



WOMEN'S HEALTH
GOULBURN NORTH EAST

Challenging inequity, embracing diversity.

Wednesday, 27 May 2015

Royal Commission into Family Violence
PO Box 535
Flinders Lane VIC 8009

Dear Commissioners,

On behalf of Women's Health Goulburn North East Inc. (WHGNE), I enclose a submission for the consideration of the Royal Commission into Family Violence. This submission briefly addresses the following five (5) issues, which we consider to be of critical interest to the Commission:

- 1. Financial Abuse and the No Interest Loan Scheme (NILS)**
- 2. Personal alarm system technology for women escaping family violence**
- 3. Women's unequal access to the legal system**
- 4. Disaster and increased family violence**
- 5. Intimate Partner Sexual Violence**

WHGNE is the government funded specialist women's health service for the Goulburn Valley and north east Victoria. We are a rural service with a long history of developing and implementing innovative projects that service high risk rural and regional women. Our work encompasses research, evaluation, advocacy, training and referral, in addition to direct service provision through delivery of the No Interest Loan Scheme (NILS). Our organisation also auspices the Hume region Family Violence Integration Coordinator position, so much of our work is dedicated to improving integration and responsiveness across the region's family violence sector.

As both a specialist women's health service, and a rural women's health service, we have a particular interest in the issues that occur at the intersection of gender and rurality. While we are dedicated to improving the health outcomes of *all* women, our work has a particular focus on the specific issues facing women in rural and regional communities, including: isolation, limited access to services, lack of privacy/confidentiality, and increased family violence after natural disasters. We have dedicated significant resources to the implementation of tools and services such as personal alarm technology and no interest loans for women escaping family violence (as detailed in the attached)—tools which we see as critical to supporting rural women who are experiencing and/or exiting situations of family violence.

As a member of the Women's Health Association of Victoria (WHAV), our submission sits alongside—and in support of—those provided by our fellow Victorian women's health services. In particular, we would like to draw attention to the submission from Women's Health Barwon South West, which discusses the implications of rurality on primary prevention.

Thank-you for the opportunity to contribute to the Commission's inquiry. We would be pleased to provide any additional information if required.

Yours sincerely,

Susie Reid
Executive Officer

Women's Health Goulburn North East

ABN 75 815 140 163

Phone: (03) 5722 3009 • Email: whealth@whealth.com.au • www.whealth.com.au

1. Financial Abuse and the No Interest Loan Scheme (NILS)

Gaps and Challenges: Women experience financial disadvantage and insecurity far more frequently than men, and financial dependence is a major factor influencing a woman's decision to remain with—or return to—an abusive partner. Financial abuse has only recently been legally identified as a form of domestic violence, and there continues to be a lack of understanding amongst both family violence workers and women themselves about the financial support services and options available.

There is a critical need to establish interventions which, not only provide immediate financial relief to women, but also assist women to build up their financial skills and confidence after exiting a violent relationship. This is dependent on women having access to workers who understand financial abuse as a form of family violence, and have the requisite knowledge to refer women to appropriate support services.

Despite a steady increase in the number of women accessing the No Interest Loan Scheme (NILS) (administered nationally by Good Shepherd Microfinance), the funding for operational costs *per service* for NILS has steadily declined.

This not only impedes organisations' ability to deliver the scheme, but also creates a dependency on the use of volunteer workers to support/administer its delivery. This creates a 'missed opportunity' to utilise the loan process as a mechanism by which professional, trained workers can provide women with access to the financial options, resources and services necessary to building their longer-term financial independence (and increasing their defences against returning to a violent partner). The administration and delivery of NILS loans to women escaping family violence requires a professional approach provided by trained workers.

Risk: The primary risk is that women remain in violent relationships, or return to violent ex-partners, due to a lack of finances and/or a lack of knowledge/access to financial support services.

Even after exiting a violent relationship, women may be subject to long-term financial abuse from ex-partners, through avoidance of child support payments, hiding income or assets, and/or dragging out legal proceedings to incur costs and delay settlement.

What works: Access to financial knowledge, resources and services for women exiting family violence.

WHGNE was the first Women's Health Service to implement a specific Domestic Violence (DV) NILS program for women. Usual documentation required for a General NILS loan includes the most recent utility bills, however women fleeing family violence are unlikely to have access to these documents—rendering them ineligible for such loans. By removing this requirement under the DV NILS program, and increasing the loan amount from \$800-\$1000 to \$2000, WHGNE has been able to provide specific support to women fleeing family violence, and assist them to re-establish themselves and their children.

NILS is not just 'no interest loans'; it is a vital tool for early intervention and financial capacity building for women experiencing social and economic disadvantage. Not only do women have the opportunity to purchase essential goods or services that they would otherwise be unable to afford, the loans process also provides an opportunity for women to assess their bank statements, debts and overall financial situation with a NILS worker, and obtain advice about financial options and services available. For women exiting family violence, these can be the first steps in building financial independence.

Action required:

- Raise awareness of financial abuse as a form of family violence, using a variety of tools/methods (e.g. advertising, social media etc.).
- The Federal Government to commit ongoing and increased funding* for the operational costs associated with NLS, and the broader adoption of specific Domestic Violence NLS programs (in addition to general schemes) across Australia.
- The State Government to commit additional funding to the existing Domestic Violence NLS programs in Victoria, in order to build the financial literacy and capacity of women escaping family violence.

*N.B. While *actual* funds have increased over the past several years, the number of service providers has increased dramatically due to demand, resulting in insufficient funds for all service providers.

References/Resources: http://www.whealth.com.au/work_economic_empowerment.html

2. Personal alarm system technology for women escaping family violence

Gaps and Challenges: Following the State Government’s recent announcement to fund a trial of personal alarm system technology for women escaping family violence, WHGNE is keen to ensure that critical learnings from the Award winning ‘Bsafe program’ are not lost.

From 2007 to 2010, WHGNE—in partnership with Victoria Police—researched, trialled and evaluated the use of personal alarm system technology to assist women and children at high risk of violence and abuse (see details below). The outcome is a unique, proven, inexpensive, integrated, multi-agency response that improves the safety and autonomy of victims of family violence and sexualised assault, while increasing deterrence, detection and accountability in relation to perpetrators.

The trial of another pilot program—if implemented without consideration of the learnings from preceding programs—bears the risk that the extensive work and funds already invested in this area are lost, and that both funding and effort is replicated.

Risk: Continued delays to the widespread roll-out of personal alarm system technology, due to lost learnings, replication of effort and/or avoidable mistakes. Rural women continue to be at high risk of family and domestic violence due to isolation and lack of 24 hour responses.

What works: Bsafe is a personal alarm system developed for rural women and children escaping family violence, which uses a Global Positioning System (GPS) tracking unit to notify a response-centre of the user’s location and the need for urgent assistance. The first project of its kind in Australia, Bsafe has now been operating for the past eight years in the Hume region, thanks to both federal funding and support from the Victorian Women’s Trust. It is currently being operated through Marion Community in Shepparton and is in the process of being implemented through the Gippsland family violence integrated system.

To date, Bsafe has assisted more than 500 women and children in high risk situations of family violence. This technology has proved critical in responding to the realities of intimate partner violence that women face, particularly in rural areas.

Action required: WHGNE’s experience with Bsafe and, more broadly, our experience as an agency working with direct service providers to prevent violence against women, has much to offer the implementation of the new pilot program. There are critical key learnings WHGNE could share in order to facilitate delivery of an optimum service to all involved, and to prevent costly mistakes. (To provide just one example: Evaluation indicated that Bsafe was successful because of the infrastructure and coordination around each high risk client – we would therefore recommend that the trial be coordinated through Risk Assessment Management Panels (RAMP) in each area).

Key action:

Victorian government to liaise with WHGNE prior to implementation of the pilot program, and draw on key learnings detailed in the Bsafe Interim and Final Reports.

References/Resources: http://www.whealth.com.au/work_bsafe.html
http://www.whealth.com.au/documents/work/Bsafe_final_report_2011.pdf
http://www.whealth.com.au/documents/projects/Bsafe_interim%20evaluation_report.pdf

3. Women's unequal access to the legal system

Absence of accessible legal advice leaves women in violent situations

"The principle of 'equal justice under law', carved into stone over many a courthouse, needs to be translated into action in our world."

(Hon. Justice Michael Kirby, 2005, para 11)

<p>Gaps and challenges:</p>	<p>The time of leaving a relationship is often the most dangerous for women. The complexities of the legal system are difficult to manage for both women and workers. Access to free legal services for women leaving violence is frequently inadequate or unavailable, especially for rural women. Indeed lack of access is both common and systemic.</p> <p>High demand for free legal services often results in long waiting times and short appointments. There are stringent eligibility requirements for legal aid, leaving many women without sufficient legal assistance, and the general exclusion of property matters mean that women's need for shelter for themselves and their children is unlikely to be addressed through the legal system.</p> <p>Women who do reach the legal system, arrive there on an unequal basis to men. Living with violence over months or years often erodes both confidence and belief in the right to a life without violence.</p>
<p>Risk:</p>	<p>The risk is that women and children will remain with violent men as no other options remain. A further risk is that women in violent situations are excluded from 'equal justice under the law'.</p>
<p>What works:</p>	<p>Delivering Skype legal services in an 18 month pilot project through Women's Legal Service Victoria (WLSV) (specialising in family violence and family law) was found to be an effective and feasible method to resolve legal issues for many women. Preliminary findings indicate better outcomes for women and evidence that episodes of violence were, in all probability, prevented through this intervention. WLSV has continued this program for a further year as 'Link'.</p>
<p>Action required:</p>	<ul style="list-style-type: none"> ▪ Provide ongoing funding to WLSV for 'Link' as this cost-effective program provides women equal justice under the law and allows an option to leave violent men. ▪ Commission a gender analysis of legal aid funding to assess the gendered impact of VLA's funding guidelines, funding allocation, policies and procedures. ▪ Simplify family law property claims of less than \$100,000 by establishing a family law small claims tribunal. ▪ Amend The Family Violence Protection Act 2008 (Vic) to improve victims' access to their personal property left in the family home after an intervention order is made.
<p>References/Resources:</p>	<p>Kirby, Michael (2005) http://www.hcourt.gov.au/assets/publications/speeches/former-justices/kirbyj/kirbyj_18mar05.html. Contact Women's Legal Service Victoria re 'Link'.</p>

4. Disaster and increased family violence

Increased family violence, and concomitant reduced reporting, after disaster.

“So much has been justified as a result of the fires ... So much has been fobbed off. So many women have gone to police and been told by police, ‘Things will settle down again’.”

(Case manager, cited in Parkinson & Zara, 2012, p. 140)

Gaps and challenges:	After the 2009 Black Saturday bushfires, research with 30 women and 47 workers in Victoria indicated that family violence increased following this catastrophic disaster, but that women's voices about this violence were silenced. This was evidenced by the lack of statistics about violent incidents, the neglect of this issue in recovery and reconstruction operations, and inadequate responses to women by legal, community and health professionals. The thesis found that women's right to live free from violence was conditional upon the level of suffering men faced post-disaster.
Risk:	The risk is that women will be suffering increased or new violence by their male partner, and will not receive the FV support available at other times due to misplaced sensitivity to 'good men' and 'heroes'. The lack of support leaves women alone, subject to both violence and the censure of others for speaking about it. Drug and alcohol abuse and suicide increase.
What works:	Increased understanding by emergency service personnel (including police) and community of the likelihood that FV will increase after disaster; that women will be silenced and men protected; and that disaster is no excuse for violence.
Action required:	<ul style="list-style-type: none"> ▪ Education that there will be no significant increase in reported domestic violence until we – as individuals, communities, professionals and emergency leaders – are willing to hear from women about the violence against them. ▪ Require post-disaster recovery workers to undertake CRAF or FV and Natural Disaster Training and to collect statistics on family violence. ▪ In planning, in operations and in disaster literature disseminated to affected communities, name it: say the word 'violent' and not 'stressed' and 'angry', and give options for referral and support, e.g. postcards such as this: http://www.whealth.com.au/environmentaljustice/family-violence-and-disaster.html#report (scroll down) ▪ Ensure post disaster information sessions and community recovery committees include regular FV agenda item and presentations by FV professionals.
References/Resources:	<p>http://arrow.monash.edu.au/hdl/1959.1/1162205</p> <p>Parkinson, D., Lancaster, C., & Stewart, A. (2011). A numbers game: women and disaster. <i>Health Promotion Journal of Australia</i>, 22(3).</p> <p>Parkinson D. & Zara, C. (2012)</p> <p>http://www.whealth.com.au/documents/publications/whp-TheWayHeTellsIt.pdf</p> <p>Family Violence Awareness Training:</p> <p>http://www.whealth.com.au/training.html#FamilyViolenceAfterNaturalDisasters</p>

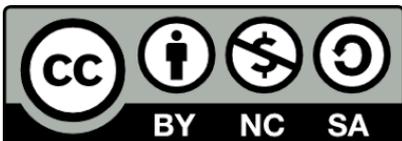
5. Intimate Partner Sexual Violence

Addressing gaps in service for women affected by sexual violence in relationships.

“No, I doubt my husband would have recognised it as rape. He thought it was his right. He owned me with his piece of paper.”

(Research participant, [http://www.adfvc.unsw.edu.au/PDF%20files/Research & Practice Brief 1.pdf](http://www.adfvc.unsw.edu.au/PDF%20files/Research%20&%20Practice%20Brief%201.pdf) p. 4)

Gaps and challenges:	In Australia, sexual violence by a current partner has the lowest rate of reporting of all assaults. Despite key outcomes in terms of awareness of intimate partner sexual violence (IPSV) and response through the justice system, the broader health and social environment remains resistant to the concept of the criminality of partner rape. Widespread complicity with perpetrators persists, in keeping with historic and outdated notions of ‘conjugal rights’. Reluctance by practitioners and community alike to name partner rape results in neglect of women suffering this injustice.
Risk:	The risk is that women will remain in sexually abusive relationships, and unwanted pregnancies/miscarriages occur. Studies have identified sexual abuse by a male intimate partner as a risk factor for victim homicide and suicide.
What works:	Raised awareness in the community of the existence and prevalence of partner rape. Education to a broad range of legal, health and religious professionals on the 4 steps in responding effectively to help women suffering partner rape: Ask, Name it, Refer, Follow up.
Action required:	<ul style="list-style-type: none"> ▪ Require doctors and ancillary health professionals to undertake training on IPSV (including watching the Partner Rape DVD - URL below). ▪ Require those in the legal profession to do the same, including magistrates and judges. ▪ Require services and bodies funded to address FV to incorporate a separate focus on IPSV as a distinct form of relationship violence, e.g. fund each region to print and update Partner Rape postcards tailored to their location: http://www.whealth.com.au/documents/projects/parnerape_postcard.pdf ▪ Consult the SA and FV sector on preferred models for integrated service to women experiencing or recovering from IPSV.
References/Resources:	http://www.whealth.com.au/work_raped_by_partner.html http://www.adfvc.unsw.edu.au/PDF%20files/Research & Practice Brief 1.pdf http://www.mcormondplummer.com.au/workshops.html



This document is licensed by WHGNE under a Creative Commons Licence: CC BY-NC-SA 4.0.
To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-sa/4.0>

BY: Credit must be given to Women's Health Goulburn North East, the creator. **NC:** Only non-commercial use of the work is permitted. **SA:** Adaptations must be shared under the same terms.

Women's Health Goulburn North East
Phone: (03) 5722 3009
Email: whealth@whealth.com.au
www.whealth.com.au

