



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON JUSTICE AND COMMUNITY SAFETY

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ACT Women's Health Service

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RE: LEGISLATIVE ASSEMBLY INQUIRY INTO DOMESTIC AND FAMILY VIOLENCE – Policy approaches and responses

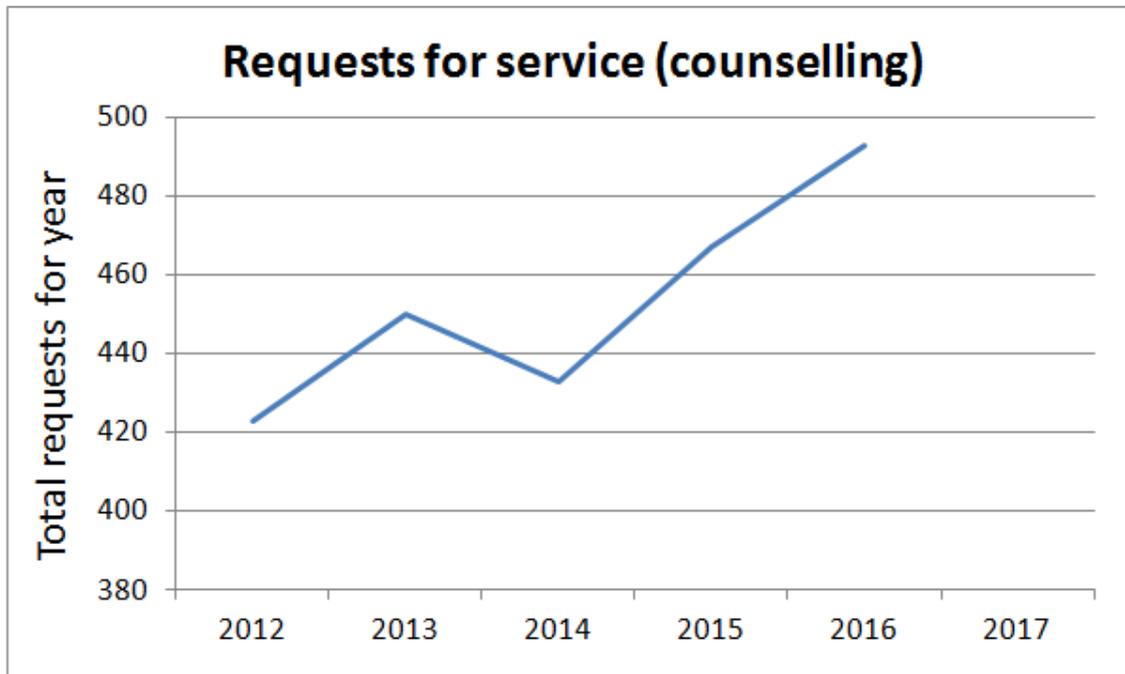
The ACT Women's Health Service (WHS) welcomes the opportunity to make a submission to the inquiry into domestic and family violence – policy approaches and responses, by the Standing Committee on Justice and Community Safety.

WHS is an ACT Health service which provides nursing, medical, and counselling services to vulnerable women within the Canberra community and region. Women's Health Service sees women who have significant difficulty in accessing health services due to the impact of:

- Violence, abuse or neglect
- Identifying as being of Aboriginal or Torres Strait Islander origin
- Language or cultural barriers
- Homelessness or risk of homelessness
- Substance abuse issues
- Mental health issues
- Disability
- Sexual identity issues

Women's Health Service works with many women who have experienced and are living with the effects of complex trauma. The impact of trauma can lead to mental health issues such as posttraumatic stress disorder (PTSD), depression, anxiety, and alcohol and drug use. It can also impact on relationships with family and friends, and capacity to function well at work. For people who have experienced trauma, there can be easy triggers for not feeling safe, with the potential for being re-traumatised. As a result of traumatic incidents, a person can experience strong emotions which may include distress, irritability, anger, and grief. At times, emotions can be intense, and can affect a person's ability to function in their day to day life.

Service demand at WHS has increased significantly over the last few years; this is indicated in the below graph which shows the increase in demand for the Women's Health counselling service.



Women's Health Service is a trauma informed service that specialises in working with women who present with complex trauma, specifically interpersonal abuse and/or violence. In September 2016, the Counselling team undertook a snapshot to determine what proportion of current clients had been exposed to family violence as a child or adult. 8 workers' caseloads were analysed, with 148 out of 162 clients having been exposed to violence. The average percentage was 90% of the caseload.

As a service whose core business is to work with women who are exposed to family violence the following observations have been made as a result of the work undertaken with women who attend the service:

- A high proportion of women who experience family violence as adults have been exposed to violence as children, hence WHS' experience matches the research about the high incidence of intergenerational trauma.
- The refuge supported accommodation system is over-populated with women from a culturally and linguistically diverse (CALD) background. Some women are in arranged marriages within a patriarchal environment they have grown up in, which can continue to be perpetuated. Provision of services for these groups, including early intervention, and education about the service system is paramount. Women's Health Service has commenced outreach to 3 women's refuges by a Nurse Practitioner, to enhance access.
- Women's Health Service provides outreach services in Child and Family Centres, and there is strong support for this model. One of the benefits is that it can provide an accessible service for women from an Aboriginal and/or Torres Strait Islander background; or Culturally and Linguistically Diverse background.
- Women with visa issues can find it more difficult to access services; and it can also

make the option to leave a violent relationship more problematic. There are often fears about their future including whether they will be deported. Building women's understanding of the systems is important to ensure they feel empowered to make a change.

- The emergency childcare service is valuable, but limited to 13 weeks. Women need safe spaces to disclose and process their experience of violence. They also require the capacity to navigate the service system. Enhancing childcare options would assist this.
- Two population groups that are less represented at Women's Health Service are women with disabilities; and older women experiencing financial elder abuse. There can be increased risks and barriers to women from these groups seeking help, but ensuring their capacity to safely seek assistance is imperative.
- Women will often report feeling disempowered through the service system process. This seems to be somewhat amplified in situations when the perpetrator doesn't fit preconceived ideas of what a perpetrator looks and/or acts like. These perpetrators are often described as articulate, well-educated, charismatic, and charming.

Issues within the service system:

- The court system needs to be increasingly aware of trauma; and lawyers and court workers knowledgeable about trauma informed care. A WHS client reported that her lawyer criticised her involvement in court due to her inability to manage her escalated feelings, but being aware of the risks associated with further trauma exposure, and having realistic expectations of victims of violence in court, is imperative.
- Women can have concerns about their file notes being subpoenaed. WHS strongly supports the initiatives occurring in NSW and QLD of counselling privilege to prevent confidential counselling records being disclosed to parties during legal proceedings.
- The interplay for a family between The Family Court with Child and Youth Protection Services (CYPS) can be complicated and disempowering. The message can be that a Family Court judge determined that the home of an alleged abusive parent was safe, and therefore CYPS do not deem it necessary to pursue or investigate any further reports of concern.
- Limitations to public or affordable housing are significant for women escaping or wanting to escape a violent relationship. Once housing is secured, this has a significant impact on a woman's stability and well-being, and capacity to recover from the violence. There is however an issue with where women are placed. It can often be in high density housing, where neighbours use substances and/or violence; which inhibits a woman's capacity to recover from trauma. Successful housing placement can appear dependent on the individual's capacity for self-advocacy; or worker advocacy. Consideration of the needs of children is also paramount when allocating housing to a mother.
- WHS provides outreach services at the Alexander Maconochie Centre (AMC). Many

women at AMC have experienced family violence and this is a captive opportunity for the provision of service. There has been an increase in female detainees over the last twelve months which has impacted women's capacity to access services in a timely manner.

Gaps in the service system which have been identified include:

- When co-parenting occurs in light of family violence, services are needed to assist parents to work constructively around co-parenting. This is complicated by women feeling they cannot escape as they need to stay in contact with an abusive partner due to shared parenting and/or sending their children into his care.
- Children's behaviour can deteriorate or escalate post-access with an abusive parent. Assistance for children in this circumstance is critical.
- Parents can prevent progress with having their children returned to them due to lack of insight on the parent's part. Having services which can intervene to help a parent learn about their own and other's behaviours is significant.
- Intervention is highly recommended for people before they become parents (or parents again), in order to mitigate transmission of intergenerational trauma. Having robust trauma informed services for children and adolescents in order to intervene early in a response to trauma is highly recommended. Victoria has a useful service network as a reference point.
- Mothers regularly want to seek help for their children who are perpetuating violence. It is difficult to know where these adolescent or adult children should be referred. There can be a significant interplay for these children between mental health issues, alcohol and drug issues, and the use of violence.
- There is a gap for where women who use violence can access a service, to intervene in preventing further use of violence.

Women's Health Service welcomes any questions or further discussion about this submission.

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