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STANDING COMMITTEE ON JUSTICE AND COMMUNITY SAFETY

Mrs Giulia Jones MLA (Chair), Ms Bec Cody MLA (Deputy Chair), Ms Elizabeth Lee MLA,
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Inquiry into Domestic and Family Violence—Policy approaches and responses

Submission No. 10

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Ms Giulia Jones,
Chairperson
ACT Standing Committee on Justice and Community Safety
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Dear Ms Jones

Inquiry into Domestic and Family Violence – policy approaches and responses

I am pleased to enclose a submission to the Standing Committee Inquiry. I have focused primarily on women victim/survivors and emphasised the relevant research.

Please do not hesitate to contact me if you require further information.

Yours sincerely

Dr Robyn Holder

Inquiry into Domestic and Family Violence – policy approaches and responses

Submission from Dr Robyn Holder, Griffith University

September 2017

Background to this submission

This submission is informed by research conducted over a number of years, particularly on justice responses to domestic and family violence (DFV). In addition, from 1996 to 2011, I was the statutory victims of crime advocate, Domestic Violence Coordinator in the ACT, and chaired the Family Violence Intervention Program (FVIP).

The most recent research relevant to this inquiry has included:

- A multi-site examination of responses of women's specialist services with and for Aboriginal women experiencing DFV (including the Domestic Violence Crisis Service, DVCS) (funded by ANROWS).
- An evaluation of the Southport Domestic Violence Court, Qld.
- An evaluation of the Alice Springs Integrated Response to DFV
- A longitudinal prospective study of women's engagement with the criminal justice process in the ACT.

Adequacy and effectiveness of current policy approaches

It is not possible to answer this question without adequate research, sustained data collection and analysis, and evaluations. The national and local acclaim received by the FVIP would not have occurred had it not been able to show the significance of the coordinated operations around the criminal court through evidence compiled over 8 years data collection (Holder & Caruana, 2006). Even small scale research can answer very specific questions or provide direction. For example, interviews with women and men victimised by sexual offences and who had engaged with criminal justice showed key features of the process they valued and those they did not (Holder, 2009). Similarly, service agencies (government and NGO) can be encouraged to value add to their direct work with service users in time-limited data-gathering activities on specific innovations or areas of controversy. For example, a contribution by the (then) Victims of Crime Coordinator to the review

of the pilot Circle Sentencing Court in 2004-2005 offered detailed information on pre and post-contact with victims (including DFV victims) and how they considered participating in the circle court. This was used to inform the Court Practice Direction. More recent research that was a global first, examined women's preference for diversion from a criminal court or for a finding from a magistrate or judge. These options are commonly discussed as an 'either/or' policy dilemma between retributive and restorative justice. However, the research found that, understood in a longitudinal process, women view both objectives as possible in a sequence; albeit one that prioritises offender accountability as a threshold (Holder & Daly, 2017).

1. It is **recommended** that the ACT develop a research, evaluation and data collection strategy including a schedule of specific research projects focused on specific and enduring questions in relation to DFV.

It is an unfortunate feature of much policy work that it ignores available research, or does not put it into practice. Part of the issue here is not so much the impetuosity of policy-makers but rather that they are so pressed for time and also pressed to be 'innovative' when just doing the basics well is hard enough. Accessing a summary of available research can save costs, forestall 'wrong' initiatives, and narrow the contestable issues. There are a number of examples of sustained research collaboration and knowledge dissemination between the university sector and government and NGO's. For example, the Manitoba Family Violence Court has benefited for nearly 20 years from research collaboration on shared data collection and analysis with the University of Manitoba (Canada). In Australia there are the following:

- the Melbourne Research Alliance to End Violence against women and their children (MAEVe) (University of Melbourne);
- the Gendered Violence and Abuse Research Alliance (GeVARA) (RMIT); and
- the Gendered Violence Research Network (GVRN) (UNSW).
- the Violence Research and Prevention Program (VRPP) (Griffith University); and
- the Queensland Centre for Domestic and Family Violence Research (Central Queensland University).

2. It is **recommended** that the ACT develops sustained research collaboration with local tertiary institutions in order to deliver recommendation #1.

Research projects are often considered as one-off with a topic. However, they should best be considered as a series of small and inter-linked inquiries. One stage will illuminate what actually is the problem to be addressed and the available resources to do so, and a next stage then looks at putting this into practice. For example, the question of impact and effectiveness of service intervention has bedevilled the human services sector for decades. Recent research with women's specialist services developed, with Aboriginal service users, a number of outcome measures for pre and post contact (Putt, Holder & O'Leary, 2017). However, the next phase of testing with an active population could not proceed without additional funding. This research also identified that, while 'safety' was a key objective in many DFV policies, it was an unexamined concept. The research urged a closer examination of how women define 'safety' and live 'safely'.

3. It is **recommended** that further work be conducted on testing and implementing outcome and impact measures for work with those subjected to violence; and it is **recommended** that further research be conducted to scope the core elements of 'safety' in relation to DFV whether the parties are together or separate.

Finally, some policy initiatives can be overly narrowed without a grounded understanding of DFV victimisation and perpetration, or an understanding of how those affected by it seek help. For example, many jurisdictions are funding 'men's behaviour change programs' without widening the lens to consider a suite of activities and/or a hybrid mix that could respond to a greater number of men in a greater range of contexts. Per year, more men receive a response from ACT Policing than men who volunteer to participate in a group; and human services generally find that one-to-one work with men is necessary prior to and after any group engagement.

Implementation of funding commitments

This submission does not make substantive comment on the priorities in the *Safer Families* program. However, it does raise concerns about the drive to integrate information exchange. There is much policy focus on working with those subjected to violence and ensuring their safety. This submission does not argue against this. It does, however, **recommend** that stringent safeguards be placed around victims' private and personal information including the obligation for informed consent. The role of statutory rights protection entities such as the Privacy Commissioner and the

Victims of Crime Commissioner should be specified in information exchange. Similarly, those core agencies with primary responsibility for victims (such as DVCS, Canberra Rape Crisis and Victim Support ACT) should have a central role in advising individuals about what may happen with their information and in ascertaining consent.

This submission also **recommends** expanded attention within information exchange to ensure perpetrator accountability. Much of the focus of ‘family safety meetings’ in other jurisdictions is directed at women, sharing women’s personal information, and developing actions that intervene in women’s lives. The perpetrator appears to melt away from agencies attention. This researcher has heard concerns about the perpetrator’s privacy, about intrusion into his livelihood, and about fears for workers’ safety. There are disciplinary ‘blocks’ to coordinated and active management of a perpetrator’s movements, court obligations, and treatment engagements, and considerable reluctance to share information; in particular within mental health and drug and alcohol services.

4. It is **recommended** that protections be put in place for victims personal information and that more attention is paid, through information exchange, to perpetrator accountability.
5. It is **recommended** that the policy objective of perpetrator accountability receive much more detailed deliberation, debate and work than appears currently to be the case.

Best practice policy approaches and responses

The term ‘best practice’ creates a hostage to fortune. A more realisable term is ‘good practice’. The evidence assembled here focuses on responses to women victim/survivors. A recent literature review examined research on responses with and for Aboriginal women experiencing DFV (Holder, Putt, & O’Leary, 2015). Robust findings were very thin on the ground. However, the review found studies involving Aboriginal women victim/ survivors do point to the importance of:

- Access to primary crisis support services;
- Practical support across emergency and transitional accommodation, food and transportation, help with supporting children;
- Information that can be discussed one-to-one;
- Respect demonstrated in language, interaction and inclusion;
- Flexibility and responsiveness to individual and family needs;
- Progressive demonstrations of culturally safe environments and practices;

- Sustained and respectful relationships with well-trained workers that reach out into communities;
- Services that are networked with other human, financial, justice and housing services and are authoritative within these;
- Longer-term and outreach interactions;
- Sympathetic and strong women in communities acting as access and referral points;
- Services working through a trauma-lens coupled with emotional and educative support; and
- Capacity and responsiveness to tailor legal protections (Holder, Putt, & O’Leary, 2015: 11).

These findings were broadly affirmed in the subsequent related multi-site research (Putt, Holder & O’Leary, 2017). The review also considered evidence derived from victim/survivors from outside Australia. It examined six studies particularly relevant to the question of ‘effective’ responses to women victimised by DFV. Overall, these studies showed that:

- Independent one-on-one work with specialist advocates generated better outcomes (Sullivan & Bybee, 1999).
- Localised service design relevant to the populations was important (Krishnan et al., 2001).
- Hotline services, counselling and advocacy all deliver important information to DFV victims, and victims increase self-efficacy, coping and enhanced decision-making (Bennett et al., 2004).
- Survivors identify empathy, empowerment, individualised care and ethical boundaries as important to them from services (Kulkarni et al., 2012).
- Independent, pro-active and victim-centred outreach had a more positive impact in enabling women’s help-seeking and engagement with justice authorities, than ‘system-based’ assistance (De Prince et al., 2012).
- A longitudinal study of women leaving violent relationships identified the importance of sustained specialist support and a ‘basket of resources’ as providing ‘foundation stones’ towards safer lives (Kelly et al., 2014).

In combination, the Australian and overseas studies point to the importance of robust, stable, and independent specialist services that are funded for a number of programs designed for practicality and direct assistance and sustained follow-up.

Evaluations of integrated DFV responses also affirm that women’s specialist services and police are critical (Bond et al., 2017; Putt, Holder & Shaw, 2017). These studies suggest that a policy drive for

'integration' may inadvertently divert resources away from these two essential services and may swamp them with the unnecessary and ineffective inclusion of more generalist providers (government and non-government).

6. It is **recommended** that women's specialist DFV services continue to hold a central place in strategies for responding to and preventing DFV. In particular, it is **recommended** that secure and long-term funding enables longer-term engagements with women victim/survivors.

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