



BLUEPRINT FOR THE DFV RESPONSE IN NSW 2016

LOWER NORTH SHORE DOMESTIC VIOLENCE NETWORK SUBMISSION

The LNS DV Network is a network of services and organisations who have a common interest in Domestic and Family violence – some services who work directly with people experiencing DV and others whose primary role may be in raising awareness, etc. The responses below are a compilation of responses from network members to Part 1 of the Blueprint.

PART 1

1. Thinking about prevention

- a. What kinds of messages and/or communication channels will be most effective in encouraging positive attitudes and behaviours in relation to DFV?
 - Messages that promote gender equality in general, particularly targeting young people eg. in schools – programs to start from very early age and to adapt as the children get older; all about healthy relationships
 - Messages that explain different types of DV (financial, emotional, sexual, and spiritual as well as physical abuse), that it is wrong and explain why
 - Communication channels need to be creative, use social media as well as traditional approach such as TV, bus shelters, sides and backs of buses, trains and garbage trucks
 - Although there are obvious benefits in encouraging positive attitudes, the reality of DFV needs to also be emphasised – real life experiences and how it affects someone; uncompromising messages, direct and to the point.
 - Training for magistrates, GPs, Emergency staff in hospitals from DV specialists
 - Service brochures in GP waiting rooms (eg. FACS brochure ‘Supporting someone who is experiencing D&FV’; ‘Charmed and Dangerous’)
 - Targeted messages – cultural groups, age, pregnancy, etc.
- b. Can you think of any DFV messages you have heard? Were they effective? Why/why not?
 - While DV awareness overall has increased, it was the experience of many of respondents that there has not been as much advertising about DV in the past few years. Or perhaps it just hasn’t been effective or we would remember it?
 - Most messages are based around shaming perpetrators. This can cause perpetrators to be reluctant to engage in support programs. It also causes a level of discomfort for men to openly talk about FDV, as the data can be confronting i.e 1 in 3 Women will experience DV, can be interpreted as 1 in 3 men are perpetrators.
 - Public figures such as Rosie Batty have had a huge impact – using public figures, such as sports people can be very effective, particularly if they have been impacted by DFV.
 - A few effective examples mentioned: Italian anti-DV ad featuring young boys shown on Gruen Transfer went viral; the VAW pregnancy poster campaign ‘The only person who should be

kicking you is your baby'; the City of Sydney and Warringah Council rubbish truck campaigns – 'Domestic violence is rubbish' ; several UK campaigns

- Why were they effective? Clear message, appealed either to a targeted group or general community.
- Campaigns not effective – message not clear; didn't use a range of strategies
- Any new campaigns need to focus on other forms of DV (as above), not just physical. The black eye, etc. can be counterproductive for women experiencing verbal/emotional/financial/sexual assault; also the fact that there can be sexual assault in marriage/relationships needs to be put out there.
- Campaigns to break down the adverse opinion of feminism in the community, focusing on equality and how this helps both men and women. DV happens on a continuum, starting from entrenched sexist attitudes, jokes and comments and can end in death.
- Campaigns need to highlight the effect on children.

2. Thinking about early intervention

a. What should be done to best recognise and support those at risk of experiencing or using DFV?

- Training for frontline staff (police++, education, health, etc.,) to ensure they are able to recognise the signs of DFV and know how to appropriately support victims
- Adequate resourcing of support services including specialist refuge and supported accommodation for DFV victims at risk of homelessness; case management and counselling outreach support services for DFV victims experiencing and/or escaping from violence
- Better conditions and positions within the Police for DVLO's – they should be recognised as having a senior/specialist role and be able to direct the AVO process if necessary.
- Adequate funding of WDVCS, especially as their responsibilities and workload have increased hugely with the DV Justice Strategy.
- Circulate advice regarding DFV on a more personal basis – advise to ask the question, talk to the person you are concerned about, don't ignore the signs, offer support. If the person does admit using or experiencing DV, they need to know about support services.
- Must give Emergency Department staff the opportunity to ask the DV question – this needs to be part of clinical pathway on admission.
- Community awareness for prevalence of DFV in older women, women with a disability and the LGBTQ community.
- More funding for additional, trained magistrates in Family Law. Protracted cases are detrimental to women and children experiencing DFV and sexual assault/abuse.

b. What could be done to respond to those who deny or do not recognise that they are at risk?

- Wide distribution of educational materials regarding DFV and various types.
- Public awareness in a strength based way, ie. how to respond if you suspect someone you know is at risk.
- Provisions of DFV education at 'soft' service entry points to ensure victims are aware of their rights and understand the dynamics of DFV, including its impact on children.
- Police initiated AVOs to continue
- Increasing community education about how to support victims, given that women are more likely to disclose to a close friend or family member
- Increasing the number of men's programs which support men who do not recognise that they are at risk
- Community education aimed at de-stigmatising DFV, often a barrier to disclosure

- c. What would you do if you suspected someone you know – a friend, family member, colleague, etc. – was at risk of experiencing or using DFV?
- Provide them with emotional support and offer to assist them to seek help.
 - Reassure them that they are not at fault
 - Men helping men – DFV perpetrators will often respond better to other men pulling them up and challenging their behaviour

3. Thinking about supporting the safety and recover of victims

- a. What should be done to make it easier for people in crisis to identify, access and understand the service system?
- Navigating the service sector is extremely problematic. Workers on the Link to Home line, DV Line and 1800 Respect Line need to be trained very well on the services available in local areas so as to explain adequately different options to women when they make that first point of call. Having more workers on the L2H dedicated to DFV calls and how to respond to these clients is essential.
 - Achieving shorter waiting times for the DV Hotline numbers
 - Child Support/Children's workers back in Crisis Services. This is a huge gap and children are not supported adequately as workers are under extreme pressure since the reforms to meet targets and unfortunately, don't have time or resources to case manage children adequately.
 - Cross-cultural training for everyone
 - Funding put back into crisis services for out of hours intakes directly into services, not just supporting women in Temporary Accommodation. T/A support can be problematic and women can return when put into hotels that have less than adequate facilities – safety is a huge issue in some of these hotels. Having on-call workers that can also support women over the phone out of hours is essential.
 - More dedicated DVF refuges. More services that are inclusive of older/single women, women with a disability, CALD and Aboriginal women. Post reforms, there are very few specialist DV crisis accommodation services left. Combining generalist homelessness and DVF is not ideal and can create other issues. Following on from this, more funding for support and follow up post stays in crisis accommodation.
- b. What should be done to ensure those affected by DFV are supported to recover from immediate trauma and long-term effects
- Adequately funding existing DV services (such as WDVCS) rather than starting up new services, to be able to fully support families in need.
 - Providing lengthier periods of service would better help victims recover from trauma. Many services at present only offer a limited period of support, such as 3 months.
 - Funding that is continual and on-going to all services and not reliant on governments that change too often. Contracts should be long-term and not over three years for services that are performing well.
 - Reducing the impacts of inter-generational DFV through early intervention for families
 - Increasing funding for service providers for the provision of long-term counselling, including counselling for children.

4. Thinking about perpetrator accountability

- a. What should be done to hold perpetrators accountable for their actions and help them to change their behaviour?
- Mandatory gaol terms for repeat or serious offenders –harsher penalties for ADVO breaches
 - Wider issuing and enforcement of ADVOs

- Ensuring consistent treatment of perpetrators by magistrates at court.
- Access to support services for perpetrators who genuinely want to change.
- Funding for running and evaluation of current Behaviour Change Programmes increased. Longer term evaluation is required.
- Behaviour Change Programs to include understanding by perpetrators of the impact of what they have done – the effect on the victims, which can last for years after the event/s.
- Better support for partners of perpetrators involved in programs.
- Integrated DVF court system such as in Victoria, where Police/Courts/Specialist Services that run BCP's are all speaking to each other. Magistrates to stop referring perpetrators into Anger Management courses.
- Nationwide (or at least State-wide) perpetrator register.
- Generational change to make FDV socially abhorrent is the long term strategy that will ultimately have the greatest impact.