcomes as a result of intimate partner victimization found that psychological violence has a more significant impact on mental health than originally thought (Lagdon, Armour & Stringer, 2014). It has been suggested that psychological violence elicits and maintains internal feeling of fear, loss of control and susceptibility to danger (Coker, Smith, Bethea, King & McKeown, 2000).

While family violence obviously has detrimental effects on the immediate victims (usually women and children), it is an issue which impacts more broadly on families and communities. Family violence has been linked to unemployment, homelessness and significant costs to the Australian economy. For example, the National Council to Reduce Violence Against Women and Children (2009) estimated the cost of family violence to the economy to be \$15.6 billion by 2021 if action is not taken to address its harmful impacts.

About the APS

The Australian Psychological Society (APS) is the national professional organisation for psychologists with over 21,000 members across Australia. Psychologists are experts in human behaviour and bring experience in understanding crucial components necessary to support people to optimise their function in the community.

A key goal of the APS is to actively contribute psychological knowledge for the promotion and enhancement of community wellbeing. Psychology in the Public Interest is the section of the APS dedicated to the communication and application of psychological knowledge to enhance community wellbeing and promote equitable and just treatment of all segments of society.

Psychologists regard people as intrinsically valuable and respect their rights, including the right to autonomy and justice. Psychologists engage in conduct which promotes equity and the protection of people's human rights, legal rights, and moral rights (APS, 2007). The APS continues to raise concerns and contribute to debates around human rights, including the rights of clients receiving psychological services, and of marginalised groups in society (such as Aboriginal and Torres Strait Islander people, asylum seekers and LGBTI individuals and groups) (<http://www.psychology.org.au/community/public-interest/human-rights/>). Underpinning this contribution is the strong evidence linking human rights, material circumstances and psychological health.