



Women's Domestic Violence Court Advocacy Service NSW Inc

WDVCAS NSW Inc. 2016 Blueprint Submission

The following submission has been produced by the Women's Domestic Violence Court Advocacy Service NSW Inc., which is the peak body representing the 28 Women's Domestic Violence Court Advocacy Services (WDVCAS') across NSW and their workers, operating from 114 Local Courts in metropolitan, regional and rural areas of New South Wales.

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About WDV CAS NSW Inc.

WDVCAS NSW Inc. is the independent peak body representing WDV CAS members. While funded by Legal Aid NSW, WDV CAS Inc. is independently governed by a Board of Directors. The Board appoints a Director to implement the organisation's key roles which are to:

- advocate in social, legal and political settings on behalf of our members who work with women and their children who have experienced domestic violence;
- collaborate and consult with key stakeholders;
- formulate recommendations for systemic policy and law reform; and
- assist in coordination of state wide membership.

We aim to be a leader in initiating policy and law reform on issues affecting women and children experiencing domestic and family violence. This we achieve through working with our members to identify systemic issues and advocating for change via constructive recommendations to the on-going policy and law reform agenda.

About WDV CAS Services

The 28 WDV CASs operate from 114 Local Courts in metropolitan, regional and rural areas of New South Wales. WDV CASs work co-operatively with the NSW Police, Magistrates, Local Court staff, legal practitioners and local support services to improve court outcomes for women and their children who have experienced Domestic and Family Violence. WDV CAS' play a key role in the NSW Government's Domestic Violence Justice Strategy as a key referral pathway to all female victims who have been involved in a domestic or family violence incident involving police.

Some services provided by WDV CAS workers include:

- assisting women and their children to obtain ADVOs and APVOS at court;
- supporting women referred from the police as part of the NSW Domestic Violence Justice Strategy by making contact within 24 hours to provide support, information and referral;
- referring women to solicitors and in certain circumstances, organising legal representation through the Domestic Violence Practitioner Scheme;
- advocating and making referrals to support sources such as related legal services (Victims Services for example) housing, health, counselling, and financial services such as Centrelink or financial counselling;
- facilitating the empowerment of women who have experienced Domestic and Family Violence.



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Member Consultations

In the preparation of this submission, five consultations were held with a total of 25 members.

Monday 19th January, 10am at Western Sydney WDV CAS

- Cheryl Alexander (facilitator) cheryl@dvcas.net.au
- Maria Le Breton assistantcoordinator@dvcas.net.au
- Vicki Martinson westsydney@dvcas.net.au

Thursday 21st January, 2015, 2pm at Macarthur WDV CAS

- Tanya Whitehouse (facilitator) Tanya_Whitehouse@clc.net.au
- Sesilia Large sesilia_large@clc.net.au
- Kelly Standaloft kelly_standaloft@clc.net.au
- Shaylyn Schumacher shaylyn_schumacher@clc.net.au
- Lisa Stark lisa_stark@clc.net.au
- Joanne Walker joanne_walker@clc.net.au
- Amanda Weigand amanda_weigand@clc.net.au
- Brenda Coan brenda_coan@clc.net.au

Monday 1st February, 2015, 9am at Riverina WDV CAS

- Ann Jones (facilitator) Ann@lcn.org.au
- Jody McKenzie
- Renata Field

Monday 1st February, 2015, 10.30am at Northern Sydney WDV CAS

- Josie Gregory (facilitator) josie.gregory@dbb.org.au
- Lesley Spruce lesley.spruce@dbb.org.au

WDVCAS NSW Inc. is funded by:





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- Kate Barrett
- Padmaja Bhandari
- Tania Smith

Tuesday 2nd February, 10am at Hunter WDV CAS

- Pam Brydges (facilitator) Pam_Brydges@clc.net.au
- Lauren Nepali
- Carol Beverly
- Paula Smythe
- Tracey Walker
- Kylie Chalker

WDVCAS NSW Inc. is funded by:





Part One – Questions for Everyone

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

- Most importantly, campaigns to outline and reinforce the message that DFV is not only physical abuse, but can include financial, emotional, sexual and spiritual abuse, manipulative and controlling behaviours and stalking.
- Campaigns to reinforce the message that the community as a whole does not accept DFV.
- Campaigns to include Information for community members as to what to do if someone they know is experiencing DFV. This should include referral information and advice on how to best offer support.
- Community education campaigns to be created in consultation with specialist DFV workers from the field in order to ensure efficacy and correct messaging.
- Campaigns educating the community to be run about the effects of DFV on children.
- Greater education and support amongst pregnant women. Improvement of DFV assessment within the medical system.
- Personalising the message- what if this was your daughter, sister, wife, grandma, friend etc.?
- Campaigns to target victim blaming.
- Utilising the Deluth Model- Power and Control Wheels within campaigns to reinforce the basis of DFV and educate victims about the relationship dynamics of DFV.
- Improved training and education for police from DFV specialists.

Communication Channels

- Positive reinforcement from reputable female and male community members. Strong messages from both sexes addressing DFV issues.
- Television ads, movie ads, bus stop signs.
- Rosie Batty is an extremely successful person who was able to dramatically raise the profile of DFV and educate the public about DFV issues across Australia. Celebrating the survival and resilience



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of other figures with experience of DFV (or from the DFV sector for their work and commitment) could be an important way of continuing to raise the profile of DFV.

- Actively working with TV journalists to run programs such as the Sarah Ferguson documentary could be beneficial. WDVCSA noted an increased number of calls following the screening of this documentary. This could be in the form of a TV series to highlight the depth of women's experience. If this avenue is followed, it is integral that thorough safety and support measures are implemented, such as Sarah Ferguson used for Hitting Home.
- Posters in local bus shelters that cover wide areas may be effective.
- Drama groups going into schools.
- Education in schools could be modelled on 'Happy Healthy Harold'.
- Art Exhibition of prominent people's portraits speaking up against DFV.
- Utilising social media.

b) Can you think of any DFV messages you have heard?

Were they effective? Why/why not?

- Important messages requiring further publicity include: DV is a crime and a community responsibility.
- A campaign in the UK some years ago in the main train stations could be recreated in inner-city Sydney with some success. The message was written as a text from the police, directed at perpetrators and aimed at deterrence. Messages said things like "you think we don't know what you do, we do", "we know you are a perpetrator of violence", "we will arrest you", "and domestic violence is not ok". The campaign effectively drew upon the authority of the police and the intimidating effect of potential police action. The Australian version of the campaign could target a large audience and address a variety of myths, for example; "domestic violence is not just hitting, it is....", "it is not ok to be a violent person, no matter your culture".
- The anti-DFV campaign seen in 2015 in Sydney using posters with messages on models' bodies in tattoo successfully included a variety of types of DFV (not only physical abuse), and offered the metaphor that the consequences of DFV last for life. Some negatives were that tattoos are considered quite trendy by young people, so the visual impact may not have been as great as imagined.
- Messages from football players (despite fact some football players have been perpetrators).
- 'Baby is a sponge' education campaign targeting pregnant women. This was thought to be a successful strategy for community education.



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- One participant noted success in posting DFV information on the Local Domestic Violence Committee Facebook page. The participant noted that it reaches a large number of people with each post.

2. Thinking about early intervention:

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

- Adequate funding of the Women's Domestic Violence Court Advocacy Services (WDVCAS') through the Domestic Violence Justice Strategy to enable greater support for those experiencing or at risk of experiencing DFV. This is an effective way to support women in early-crisis intervention. Since July 1, 2015, female victims of DFV have been automatically referred to WDVCAS for follow up and support. The automatic referral to WDVCAS and contact to women within 24 hours of the event occurring offers women safety planning, referral opportunities and information about their options and rights. It also creates an access point to the DV sector if the woman requires support in the future, which has been happening frequently. It is essential that WDVCAS' are adequately funded to deliver the services that they provide to the growing volume of women seeking help, including early crisis intervention phone calls to victims following an incident involving police, and support surrounding applying for intervention orders.
- WDVCAS' are involved in a wide range of community education initiatives, which limited funding has restricted. Community education by local services opens referral avenues for those at risk.
- Increased availability of long-term case management services. When women experience DFV, they also face a plethora of connected issues including legal, financial, mental health and accommodation issues. Achieving stability after experiencing trauma takes time and support, particularly when abuse can escalate after leaving the perpetrator and when legal avenues such as protection orders and family court can take an extended amount of time. Case management supports women to make independent decisions in a supportive environment to increase safety, support children, improve financial independence and deal with trauma and mental health issues. Case management is successfully offered at Wagga Wagga and Macarthur WDVCAS'. It would be greatly beneficial to women experiencing DFV if WDVCAS were funded to offer case management across NSW, particularly as WDVCAS is the first point of referral for women involved in an incident involving police.
- Increase in funding for WDVCAS to expand outreach services, to access women who are experiencing DFV but have not contacted police.
- Increased funding for Staying Home Leaving Violence (SHLV), including funding for new services in a wider number of locations across NSW. The case management and home security that SHLV offer are particularly important for early intervention. Duress alarms and other safety provisions are currently limited in supply, however these should be available to all victims who require them.



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- Adequate funding for early intervention in schools. It is important that this is thoroughly supported by research, uses a whole-of-school approach and is taught by trained professionals at set standards. Education can start in primary school with a focus on communication skills and anti-bullying and then progress to healthy relationships and education in high school.
 - Encouragement of persons at risk to seek professional assistance from local DFV services where available (noting restrictions of services in rural and remote areas. Provide information about ADVO's, access to the police and Domestic Violence Local Officer in order to increase safety and justice outcomes for victims.
 - It is integral is for someone who understands the complex issues of DFV to talk to people experiencing DFV, offer validation and support and let them know what help is out there and how to access it. Training by specialist services should be provided for professionals who are access points for women to better equip them for these conversations e.g. GP's, nurses or teachers. It is also important that community members are similarly educated to be able to lead these discussions.
 - Better resourcing of the soft entry point of Brighter Futures and Strengthening Families would improve early intervention for families.
 - Improved training for FACS workers in understanding and assessing the dynamics of DFV.
 - Comprehensive training for all service providers (particularly FACS) to recognise the specific issues facing Indigenous women and CALD women around issues of DFV.
 - Accessible DFV programs to People in Rural and Remote Areas as often people in these communities have no access to crisis points or DFV services.
 - Utilising an integrated response approach, as utilised in Victoria.
- b) What could be done to respond to those who deny or do not recognise that they are at risk?
- Reducing barriers for women to leave by providing adequate financial support and housing support, including crisis and transitional accommodation.
 - Increasing general community education about non-physical types of violence.
 - 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 of perpetrating violence.
- 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?
- Refer them to a support service, such as WDV CAS, that can provide a range of support from information and referral to safety planning and support to receive legal advice and a protection order.
 - Name the behaviour as domestic violence and not minimise what has happened. Offer reassurance to the victim that they are not at fault.



3. Thinking about supporting the safety and recovery of victims–

a) What should be done to make it easier for people in crisis to identify, access and understand the service system?

- An improved central referral website, where people can find local supports and different types of information applicable to their needs. Having a central website that's easy for general public to access, having information that easy to understand including all crisis services that can be searched by postcode, information about DFV, information for family and friends and links to useful resources including apps such as Aurora and Daisy.
- Monitoring programs, NGO Ombudsman to assure the quality of services in order to ensure that victims are receiving a quality service.
- Achieving shorter waiting times for the DV hotline numbers (some women have had to wait up to 2 hours to speak to someone at 1800 respect).
- Streamlined referral processes that avoid duplication and offer clear case coordination and management.

b) What should be done to ensure those affected by DFV are supported to recover from immediate trauma and long-term effects?

- Adequately funding specialist domestic violence services, such as WDVCS', in order to thoroughly respond to the immediate needs of women and children affected by DFV.
- Adequately funding existing specialist services, rather than starting new services, to be able to fully support families in need. Existing services include: court support services, refuges and accommodation services, Staying Home Leaving Violence and Family support. Many of these services have long waiting lists or are difficult to obtain places for. Victims wanting support should be able to receive the support they require immediately.
- Supporting and funding the long-term case management approach, which is extremely successful in working with women affected by DFV. Two WDVCS services (Macarthur and Wagga) are funded to provide these services, however the positives to women would be exponential if these services were offered by WDVCS' across NSW.
- Greater availability of specialist DFV counsellors.
- Victim's Services to refer to counsellors who match the needs of clients e.g. Victims of sexual assault or DFV to specialist counsellors with a thorough understanding of the area.
- Providing lengthier periods of service would better help victims recover from trauma. Many services only offer a limited period of support, such as 3 months, at present.



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- Increasing funding to service providers for the provision of long-term specialist DFV counselling, including counselling for children.
- Reducing the impacts of trans-generational DFV through early intervention for families.
- Funding services that are run and operated by Aboriginal people, with specialist Aboriginal workers.

4. Thinking about perpetrator accountability -

a) What should be done to hold perpetrators accountable for their actions and help them change their behaviour?

- Providing and adequately funding Men's Behaviour Change Programs which are run to minimum standards, and involve comprehensive support to women and children.
- Ensuring consistent treatment of perpetrators of DFV by Magistrates at courts throughout NSW. This may involve training Magistrates further in the dynamics of DFV.
- Ensuring harsher penalties for ADVO breaches by perpetrators and repeat offenders.
- Providing mandatory DFV programs for defendants when ADVOs are finalised and/or for second time offenders. Programs could include DFV specific information, conflict resolution and communication skills and support for victims and children.
- From the perspective of workers within the Women's DFV sector, it seems that the Justice System is focussed on giving perpetrators multiple chances when the safety of victims is a serious risk. Potential safety risks to victims should be given equal weight to the "right to a fair trial".
- All perpetrators to be directed by the court system to attend DFV awareness groups with trained personal. This will provide them with information about the effects of DFV on their partners/children, other family members and community.
- Increase in custodial sentencing and obligatory programs within custody addressing DFV run by trained professionals to minimum standards.



Part Three – Questions for Service Providers

1. Which of these categories best describes the sector in which you work?

- Women's support or advocacy services.
- Domestic and family violence services.

2. Have you ever referred someone to an additional service because you suspected they were at risk of experiencing or using DFV?

- WDVCS' are constantly referring clients to appropriate support services, as part of our core work.

How did you find/access this service?

- The majority of WDVCS clients are directly referred to WDVCS from the police following an incident of DFV where there is a female victim. Other clients are referred to WDVCS from local services, or clients self-refer.
- Referrals from WDVCS to other support services are made utilising pre-arranged referral pathways, interagency and networking skills.
- In areas where Safer Pathway has been implemented and there is a Local Coordination Point (LCP), the Safety Action Meetings are an excellent way of collaborating across organisations and agencies. Safety Action Meetings have showed high success in meeting clients' needs such as housing, counselling, safety planning, legal protection and income support. WDVCS NSW Inc. recommends the immediate roll-out of Safer Pathway across NSW due to the effectiveness of this reform.
- WDVCS' unique seconded workers roster involves workers from a range of local services working at the ADVO list day at court. If a client needs to be referred to a local service, a worker from that service may be at the court to discuss this directly and open the pathway to the client accessing the service.

What did you find easy/challenging about this process?

- One of the main challenges of referring clients is the lengthy waiting time for many specialist DV services to accept new clients. Specialist DFV services require adequate funding so that they can offer services to clients at the time they require them.
- There is a lack of specialist DFV services accessible to regional and rural women.



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- As noted above, the Safety Action Meetings as part of Safer Pathway allow clients assessed at Serious Risk of Threat by police to access services more quickly and easily.
- There is a lack of case management services available to women and children experiencing DFV.
- The following client groups can be difficult to find adequate services for; clients with complex needs, clients with co-morbidity, regional and rural clients, clients with immigration issues or whose visas do not allow any entitlements to support services. It is recommended that specific services are funded to service these client groups.

3. What features of the current DFV service system do you think work well, and why?

- WDVCS' work very well, particularly as they are able to offer a localised, specialist response to clients, but deliver service NSW wide.
- Mandatory, automatic police referrals from the police to WDVCS are extremely successful, as they allow women to be offered support and information in the 24 hours following an event involving the police. This referral pathway allows clients who may otherwise have not accessed support systems to access information about DFV and DFV services and to be referred to relevant services matching their support needs.
- The Central Referral Point (CRP) referral system from police to WDVCS works well in theory, however there are some practical issues meaning that the database does not function to its highest capacity.
- Safer Pathway is working extremely well, and it is recommended that it be immediately rolled out across NSW. The ease of the referral process and the collaboration between agencies creates an effective, collaborative approach, and reduces the risk for women and children, particularly addressing women who are assessed to be at serious threat. Though Safer Pathway is focussed on the safety and wellbeing of women and children experiencing DFV, the results can have positive effects for perpetrators, such as faster and easier referral to support services including AOD, accommodation and mental health support
- Freedom of information exchange is very positive in working collaboratively across services.
- Collaboration between services has increased, particularly in areas with an LCP, and is beneficial to the support available to clients.
- Where culturally appropriate support for CALD and Aboriginal clients is available, it is effective and successful.
- SHLV is working very effectively in many areas.



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4. What features of the current DFV service system do you think could be improved and, why?

- The services provided by WDV CAS' and the support for women and children experiencing DFV could be greatly improved with increased funding. WDV CAS has received only a temporary 20% funding increase since 2009, despite a steady growth in the service since 2009. WDV CAS has seen a 95.77% increase in client numbers from 2009-2015 and a 47.68% increase in client numbers from 2014-2015. WDV CAS has seen a 160.44% increase in service events from 2009 to 2015 and a 37.03% increase in service events from 2014 to 2015¹.
- The Central Referral Point (CRP) database requires additional funding and upgrades for it to work more effectively. The current system does not work well with the police system, not all functions of the system work, it is not linked to the WDV CAS database and it is extremely slow. The poor function of this database makes it difficult for WDV CAS workers to support women, increases the workload of staff, and reduces the amount of support that workers are able to offer clients. The police' COPS system also requires improvements so that it can work more effectively together with the CRP database.
- A state-wide, central pathway for referrals, such as Safer Pathway, would be very effective.
- An increase in case management available to women such as a case-management component to all WDV CAS' would vastly increase the effectiveness and quality of support available to women, as well as reducing the impact of trauma. Macarthur and Wagga Wagga WDV CAS' are currently funded to offer case management and do so successfully.
- An end to competitive tendering within the sector and the securing of funding that is longer-term. Secure funding for existing services enable them to make long-term plans, prioritises stability and best practice support developed by specialist services. Adopt Recommendation 10 of the 2015 NSW Legislative Council's Inquiry into service coordination in communities with high social needs; to review the competitive tendering process for human services and examine best practice models for procurement that facilitate and encourage ongoing co-design and collaboration and include consultation with non-government service providers.
- Create a support service similar to WDV CAS available for women in the Family Court system.
- The Domestic Violence Safety Assessment Tool (DVSAT) used by police, to be improved with consultation from WDV CAS specialist workers and Domestic Violence Liaison officers (DVLOs) utilising it. Some suggested improvements to the DVSAT include; aligning it with the Mandatory Reporting guidelines Decision tree, including time frames to give a more accurate picture of what is happening now for client and investigating the automatic assessment of repeat victims as Serious Threat.

¹ Figures based on data extracted from the Women's Domestic Violence Court Advocacy Program database on 29th January 2016. Figures compare the July 1 -December 31 period for the years 2009, 2014 and 2015. Figures from 2015 may be incorrect as some WDV CAS' have been unable to enter all data due to staff shortages and high demand for service.



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- More funding for Aboriginal Specialist Workers in both Government and non-Government services, particularly FACS.
- Adequate training to ensure that FACS recognise and respect the complex role they can play with Indigenous families and always offer an Aboriginal worker to Aboriginal parents.
- Higher authority for DVLO's within the police force, including higher ranking. This would encourage DFV to have a more prominent position within the police and to be dealt with more effectively.
- Increased support for LGBTIQ victims, and increased training for specialist DV staff to support the particular needs of LGBTIQ people.
- Increased support for people with disabilities affected by DFV. Collaboration with disability specialists to direct policy as to the specific needs of people with disabilities experiencing DFV.
- Better evaluation of services to ensure that they are meeting client needs.
- Less duplication of services.
- Referral pathways that are clearer to clients.
- Increased access to crisis accommodation, particularly specialist DFV services.

5. What kind of measures could be taken to support service providers to better identify those at risk, and take early action to help prevent DFV?

- Establishing minimum standards for service providers working as specialist DFV services will improve the level of service provided. Development and implementation of sector-driven best practice standards that would underpin governance, legal, criminal justice, support and referral systems, encourage collaborative multi-agency approaches and be client centred.
- Increasing DFV training for non-specialist workers such as medical staff, GP's, counsellors and teachers.
- Providing training in complex matters of DFV, for example, dual diagnosis, co-morbidity and DFV within different cultural contexts.
- Supporting specialist training in DV at a university level in a broad range of degrees, including medicine, nursing and education.

6. DFV is a whole of community issue, and results will be best achieved with a whole of community response. What could be done to encourage cooperation and coordination between government, business, NGOs and the community to improve responses to DFV?



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- Funding all WDVCS' immediately to become LCP's would ensure better collaboration between services, as the SAMs require services to meet and discuss women at serious risk. This has been demonstrated in practice in the sites that have been rolled out.
- Funding specialist DFV services appropriately, particularly WDVCS', SHLV & specialist women's DFV refuges.
- Supporting existing services rather than replacing them with newer services means that the extensive experience and knowledge of workers is not lost.
- Removing competitive tendering from the sector would ensure that the appropriate focus of administrative attention and effort remains more fully on the provision of the relevant services themselves.
- Reducing duplication of services is an important aim, but must always be done in a way that ensures no net loss of funding or services in the sector.
- Working towards long term strategies (over 10 years) should be strategically structured and integrated with shorter-term initiatives
- Funding initiatives that have been well researched and tested prevents wastage of funds and effort.
- Continuing to expand education programs to businesses to provide support to staff experiencing DFV.
- Providing and funding ongoing specialist training to services, businesses and general community such as the tactics of DFV, elder abuse or co-morbidity.



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Key WDV CAS NSW Inc. Recommendations

- Full funding of WDV CAS' which matches the increased level of service delivered to clients and the increasing number of referrals experienced due to the Domestic Violence Justice Strategy. WDV CAS has seen a 95.77% increase in client numbers from 2009-2015 and a 47.68% increase in client numbers from 2014-2015. WDV CAS has seen a 160.44% increase in service events from 2009 to 2015 and a 37.03% increase in service events from 2014 to 2015².
- The immediate roll out of Safer Pathway across NSW. Safer Pathway is working extremely well in the launch sites, and is achieving excellent results in improving safety and delivering much needed support to families experiencing DFV using an effective, collaborative, interagency approach.
- Full funding of specialist DFV services, including crisis and transitional accommodation services, services for children affected by trauma, mental health services, income support and legal support in order to provide wrap-around support for women and children experiencing DFV.
- Funding early-crisis intervention services, including the work of WDV CAS' under the Domestic Violence Justice Strategy. The automatic referral to WDV CAS' from police and contact to clients within 24 hours of the event occurring offers women an automatic follow-up, safety planning, referral and information from experienced, trauma-informed, specialist DFV workers with an in depth knowledge of the field and the local service providers. Early crisis intervention, such as the work done by WDV CAS' also creates an access point to the DV sector if the woman requires support in the future
- The implementation of a long-term NSW Aboriginal DFV Strategy driven by Aboriginal communities. The DFV Strategy would work in collaboration with a strong, well-resourced Aboriginal Family Violence Network to develop and implement consistent and evidence-based best practice initiatives.
- Full funding for accessible, specialist, targeted, culturally safe, client-centred services that meet the health, housing, justice and legal needs of all women, children, young people and high risk communities including but not limited to:
 - o Aboriginal and Torres Strait Islander women,
 - o Young women,
 - o Older women,
 - o Women with disabilities,
 - o Culturally and linguistically diverse and migrant women,

² Figures based on data extracted from the Women's Domestic Violence Court Advocacy Program database on 29th January 2016. Figures compare the July 1 -December 31 period for the years 2009, 2014 and 2015. Figures from 2015 may be incorrect as some WDV CAS' have been unable to enter all data due to staff shortages and high demand for service.



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- o Women living in regional, rural and remote areas,
 - o Women in prison and women exiting custody, and
 - o Lesbian, gay, bisexual, transgender, intersex and queer people.
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- Availability and resourcing of case management available and readily accessible for families, women and children and for perpetrators of violence across NSW. Case management helps women to face the plethora of connected issues to DFV including legal, financial, mental health and accommodation issues. Achieving stability after experiencing trauma takes time and support, particularly when abuse can escalate after leaving the perpetrator and when legal avenues such as protection orders and family court can take an extended amount of time. Case management supports women to make independent decisions in a supportive environment to increase safety, support children, improve financial independence and deal with trauma and mental health issues. Case management is successfully offered at Wagga Wagga and Macarthur WDVCS'. It would be greatly beneficial to WDVCS clients if the service were funded to offer case management across NSW, particularly as WDVCS is the first point of referral for women involved in an incident involving police.
 - Free and accessible specialist services for children impacted by the trauma of DFV.
 - Early intervention in schools which is adequately funded, thoroughly supported by research, uses a whole-of-school approach and is taught by trained professionals at set standards. Education can start in primary school with communication skills and anti-bullying then progress to healthy relationships and education in high school.
 - An improved central referral website, where people can find local supports and different types of information applicable to their needs. Having a central website that's easy for general public to access, having information that easy to understand including all crisis services that can be searched by postcode, information about DFV, information for family and friends and links to useful resources including apps such as Aurora and Daisy.
 - Providing mandatory DFV programs for defendants when ADVOS are finalised and/or for second time offenders. Programs could include DFV specific information, conflict resolution and communication skills and support for victims and children.
 - Establishing minimum standards for service providers working as specialist DFV services to improve the level of service provided. Development and implementation of sector-driven best practice standards that would underpin governance, legal, criminal justice, support and referral systems, encourage collaborative multi-agency approaches and be client centred.