



**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY**

**STANDING COMMITTEE ON JUSTICE  
AND COMMUNITY SAFETY**

(Reference: [Inquiry into domestic and family violence—policy approaches and responses](#))

**Members:**

**MRS G JONES (Chair)  
MS B CODY (Deputy Chair)  
MS E LEE  
MR C STEEL**

**TRANSCRIPT OF EVIDENCE**

**CANBERRA**

**THURSDAY, 8 FEBRUARY 2018**

**Secretary to the committee:  
Dr A Cullen (Ph: 620 50142)**

**By authority of the Legislative Assembly for the Australian Capital Territory**

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

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*Amended 20 May 2013*

**The committee met at 9.30 am.**

**PUTT, DR JUDY**, Board Chairperson, Domestic Violence Crisis Service  
**WILSON, MS MIRJANA**, CEO, Domestic Violence Crisis Service

**THE CHAIR:** I declare open this second public hearing of the Standing Committee on Justice and Community Safety inquiry into domestic and family violence—policy approaches and responses. Today the committee will be hearing from the Domestic Violence Crisis Service, Canberra Community Law, the ACT Bar Association and the Domestic Violence Prevention Council. On behalf of the committee, I would like to thank all the witnesses for making time to appear today.

On behalf of the committee, I would like to welcome our first witnesses, Dr Judy Putt and Ms Mirjana Wilson, from the Domestic Violence Crisis Service. Thank you for appearing today and for the service's written submission to the inquiry. I remind you of the protections and obligations afforded by parliamentary privilege and draw your attention to the pink privilege statement on the desk. Can you confirm for the record that you understand privilege and the implications of the statement?

**Ms Wilson:** Yes.

**Dr Putt:** Yes.

**THE CHAIR:** Thank you. I also remind witnesses that the proceedings are being recorded by Hansard for transcription purposes and are being webstreamed and broadcast live. Before we proceed to questions, do either of you have an opening statement?

**Ms Wilson:** We are quite happy to take questions.

**THE CHAIR:** Thank you very much for your submission. It is really good to hear from people practising on the ground about how you are actually doing the work you do and the struggles that you come up against every day. We have had some very specific suggestions from some of our submitters; yours are more broad, which is great.

I want to ask a couple of things. First of all, towards the end of your submission you talk about the whole-of-community response that the government is now embarking on and that you accept that the Glanfield inquiry suggests that the government move to an outcomes based model instead of an outputs based model. Could you make a comment about how we might measure outcomes in this area?

Obviously, the numbers of people reporting to police have now gone up; I presume that that figure going down a little will be seen as a success, given that there is now a higher level of reporting. Are there any other measures or methods, or people you can point us to who might be able to help with that type of assessment?

**Ms Wilson:** I think we need some clarity around what we understand about reporting to police and to services and support agencies. It is not necessarily the case that a fall in reporting correlates with fewer people experiencing domestic and family violence

or that suddenly we have fixed that problem.

A lot of the time, what we hear from the people that we work with on the ground is that what the response from police may or may not be at the time when they call may determine whether they engage police again. So that is a factor that needs to be taken into account. Increasingly, with a criminal justice response—particularly under a pro-arrest system, as we have here in the ACT—if that is not a system that you wish to engage in, you will not call the police. For a lot of Aboriginal and Torres Strait Islander families, for a lot of culturally diverse families, the idea of calling the police for their DFV matter and then having an arrest take place, a court matter to proceed with—

**THE CHAIR:** What does “DFV” stand for?

**Ms Wilson:** A domestic and family violence matter. It may not be the response that you are looking for.

**THE CHAIR:** Yes. There is the whole shame issue, but there is also the preference for keeping the family together. The coordinator has spoken to us about that; the government are quite aware that they need methodology for people, which is about keeping the unit together from the get-go.

**Ms Wilson:** Exactly. Before I hand over to Judy, my final commentary around that is that, when we are looking at measuring outcomes, we then need to look at what are the suite of service options that we can provide to people. Some of it will be to have a strengthened system that allows people to flee domestic violence and to go into a refuge. There needs to be a strong and rigorous legal system that provides adequate responses to a range of people, as well as whole-of-family options, which is where this third phase of responding to domestic and family violence in Australia is currently at. I think that is the least well-developed of the responses that we have.

**THE CHAIR:** Yes. It is interesting, isn't it, the way that we have assumed that separation is the safest; it does bring with it its own set of worries, concerns and issues.

**Ms Wilson:** Absolutely.

**Dr Putt:** In the submission we mention that we are commissioning an evaluation by an external evaluator for our new program, room for change. More generally, it is not unusual to have evaluations of specific programs. The trouble with that is that it does not capture the full gamut of services and activities that are being conducted in relation to domestic and family violence. They can also be very costly, as you can imagine. It makes sense in this instance to invest in a real, full-blown, proper evaluation, because it is a new initiative.

**THE CHAIR:** Early on.

**Dr Putt:** It is early on; we really want to see what it is producing. That means we will have a monitoring and evaluation framework which will clearly identify short-term, medium-term and longer term outcomes from the program. It is very important to get that range of outcomes identified clearly. The short-term ones in particular are usually

what—let us face it—funding agencies are interested in, rather than just output measures, so that you can produce some outcome indicators.

**THE CHAIR:** Working with people for a long period of time presumably is a large part of these issues being truly resolved for people. Do you have any view on how that can work? Obviously, you can put people in a small group, you can work with them and you can get them to a certain point. I think the community wants to feel that we are getting to a place where people actually are able to turn things around completely and have the life that they envisaged, and not just escape violence, essentially. I presume that it is not that different to other sectors where that takes three to five years.

**Ms Wilson:** It is long-term work and it is not work that we can do in isolation from those other sectors. I think the complexity of the work is not just about the use of violence in the family home, as we are finding with the men that we work with in our room for change program—

**THE CHAIR:** They are often victims as well.

**Ms Wilson:** There are elements of having had violence in their lives for extensive periods of time. There have been intersections with the child protection system, both when they were children and as adults with their own children. They have significant mental health issues and they also have self-medicating issues with drugs and alcohol usage, and that fluctuates from problematic use to the point where it may then lead to periods of incarceration. All of those things are really heavily intertwined.

I think that taps into what Judy said. We need a set of outcome measures that actually take into account the complexity of what those things are, not just from a use of violence perspective but all of those other things. That is what requires the rest of the sectors to be heavily involved.

**THE CHAIR:** Do you think perhaps there is a role for government there, given the cost of evaluation, and to have a centralised evaluation unit? It would take the cost away from smaller organisations and it would also be able to collate the data at the same level and in the same format across the whole sector. Can you see any purpose for something like that?

**Dr Putt:** Personally, I think it would be more important to have monitoring and evaluation frameworks for the integrated holistic response—

**THE CHAIR:** Yes, so that it is all done in the same sort of way.

**Ms Wilson:** Common datasets, common agreed short-term, medium and longer term outcomes—having that framework which can then inform the work across sectors and across the different programs.

**THE CHAIR:** Yes, so you end up working as one system, even though you are effectively doing your own areas of expertise.

**Dr Putt:** As Mirjana was flagging, the outcomes are shared, in a sense. They are not

specific, usually, to a particular organisation or a particular program, so you need that more global framework, shall we say.

**THE CHAIR:** Rather than also setting up a huge government behemoth to fix people's lives, it probably is better to keep so much of this work with the experts who are already involved in it in the community sector.

**MS LEE:** On behalf of the committee, thank you and congratulations on 30 years of service to the community. I have a few questions about some of the programs you specifically listed in your submission. The three points you have in your submission—stepping forward, moving on and growing strong—are they done in sequence or are they available as standalone programs? Do they have any synergy at all?

**Ms Wilson:** Between one another or with the other programs?

**MS LEE:** With those three programs you have there and some of the other ones that you have listed.

**Ms Wilson:** The three programs we have listed there are almost three different options, so they all run throughout the year. The first option is about a program for those people who are really not ready for a closed therapeutic approach: "Let's sit down and talk about the violence you've experienced." It is literally a group where you can socialise and step out of your house and from your isolation for the first time. It is sort of a gentle easing into.

And you can graduate, if I can use that language, from attending a number of stepping forward sessions into something like the moving on group, which is more of that traditional, closed therapeutic group, sitting in a circle and working through parenting, self-esteem, safety and all of the other issues that have impacted on your life because of the violence you have experienced.

Growing strong is a little bit different again in that it is very specifically about women and children and that reconnecting of the parenting. One of the things we know that gets severely lost is the connection between the mother and the child. Where a mother is running around, trying to keep herself safe, a lot of parenting issues often go by the wayside. So it is about how to establish that connectedness.

We have had various existing DVCS clients who dip in and out of those, depending on where they are in their journey, but also people we have never worked with who have managed their situation alone or through other supports and who are ready to enter into a support group type program.

**MS LEE:** The program for men that you refer to at the bottom of that page, how do those program participants make their way to you? Are they referred? Do they self-refer?

**Ms Wilson:** A whole pile of different ways. They can self-refer. The three prominent pathways through which men are referred to the room for change program are ACT corrections, ACT Policing and child and youth protection services. The groups are integral to the room for change program, so it is one part of the room for change

overall offering to those men. Good practice around men's behaviour change work is that you cannot just accommodate men and do outreach or case management with men unless you are also offering intensive group sessions. If you are a man interested in coming into room for change, then you have to accept that there is group work that you have to be ready to attend.

**MS LEE:** It is like law school.

**Ms Wilson:** Yes, and the group structure is big group work. There is a group that starts to get you ready, called emerge. That is like getting ready to deal with the content and how you are going to manage being in a group and disclosing behaviours that most of us find fairly difficult and challenging to hear and how you are going to go with that in a group with men. Then they go into the taking the responsibility for their violence group. Following that, there is a caring dads group, which is for men who are fathers and to reconnect the men with their children because, again, we know that when men use violence the relationship with their children is often severed.

**MS LEE:** In terms of reviewing or evaluating the current programs you have, can you give us a brief outline of how you do that?

**Ms Wilson:** As Judy mentioned, we are using an external person to evaluate that. Dr Jason Payne worked in the criminology field for an extensive period of time, and he is based at the ANU. So part of putting up the submission for room for change was an outcome and evaluation framework because we saw that as really important up-front. He is working with us on that and doing that evaluation as we proceed. Hopefully, we will have within 18 months to two years something to offer government around some of those short to medium-term outcomes. The long-term ones are obviously much longer than that. Our early indications already are that, with many of these men, we are three steps forward and two steps back.

**Dr Putt:** And little stumbles along the way.

**Ms Wilson:** Yes, but the beauty of that program is that we are not just working with them; we are working with the women and the children at the same time. So it really is very much a holistic all-of-family response. We see the family as a system; you cannot tweak one part of the system without the other parts of the system being impacted.

**Dr Putt:** Generally DVCS does a lot of measurement and collection of data in terms of output statistics in particular, but it also does a client satisfaction survey at regular intervals and a staff feedback survey. There are ways that DVCS tries to endeavour to assess and reflect on how well it is delivering its services across the board. They are very important and are in-built into the organisation, and you can see that in the annual reporting.

I also want to flag that DVCS was involved in a major national research project that was trying to look at ways of developing short-term outcome measures from the perspective of clients who have gone through crisis intervention. That is very challenging, as you can imagine, because it is hard to approach clients who have been in crisis and ask for feedback. We were trying to look at doing that in a way that

would ensure we were not increasing harm to them, potentially. We came up with a number of measures of what the women valued—and they were all women—in terms of crisis intervention. They were things like feeling safer and being listened to. Feeling that they had been properly listened to was really important.

That is what we mean by short-term measures for crisis intervention. And also just being aware of their options, which may not sound that important in the grand scheme of things, but it was terribly important to the women who were involved in the research. That relates to the significance of these support groups, because that is very important as an adjunct or a follow-on—knowing that they can potentially participate in those kinds of groups post crisis.

**Ms Wilson:** Being around for 30 years has meant we have seen some families for that entirety. There are some families we worked with two decades ago, and who seemingly were doing okay, who are back, sometimes with a new partner but sometimes with the same sorts of things. They have been travelling really well, but then they get to a fork in the road and another event happens in the family. It is really important that people have a way to get back and seek support, because it is not linear.

**THE CHAIR:** Some people will move through and create a different kind of life, and others will have to come back.

**Ms Wilson:** They cycle in and out.

**THE CHAIR:** It is a bit like other forms of behaviour change.

**MS LEE:** As with any community organisation that is doing a lot of good work, there are obviously resourcing issues you face. But if you had a wish list, do you have any specific programs in mind that if you had all the resources in the world you would be pursuing or something that you are not able to do because of the limited resources? Given your work in the field for 30 years, you have seen trends, and certainly different needs have arisen over time. Is there anything specific where you would think, “Oh, well, it would be great to do this, but we just can’t”?

**Ms Wilson:** The resourcing issue can be a bit of a boring conversation, but it is the reality of it. We have made a conscious decision to try to expand that continuum of support all the way through from crisis to being able to offer people something more long term, so people are not just dropped. If we could keep doing that and be able to wrap around people in a way for longer periods of time, that would be fantastic. But we cannot do that alone, so it would be really great if the drug and alcohol sector, the justice sector and the education and health sectors, in particular, could join us and understand. That goes back to what we were talking about before—common understandings, common datasets, what are we all looking for, where are we all going with these families.

By the time people hit the specialist domestic violence sector, the violence has been going on for a really long time. The health system may have known something and intersected with that family, but they cannot pick it for what it is because they do not have the skills to identify and recognise it and do not see it. Kids go to school. The health and education systems are crucial in joining us in how we do this together,

collectively. So part of it is DVCS being able to expand what we are doing for a much longer period of time, but another part is to have those other sectors join us in wrapping around the families.

**THE CHAIR:** What we need to do in this committee is put out very concrete suggestions. Would a starting point for that outcome be regular conversations at the top level between your sector and those sectors?

**Ms Wilson:** I think part of Jo Wood's role has been to try to facilitate that; so I think that is actually one of the things we have really welcomed, that role doing just that. I think we have started that work.

**THE CHAIR:** Because we all know that government is siloed—

**Ms Wilson:** Yes.

**THE CHAIR:** and sometimes that can be a good thing, because people do not want their information popping up everywhere. But as we have discussed previously in this committee, if there can be ways of people giving a tick early on in their interaction with one sector or another, then their information can be shared, because they do not want to repeat it.

**Ms Wilson:** I think there is privacy and then there is duty of care.

**THE CHAIR:** Yes; it is a balance.

**Ms Wilson:** Those two areas are always going to butt up against one another.

**THE CHAIR:** Yes.

**Dr Putt:** I will mention two other areas as well. I think the way funding is organised—I am not singling out the ACT government for this—is that there are certain aspects of our service delivery where every year we have to renegotiate our contracts to get funding. I think that makes it difficult for any organisation.

**THE CHAIR:** Longer term funding is what you are referring to?

**Dr Putt:** Yes. For example, with these support groups that we run, that is year in, year out funding. Getting the funding that we have for temporary emergency hotel accommodation is always problematic. So it is more around—

**Ms Wilson:** Actually, most of the funding for that comes from the community, in philanthropic fundraising.

**Dr Putt:** Yes, that is true.

**THE CHAIR:** And Canberrans are very good when they are asked.

**Ms Wilson:** They absolutely are.

**THE CHAIR:** I have actually been amazed in this job at just how generous people are.

**Ms Wilson:** They are. You cannot—

**THE CHAIR:** But there is a certain amount of hard work you have to do to raise that money.

**Ms Wilson:** And then there is the question: should the community actually be funding people to stay in a hotel? It gets into that conversation about whose responsibility that is.

**THE CHAIR:** Yes. I guess to most people it is a case of as long as it is being done. One of our other submissions has been very much about immediate long-term housing. This is because nothing else can really be sorted out if you are in a flee situation. That is the position they put. That is another conversation as well. And is our public housing being used to the best extent for those most in need? Are there systems for people going elsewhere, to free up some housing, for example?

**Dr Putt:** That was the second area I was going to mention, accommodation and housing. It sounds like you are hearing about that in all sorts of quarters.

**THE CHAIR:** Yes.

**Dr Putt:** All the coordination in the world is not going to solve the problem that there is a chronic shortage of affordable housing—temporary, short-term and longer term housing.

**THE CHAIR:** Yes. It is the whole continuum. We are dealing with that at a political level across the Assembly as well. I think there is interest on all sides of the continuum: what people can afford, those who cannot afford it, all the way through to those who can afford something and those who can afford a bit more, to those who have full affordability. That is definitely on the agenda.

There are some very specific suggestions. For example, one of the other submitters said, “In Housing ACT’s manual, this dot point should change to this,” because, for example, people do not have set family orders when they need to first get their house. How many bedrooms are they entitled to? There are very specific suggestions that government can provide and then there is a bigger conversation.

**MS LEE:** I wanted to clarify a question. You are talking about having those conversations with the different sectors. You mentioned that you have a partnership with the Women’s Centre for Health Matters. Is that a formalised partnership? Is it just an understanding of working together because we are both—

**THE CHAIR:** Yes, I think this sector does work very well together.

**MS LEE:** Sorry, if you nod it will not be picked up.

**Ms Wilson:** Sorry, yes, that is correct, and a lot of those, I guess, informal

partnerships have come from identified need. But I also go back to what I said earlier: we cannot do that alone. We actually need everybody involved. It is actually a whole-of-community issue. It is just trying to tease through which part of it is community, which part of it is government, which part of it is the corporate sector, and how do we—

**MS LEE:** Intersect, yes.

**Ms Wilson:** intersect and get better outcomes for people.

**MR STEEL:** Thank you for your submission. I really appreciate it. I want to go back to first principles. In your submission you have mentioned that the gendered nature of violence is an important part of the way that you inform the development of your programs. Can you comment on how important that is as an underlying basis for what you do and the government's response as well to family violence?

**Ms Wilson:** There are probably two things in that. As we highlighted in our submission, I think it is very important that we do not lose sight of intimate partner violence, the pervasive gendered sort of understanding that we have of how this violence plays out in our communities. Our organisational and operational experience for 30 years has very much been that women are significantly the victims of this type of violence and that men use this violence.

The move to using phrases such as “family violence” is important. It is about recognising the complexities and all the different relationships that are formed within that. We need to do some work around that. I guess our thing was that we wanted to make sure that we did not lose that gendered aspect and the intimate partner violence, because I think the dynamics are very different.

What happens in intimate partner violence, and the fear and safety concerns that go on in that relationship, is very significantly different from how a mother might experience violence from her daughter, or two brothers that are having a punch-up on the front lawn. I think we have to be very conscious that we do not throw family violence together in a way that dilutes our understanding of gender inequity and how that fits within intimate partner violence. We are pretty determined to keep having that conversation, while recognising that we actually are an organisation that has evolved to support all people that are affected.

**MR STEEL:** Is that sort of gendered framework part of the ACT government's framework?

**Ms Wilson:** Absolutely.

**MR STEEL:** And also New South Wales and so forth.

**Ms Wilson:** Absolutely.

**MR STEEL:** Is that something that you support?

**Ms Wilson:** Absolutely support that. It is a national thing. It has meant, however, that

we are faced with far more questions around “what about men?”

**THE CHAIR:** Yes.

**Ms Wilson:** That is quite frustrating in that it seems to be that as soon as we have started we have to defend it. It has taken a long time to actually use the phrase “men’s use of violence against women”. It has taken a long time for us to be able to say that that is in the majority of cases. So we are finding ourselves having to almost defend that position. It should not be an either/or. There are men that are subjected to violence and they are subjected to violence from their female partners. But what we are talking about almost overwhelmingly is the other way. We cannot lose sight of that.

**THE CHAIR:** I ask a question of clarification here. That is your service’s experience of people presenting with need. In no way do I question that at all. But there is a question that I have been raising and that I am actually quite interested in. In respect of the reporting of men’s experience of violence at the hands of their partner, whether they be a same-sex partner or a female partner, I saw some statistics in an earlier hearing that young people, when asked if they had witnessed certain things in their family, were reporting a similar level of experience of that physical abuse being perpetrated on a mother figure or a father figure. They were very similar numbers, in the 40 per cent kind of mark.

While services have not necessarily seen it, it does not mean there is not, I presume, an underlying problem that is not being reported, because our culture does not really give men much of a chance to talk about that sort of thing, I would imagine. Do you have any thoughts on that? Perhaps it is a role for another service, but I presume we would not want that to go on?

**Dr Putt:** Can I add almost a kind of sidebar?

**THE CHAIR:** Yes.

**Dr Putt:** I think it is also important to think of the risk of serious violence, and all the indicators—

**THE CHAIR:** Violence that ends in death or permanent injury?

**Dr Putt:** Or serious injury All the indicators from hospitalisation data, from the police data—the homicide data is the obvious one—indicate that men are a much higher risk in intimate partner violence.

**THE CHAIR:** I think that that is where the conversation is going, and that is a good thing.

**Dr Putt:** That is a good thing.

**THE CHAIR:** However, if we have a response which is for severe physical violence and so on, presumably the response for the next tier down will involve perhaps more male victims. One of the things that have been presented to me by police, for example,

is that male-on-male homosexual violence is extremely physically damaging—and who knows what those numbers are, because it is a relatively small group of people in the society. I think the Chief Minister has been clear that that is something he would like to see improved over time. This is not to in any way belittle the danger to women who are in these situations but, as we have this conversation, not to create a new scenario where it is just a new silent group of victims but to have the whole conversation.

**Ms Wilson:** The other part of this conversation, though, is making sure that we do not only see and understand domestic and family violence through the lens of physical violence.

**THE CHAIR:** I understand that, of course.

**Ms Wilson:** There is also—

**THE CHAIR:** Controlling behaviours.

**Ms Wilson:** Yes, there is a whole part of controlling and coercive controlling behaviours. A lot of it is how statistics are gained. You can ask someone, “Hey, have you been in a situation or experienced it? Has someone ever thrown anything at you? Has someone ever hit you? Has your partner ever done that?” A very blanket yes to that may not actually be reflective of what is either going on or not going on.

**THE CHAIR:** No; it would need to be a bit deeper.

**Ms Wilson:** I think that that is also the danger of how we interpret and understand people’s situations.

**THE CHAIR:** Also there are people, obviously, who have been seriously abused who have never had a hand raised against them but who are a complete mess because they are constantly being controlled and manipulated.

**Ms Wilson:** And, in fact, that is what the death reviews have shown us. There is often an absence of physical violence in those situations which have led to a homicide. There has not been the physical violence present. That was the only act.

**THE CHAIR:** Just an unhealthy—

**Ms Wilson:** A very controlling environment. So there is a complexity to domestic violence victimisation and perpetration.

**THE CHAIR:** What I guess I am suggesting from here is: let us not just have one conversation; let us have all of them and let us have recommendations for all of those things. But for your service and what you have experienced, let us just take really seriously everything you have experienced and see if we can improve things for that cohort, because that is everybody’s focus. I think number one is in your cohort.

**Dr Putt:** We are a specialist domestic and family violence service, but that does not mean we are specialists in terms of the clients that we service. DVCS has been very

inclusive for a very long time now. We made that shift a long time ago and we try to communicate that in every way that we can. That is very important, and I think that that is a principle that needs to be adopted wherever possible.

**THE CHAIR:** Yes. So you would support the use of gender-neutral terminology so that everyone could present, even if you still end up with a majority of women? Is that correct? Or—

**Ms Wilson:** What do you mean by gender neutral?

**THE CHAIR:** Sorry. It is very complex in this political space at the moment. Would you advertise through your networks that you are there for women, or would you advertise through your networks that you are there for anyone experiencing violence?

**Ms Wilson:** We do not. That is what we say: we are a service that supports all people.

**THE CHAIR:** My suggestion here is just that when we report we try to be as broad as possible without denying the realities that you are dealing with.

**Dr Putt:** That is my concern, which is why we put it in the submission: that it is important to be inclusive but at the same time acknowledge that there are particular groups, vulnerable groups, and it is gendered. It is affected by gender as to who the vulnerable groups are. We do not want to lose sight of that. The language that was adopted by DVCS a long time ago was “people who use violence” and “people who are subjected to violence”.

**THE CHAIR:** Good. It is less of a blame-heavy terminology.

**Dr Putt:** But primarily the clients are women, and service delivery is primarily aimed at women.

**THE CHAIR:** And probably will be for the foreseeable future anyway.

**Dr Putt:** And there is an understanding that some of the underlying factors are going to be gendered as well.

**MR STEEL:** I have a question in relation to the staying at home program. You have recently had an extension to the funding for that program, I understand. Is that funded by the national partnership?

**Ms Wilson:** No, that is a completely separate federal government funded initiative, in which DVCS was selected as the ACT organisation to provide security upgrades and longer term case management.

**MR STEEL:** So you do not have any funding under the national partnership agreement on homelessness?

**Ms Wilson:** Yes, for our court advocacy program—a little bit of it.

**MR STEEL:** So you are mainly concerned about what the broad effect of that

national partnership agreement and its expiry in 2020 might be on women who are accessing your services who may also be accessing programs funded under that partnership?

**Ms Wilson:** Yes, that is right. More specifically, as we mentioned in our submission, there is that broader sector that we engage with—the specialist refuges. They are the ones that have been most severely impacted by the uncertainty of funding: “Will there be a recommitment or not?” One thing to highlight with that in particular is that, for example, I am not sure if you are aware of the government’s Christmas housing program. They have an initiative whereby over the Christmas period there are extra hotel rooms available, noting the particular time.

**MR STEEL:** Yes.

**THE CHAIR:** Yes.

**Ms Wilson:** That initiative was meant to end last week, but we have two families that we cannot find exit options for. They are two Aboriginal families. The specialist homelessness sector that falls under that partnership has no capacity to take them. In one case, one of those families has now been in a hotel for three months. Part of it is being funded by DVCS’s hotel brokerage, which ran out in November last year, and we are now using philanthropy, and the government is extending it week by week at the moment, until we find an exit. But where is the exit?

With the blocks in the refuge system being as tight as they are, they cannot get people to access public housing, the private rental market or any other options in a timely manner. People that are now entering hotels—and that is the response that we have for meeting immediate safety needs—are there now for weeks and months on end. When I first started in the work, over a decade ago, if we had a family in there for up to a week, we were panicking. That is situation normal now.

I think it is all intertwined, really. The national partnership agreement and getting some certainty around where that is going to go, both the ACT commencement and what the federal government wants to do, is important. Also, more importantly, we do have families that have no options. Could we give those families a house? We could, but then what? It has to be more than a bricks and mortar response, because alongside the provision of that house there have to be the wraparound supports so that they can sustain that tenancy.

**THE CHAIR:** Is there ACT data collection on people who end up stuck at a certain point currently?

**Ms Wilson:** I do not think that there is.

**THE CHAIR:** We probably need to analyse that so that we can really see where the blocks are. You know where they are, but that does not mean someone in treasury knows.

**Ms Wilson:** No.

**THE CHAIR:** That would probably be a useful part of this.

**Ms Wilson:** And bearing in mind that both of those families are Aboriginal families, and that sort of idea about the house being the response—

**THE CHAIR:** Yes.

**Ms Wilson:** In one of those cases it is a young Aboriginal mother; she has three children under seven. She has had three public housing tenancies in two years and accumulated almost a \$20,000 debt.

**THE CHAIR:** Yes; we have some submissions about the debt issue.

**Ms Wilson:** So Housing is going, “No more.” We are saying, “But what do we do with this woman in this hotel?” Do we exit people onto the street? We cannot do that.

**MR STEEL:** I would imagine that a large number of your clients would not be eligible for public housing for a range of reasons.

**Ms Wilson:** Multiple reasons.

**MR STEEL:** Domestic violence affects everyone, so there are a range of people that would come through, and that would cause some difficulties in finding accommodation for those people—

**Ms Wilson:** Exactly, yes.

**MR STEEL:** if you cannot work with government to prioritise them on the public housing waiting list.

**Ms Wilson:** That is right. It goes back to: whose responsibility is that?

**THE CHAIR:** Responsibility, yes.

**Ms Wilson:** There is the issue of there being a bottleneck within the refuges, and they cannot exit people, but they are people on no income, so their pathways almost become the public housing system. We then have people with some income, but the private rental market is often quite unattainable, particularly if you want to enter into that straight up, with nothing, because there are bonds, four weeks of rent. We have tried to work around schemes and other grants that we can access to pay people’s rent for four weeks, to pay their bond for them—

**THE CHAIR:** So that they just get into the normal day-to-day—

**Ms Wilson:** and get them a furniture package so that we can get them up and running. I think more of those types of initiatives are important so that we do not funnel everybody through public housing, because I do not think that is the response. It is a poverty trap, because there are a lot of women and families that would like to again be engaged in gainful employment one day, once they are safe and they are on a healing pathway. But if we funnel everybody through the public housing system, they kind of

get stuck there.

We need to still work with that system, and make sure that it is a good, rigorous system and that it is accessible, but it goes back to what was said at the very beginning: it is the suite of options. It is about recognising that different people need different things and different responses at different times.

**MR STEEL:** Is there a specific pathway in Housing ACT that you can access to make sure that your clients are prioritised and people who are experiencing family and domestic violence—

**Ms Wilson:** In one of these particular cases, if it gets to the point where we have no other options, I do go to senior people within Housing and say, “We’re now stuck; we don’t really know what to do.” It feels like a bit of an awkward way to have to do that—that you have to go to that place to do that. If that does not work, I am sorry to say we have to come to a minister.

**THE CHAIR:** Don’t be sorry about that; that is what they are there for. Could I ask a question about the client satisfaction survey? Could you come back to us on notice with some of the indicators that you use to measure client satisfaction? I think that is quite interesting to us.

**Dr Putt:** We have a whole report on it.

**THE CHAIR:** If you have a report that would be even better. I do not want to create extra work for you. There is always the government level of how we want to measure whether your life has become successful or your recovery—or however you would like it termed—has been successful. There is another question of how people feel about their own existence, and whether they are getting where they would like to be in their lives. Judy, do you have something to add?

**Dr Putt:** You were asking about data, in terms of collecting what happens and how people get stuck in the system at various junctures, in particular in relation to housing. With the family violence intervention program, right from the get-go there was case tracking. DVCS has a funded position where somebody actually tracks people as they go through the system. I do not know what your thoughts on it are, but it is good that, at least from the criminal justice perspective, we do have that capacity, and it has made a difference here in the ACT over the years. But that is only for the criminal justice sector. It is an example of where that kind of tracking can be quite useful.

**THE CHAIR:** Statisticians and people who study social outcomes from programs and so on sometimes struggle to find people who have been involved in a system, to see how they are going. It can be quite difficult. If they are open to it, keeping track of them for the long term would probably be better. You would probably have to decide at what point of seriousness you choose to track someone, but I imagine it would be quite important to know that we are doing the right thing as a community.

Thank you so much, ladies. We really appreciate you bringing your vast knowledge and experience to our committee. When available, a proof transcript will be forwarded to you, to provide an opportunity to check the transcript and suggest any corrections,

if we have misunderstood something. On behalf of the committee, I thank you for appearing today.

**Ms Wilson:** Thank you.

**Dr Putt:** Thank you for the opportunity.

**BOLTON, MS GENEVIEVE**, Executive Director/Principal Solicitor,  
Canberra Community Law

**THE CHAIR:** We will now move to our next witness and begin recording. Ms Bolton, thank you so much for being available to us today on the phone. On behalf of the committee, I thank you formally for appearing today. I just need to remind you of a couple of things. I presume you have been notified of the protections and obligations that parliamentary privilege puts you under in appearing before a committee. In the committee room we have a statement which shows what that is. Are you aware at all of what is on that statement?

**Ms Bolton:** I am, thank you. I have a copy in front of me.

**THE CHAIR:** Can you confirm for the record that you understand and are happy with those implications?

**Ms Bolton:** I do understand and am happy with those implications.

**THE CHAIR:** Thanks so much. I also need to remind witnesses that the proceedings are being recorded for Hansard for transcription purposes and are being webstreamed and broadcast live.

Do you have any opening remarks that you would like to make before we start firing questions at you?

**Ms Bolton:** I am happy to make some brief opening remarks.

**THE CHAIR:** Please go ahead.

**Ms Bolton:** Thank you very much for the opportunity to provide evidence before this inquiry into domestic and family violence. For over 30 years, Canberra Community Law has been providing legal services to disadvantaged and vulnerable people in its specialist areas of law, one of which has been in the area of public housing law. We see that this inquiry is a very important one, particularly when viewed in the context that family violence is a leading cause of homelessness for women and children in the ACT.

Our submission draws on our expertise in the area of public housing law and draws on the experiences of our clients who have experienced the public housing system. Through many years of advocating for clients within the public housing and broader social housing system, we have identified some key areas where we see that current policy and legislation adversely impact on victims of family violence. The submission articulates and proposes to make a series of recommendations for how we see the system could be improved to better respond to and address the needs of people experiencing family violence. In this regard, the submission addresses the first term of reference, the adequacy and effectiveness of current policy approaches and responses in preventing and responding to domestic and family violence in the ACT.

The key focus of the submission is in relation to some of the critical issues that victims of family violence encounter when they come into contact with the public

housing system. These key areas are in relation to entry into public housing and also in relation to some obstacles that are presented for people fleeing family violence and trying to transfer from one public housing property to another. There is also a section in relation to addressing some particular issues with the property allocation process and how the rental rebate system can inadvertently lead to victims of family violence incurring significant debts.

The other main component of the submission provides some suggestions for reform in relation to the overall decision-making process that Housing ACT adopts and some areas where we see that that process could be improved, not only for the benefit of women fleeing family violence but for the overall benefit of the system itself.

**THE CHAIR:** Thank you, Ms Bolton. Fantastic. I will just start with a question. We will go to the detail. I would like to thank you for your very detailed submission. Clearly, you are dealing with the very fine details of ACT government housing policy, and it is really useful for us that you have been so exactly specific about how you think the policy documents should change. Just before I go on, I will welcome Ms Cody to the room. She will ask the question after me. She has been in another meeting until now.

I have read through the recommendations; thank you for the detailed nature of them. I will just ask about recommendations 7 to 10 on page 7. Part iv says:

This should include a particular example of where a woman is prevented from making an application for renewal due to circumstances of family and domestic violence.

Do you think that that should be “person is prevented”? We are just working through where we need to be as inclusive as possible for when there are male victims or homosexual victims.

**Ms Bolton:** Yes, of course.

**THE CHAIR:** Thank you.

**Ms Bolton:** We have made a number of submissions over the past 10 to 12 months in relation to responding to policy initiatives around people escaping from family and domestic violence. We usually, in our submission, acknowledge that whilst it disproportionately impacts on women, it also impacts on men. That is an oversight on our part in that application.

**THE CHAIR:** That is absolutely fine. I just wanted to know if there was something I was missing there. And I want to ask you about your housing first concept, if you would like to talk a bit about that. I think that practically I understand what you are seeking as a change to getting people housed as soon as possible; however, do you want to talk a little more about the theory of housing first? You are using that as a term.

**Ms Bolton:** Sure. It is an internationally recognised term. We have quoted in our submission a number of publications which specifically address this initiative. It

stems from what we know intuitively, but there is a growing body of evidence that supports the view that a home is absolutely critical to someone's overall health and psychological wellbeing—some place they can call a home, where there is a sense of permanency attached to it and a sense of security attached to it.

Why we support this approach is that it recognises that people are often in situations of significant crisis when they hit the edge or are homeless. And they are people who often have very high, complex needs as a result of family breakdown or as a result of years of experiencing family violence, which can also lead to serious mental health issues. Obviously, people can also be dealing with the impact on their children, the impact that their children have faced from being in a situation where they have witnessed and been exposed to family violence. The idea behind this is that providing someone with a home gives them safety and security, and that is the best place from which—

**THE CHAIR:** To move on to the next phase, yes.

**Ms Bolton:** So they can then move on to the next phase and move on.

**THE CHAIR:** Yes. Thanks very much for that, Ms Bolton.

**MS CODY:** I am picking up on your housing first comments. I myself am a person with lived experience. I have had the privilege of assisting women in similar circumstances. I know that there are often issues in finding housing for women with boys 11 and 12 years old, because a 12-year-old boy is considered a man. Do you ever find any of those issues?

**Ms Bolton:** We do. As members would appreciate, there is a severe shortage of temporary and refuge accommodation in the ACT. In our experience, it is very difficult to find or access crisis or emergency accommodation in situations where you have a woman who has boys of that age. I am not aware of any crisis form of accommodation that is easily able to provide accommodation in those circumstances, certainly not within the refuge context. You are looking more at other forms of supported accommodation provided, and even then, because of the severe shortage of accommodation, you are facing very lengthy waiting lists.

**MS CODY:** Absolutely. I know it all too well, unfortunately.

**Ms Bolton:** One of the challenges that we face in the public housing system is that, particularly where we are talking about people escaping family violence, as a society we want to make it as easy as possible for people to be able to leave violent relationships and access accommodation, but the challenge we face is that the way the current public housing system works is that there is a lot of bureaucracy attached to the assessment process, which means that, even for people in the most serious of circumstances, it takes people a long time to be able to get into the most urgent category, and then of course there is another waiting time to be allocated a property. So there are challenges. The system itself does not provide the responsiveness and flexibility which are needed to adequately respond to people who are fleeing from family violence and who have no alternative but to access the public housing system.

**MS LEE:** Earlier today we had some evidence from the Domestic Violence Crisis Service. One of the issues that was raised was how, in terms of transition and moving on from crisis accommodation and trying to provide some security over longer term solutions, public housing is not always an option, for a myriad of reasons. Do you have any views on that, as to perhaps some other avenues, options or approaches that we need to consider that may look beyond public housing? As you have said yourself, there is a chronic shortage. Are there any other options that you think it would be good for the committee to consider or for the government to be looking at?

**Ms Bolton:** Is this in the context of where someone would qualify for public housing but, for whatever reason, the view would be that that would not be an appropriate option?

**MS LEE:** Some of them were actually some of the reasons you have listed in your own submission. For example, with someone being in arrears, because of the myriad circumstances that you have raised yourself, Housing ACT has tried to go, “No, we are not going to take them.” That is an example of one reason.

**Ms Bolton:** Our view would be that the public housing system is already really tightly targeted. If we are talking about people fleeing family violence who have really complex needs, our view is that they are best accommodated within the social housing system, whether that is public housing or something like a community housing provider. That is what is required on the part of the ACT government—and also the commonwealth, because it is a shared responsibility, obviously.

**MS LEE:** Sure.

**Ms Bolton:** What is required is that there is greater investment in the system to be able to better respond to the needs of people fleeing family violence. The submission highlights that there can be some barriers in the system to people being able to access public housing, but there is a disconnect. There is a domestic violence manual which was put together by the Community Services Directorate and also DVCS. That is a best practice guide which addresses those issues. For example, the guide talks about the fact that if there are issues, if someone is needing a transfer and there are issues of safety and security, being at risk, that should not be a barrier to enabling that person to access a Housing ACT property or to transfer. Yet at a practical level we see that there is a disconnect. Often it requires advocacy from a legal centre to point that out to Housing ACT, to allow them to be able to respond appropriately.

If you are talking about people who qualify for public housing, it means that they do not have the means to access other forms of accommodation beyond the public housing and community housing system. It is very difficult to see what alternatives there would be other than through greater investment in public housing.

**THE CHAIR:** Indeed, we have been hearing about that this morning.

**MR STEEL:** Thank you for your submission. I want to ask about the situation that you have described in your submission where the Family Court is required to form a view that suitable living arrangements are in place to accommodate children and the sort of position that that might place children and their mothers in when it comes to

family violence.

**Ms Bolton:** Our experience is that—and we have represented a couple of people within the last six to 12 months who are facing this very situation—for whatever reason, they have lost the care of their children and that has often been in circumstances where they have had to flee the relationship and, as a result of that, they are now attempting to either regain parental care or enter into some sort of shared care arrangement. It is a catch 22 because, if they are trying to access a public housing property and there are permanent parental orders in place, under Housing ACT's allocation process Housing ACT then will not enable them to be allocated a property beyond one bedroom, on the basis that they are trying to gain some form of parental access or care of their children.

That is a factor that the Family Court takes into account in looking at what the parental care arrangements should be—whether or not the person has the facility or the accommodation to be able to provide overnight care for the children. So it is one of those fraught issues where someone may not be able to gain overnight care of their child because the system itself slots them out because of how the allocation guidelines operate at the moment.

**MR STEEL:** My question is: what is the outcome that they are in? I understand it is a sort of catch 22 in that they are caught in an endless loop. But where there are circumstances, which I would imagine would be reasonably common, where the child cannot be placed with their father and the mother does not have any accommodation that is suitable, is child protection services removing children in those circumstances, even though it would usually be in the best interests of the child to remain with their mother?

**Ms Bolton:** I know it is said, although we have not seen any instances where children have been removed from care in those circumstances. It is more the circumstance that the children are in the other parent's care or some other level of form of care and our clients have been going through the Family Court system trying to get some form of care arrangement and we have been advised that that has been an obstacle to that happening.

**MR STEEL:** Is it a couch surfing sort of arrangement? The child and the mother, where are they actually going when they are in that circumstance?

**THE CHAIR:** Ms Bolton, can you tell us, from your experience when care is found for those children who cannot go to their mothers because their mothers do not have permanent care arrangements, what does generally happen to those children?

**Ms Bolton:** They are in the care of another parent or another responsible adult.

**THE CHAIR:** I just want to go to a quick question about pets. Mary Porter, who was a long-term member of the Assembly, often talked about her own experience of being in a shelter and not being able to take a pet and how stressful that was for her. Focusing on permanent housing makes a big difference, because the quicker you can get into something that is long term the quicker you can sort out pet issues. But rental properties do not always allow for them. Do you think that there is a place, in the

immediate term at least, for there to be voluntary pet sitting or something like that in our system? I know what you are asking for is a permanent solution, but in those messy situations in the first week or two while things are trying to be sorted out do you think there is a place for a foster system for pets?

**Ms Bolton:** Yes, I think that is right. I think there is a place for that, but we also need to recognise that people have deep attachments to their animals. I was just thinking about a woman I assisted last year who was in a very violent relationship and it took months and months and months of talking. The problem, the barrier, was that she had two cats. We were trying to deal with that issue. To get her to the point where she was prepared to leave that relationship was incredibly difficult, partly because obviously there are a whole raft of psychological issues associated with that decision and there is a high level of stress and anxiety. She was hypersensitive to her pets being away from her, even if it was for a brief period, because she sought some refuge and safety in having her pets with her.

**THE CHAIR:** Obviously there is a request in all that for crisis accommodation to allow for some pets, but there would also presumably be another cohort of people who would just be happy to have the pets looked after and be able to visit them. There might be both cases?

**Ms Bolton:** Yes, absolutely. We certainly recognise that in that situation there could be a range of responses to address that issue. I guess at the moment there is just nothing. There is just—

**THE CHAIR:** I think what Mary Porter was constantly highlighting to us was that it was just another heartbreak people had to deal with, along with all the rest.

**Ms Bolton:** Yes, that is right. There is one organisation, the name of which escapes me, that does provide some respite care, but it is very limited in what it is able to provide and I think it is largely volunteer based.

**THE CHAIR:** I do not think that is necessarily a problem, so long as it is functioning.

**MS CODY:** I just want to pick up on something that Mr Steel and you were discussing a few moments ago. You mentioned the Family Court. I know, from my own experience, there are often times where the husband or the male partner, in my instance—and I know that that is not always the case—can over-exaggerate things in court, which can often result in the female losing access to children. Do you see a lot of that happening still or have things moved on?

**Ms Bolton:** I just need to make it clear that our centre does not practise in the area of family law. The submission is just the impact we are seeing on the family law system from the perspective of trying to assist people to navigate the public housing process.

**MS CODY:** I think it was late in the last term of this government—maybe it was earlier this term; I have lost my memory—there were initiatives to assist people fleeing domestic violence by reducing their bond and some other initiatives. Have you found those useful in your experience?

**Ms Bolton:** Some of those were geared towards the private rental market. Our focus is in relation to public housing. There were some amendments to the Residential Tenancy Act which, I understand, in certain circumstances enabled a tenancy to be transferred to someone else where there had been evidence of family violence. To date we have not had any direct exposure to those provisions.

**MS CODY:** Do you often find—and this will be my last question—that the women tend to flee the house, that that is more common than the women being able to stay in the house? It is public housing I am referring to in this case. But are there ways and means that the perpetrator can be—

**THE CHAIR:** Ejected.

**MS CODY:** evicted, I guess, for want of better terminology?

**Ms Bolton:** Yes. I am just thinking back over the last 12 months, and I think it has been the case that the majority of people we have assisted have been in that situation where they have fled the property, and obviously we were concerned about their safety. I guess that has been our experience, that people in those circumstances have formed a view that it is no longer safe to be in that property. Of course, that decision to flee the property then places them in a situation of experiencing harm or secondary homelessness, which obviously further exacerbates their experience of trauma and distress.

**MS LEE:** Ms Bolton, you have provided us with quite detailed a submission in relation to the decision-making process for Housing ACT. I note that one of your recommendations is that there be a requirement for written reasons for a decision. In your experience, even in the absence of a legislative requirement to do so, are reasons provided generally, some of the time, not at all or only rarely?

**Ms Bolton:** The decision will contain some reasons for the decision. The issue we see is that the detail of or the reasoning around how that decision has been reached can often be scant. The lack of detail can make it very difficult to work out what Housing's position is in relation to the refusal of housing or the refusal to put someone in the highest, most urgent category. As a government agency we think Housing ACT should hold itself to the best practice guidelines which have been developed over many years by the Administrative Review Council.

I should also note that our submission referred to the fact that Housing do not refer to or address human rights principles in their decisions. Since the end of last year there has been a change in relation to that, so we are now finding that there is some reference to the Human Rights Act in the recent decisions Housing has made. But, again, often their legal reasoning and their reasoning is quite scant, so it is very difficult to fully appreciate or understand what position Housing have taken and the reasons why.

**THE CHAIR:** The guidelines that are best practice, where are they from?

**Ms Bolton:** They are from a commonwealth body called the Administrative Review Council. They publish a series of best practice guidelines.

**MS LEE:** The second part of your recommendation about this decision-making process is that the panels should take into consideration new information, and you have given some very helpful examples of a certain situation. In assisting some of your clients, have you found that you have tried to put forward new information that was relevant and it has been knocked back by the panel or is it that you are reading the decision and you have gone, “Well, they haven’t actually taken into consideration X, Y and Z”?

**Ms Bolton:** Again, there is a lot of inconsistency in the decision-making processes that we have observed within Housing ACT. You will see examples of decisions where they have said the decision as at the date it was made was correct based on the information available. If it is a priority housing assessment they will go on to say it is always open to the applicant to seek a reassessment on some additional information provided. It tends to be more in situations where we have not represented a client at that first tier review process and they have come to us afterwards where we are seeing those decisions being made. When we are involved, I think, more often than not, Housing ACT will take into account the additional information, but they do not always do so.

**MR STEEL:** My question relates to the recommendation you have made in your submission with regard to the rent rebate being continued where women in particular have fled their Housing ACT properties. Can you explain why that is important and what sorts of situations you have had where that has resulted in debt?

**Ms Bolton:** Again, there is inconsistency in Housing ACT’s decision-making processes. The cases we are most concerned about are where a decision has been made by the person experiencing violence that, at least in the short term, it is no longer safe for them to reside in that property and they leave that property on a temporary basis and access some form of temporary accommodation. So, because they are not currently residing at the property, Housing ACT can withdraw their rebate and then charge them market rent. So they are paying market rent on a property which is above what they can afford, based on their income. In addition, there are also costs associated with not living at that property, and that then results in a debt escalating very quickly against the person who has made a decision to flee that property for their own safety.

The proposal we have put forward is really analogous to situations of people going to residential rehabilitation or being incarcerated. In those circumstances, Housing ACT can, in recognition of the additional costs associated with their position at the time or the fact that they have no income, apply a \$5 rebate. We think that would be an effective way to assist and support victims of family violence. In the example we gave in the submission, once additional security measures had been put in place that woman was hoping to be able to return to that property.

So, rather than a situation where she returns to the property with a couple of thousand dollars of rental arrears because market rent has been charged in circumstances where it was not safe for her to return to that property, that would enable her to be able to maintain that property without significant debt so that if at some point in the future she thought it safe to return she could return to that property without placing herself in

severe financial hardship.

**MR STEEL:** Do you think this is a common situation for victims of family violence who happen to be residing in public housing?

**Ms Bolton:** I do not think it is common, but we do see it from time to time. I do not think from a budget perspective it would have a significant impact, but it is something that would be really effective if it was utilised to better support people.

**MR STEEL:** Housing ACT have discretion to apply full market rent at the moment. Do you think they are taking into account some of those circumstances, even though it is not within their policy?

**Ms Bolton:** As I said at the beginning, there is inconsistent application of policy. So we see situations where the rebate has been withdrawn, then we see other situations where Housing ACT has exercised some discretion not to withdraw the rebate.

**THE CHAIR:** How many victims of domestic and family violence does your service tend to assist each year?

**Ms Bolton:** I think in our submission we said it is about 34 per cent of total clients.

**THE CHAIR:** And what is your total client number?

**Ms Bolton:** I do not have that on hand.

**THE CHAIR:** Take that on notice, if that is all right?

**Ms Bolton:** Yes.

**THE CHAIR:** Do you have anything else you want to add?

**Ms Bolton:** No, I do not think so.

**THE CHAIR:** I thank you again for the detailed nature of your submission. That has been really helpful and we will go over it in fine detail. When available, a proof transcript will be forwarded to you. If any words have been misunderstood or misinterpreted then you can give us feedback for the *Hansard*. On behalf of the committee, I thank you very much for appearing today, even though it was by phone. We have plenty of information from you, and I think we will be able to make some good recommendations based on that information.

**Hearing suspended from 10.57 am to 12.00 pm.**

**BEHRENS, DR JULIET**, Member, ACT Bar Association

**THE CHAIR:** The Standing Committee on Justice and Community Safety will resume this public hearing in its inquiry into domestic and family violence—policy approaches and responses. We are now privileged to have our next witness, Dr Juliet Behrens from the ACT Bar Association. I believe Ms Curran is an apology for today’s meeting.

**Dr Behrens:** She is.

**THE CHAIR:** Thank you for your written submission.

**Dr Behrens:** Thank you for the opportunity.

**THE CHAIR:** I need to remind you of the protections and obligations afforded by parliamentary privilege. I draw your attention to the pink-coloured privilege statement before you on the table. Could you confirm for the record that you understand privilege and the implications of the statement?

**Dr Behrens:** I do, thank you.

**THE CHAIR:** Before we start our questions, do you want to make an opening statement?

**Dr Behrens:** Very briefly, on behalf of the ACT Bar Association, thank you for the opportunity. Obviously, we are conscious that this is an inquiry that is focused largely on policy rather than legislative responses. There has been a lot of legislative reform on which we have expressed views previously.

I suppose members of the ACT Bar Association see matters involving family violence at the crisis pointy end. It is also the most expensive end, really, in terms of both government resources and parties’ costs. I suppose members would often wonder—I certainly often do—what could have been done prior to that to try to avoid the matter escalating to that level or to prevent the family violence at all. That is why there is a particular interest from us in the inquiry.

I should also say that one of the things that often happens when there are legal matters before the courts—for example, applications for family violence orders and so on—is that lawyers are looking for ways to resolve those matters that are safe and fair. In order to do that, it assists to have a number of options and services available. For example, negotiations may be taking place around terms and conditions on a family violence order which might allow contact with a child. In that case, being able to access children’s contact services is a really important avenue. If they are not there, it often results in simply not being able to resolve it and the matter having to go before a judicial officer.

I telephoned Marymead this morning to get an update about the state of their waiting lists and I actually had a bit of extraordinarily surprising news. They confirmed that until January of this year the waiting lists were up between the eight and 12-month period. They have just had—not some additional funding—a cull of their list, because

they can only offer supervision services to people where both parties have made contact. They are now advising that their waiting lists are four to six weeks. That might sound like a very positive development. The difficulty is that people have not been putting their names down, I anticipate because of those long waiting lists. Now they are down, they will increase again.

**THE CHAIR:** No doubt.

**Dr Behrens:** One of the other issues is that Ohana, which is the service for which people can pay, has apparently, I have been told, just been closed. Again, there will be a lot of pressure on those services. I am conscious that the territory does not normally fund those kinds of services, but they are services that, for example, do assist in ways that would reduce costs to the territory in resolving family violence order proceedings. Some consideration of what resources the territory might be able to put into those kinds of services would be warranted.

Just by way of an update, in point 3 of the submission there is reference to commonwealth government amendments which will encourage the greater use—I guess that is probably the best way to express it—by courts of summary jurisdiction, including our own ACT Magistrates Court, of their powers to make orders under the commonwealth Family Law Act. Courts of summary jurisdiction do have those powers, but they are not very readily used. As I understand it, the encouragement is for those courts to exercise those powers more often.

The submission actually refers to an expansion in the powers. It appears it will not actually be a formal expansion in the powers, but rather a removing of time limits on what courts of summary jurisdiction can do and so on. That poses challenges for the ACT Magistrates Court, because if it does start to happen more, there are obviously significant resource implications.

One of the excellent things about the family violence order system is how quickly access is able to be obtained to magistrates to get those orders. I guess there is some risk that if that work is increased, there will need to be more resources to ensure that that prompt response continues. There is a training program to be offered for magistrates in family law. It is also planned to increase the jurisdictional limit for property matters. That is thought to have a domestic violence context, because it is thought that often—

**THE CHAIR:** Kind of settlements, yes.

**Dr Behrens:** Yes, and often what happens in domestic violence situations, in my experience, particularly where there is not much to divide, is that the victim of the violence will simply leave everything and go. I think the idea behind this expansion of that jurisdiction is that it would be worth trying to run a small property matter in a Magistrates Court—for example, to get a car or a bit of the superannuation split. That is an interesting development as well. Again, that poses resource implications for the court. Anyway, those matters may be beyond the interest of this committee, but I thought I would update you in relation to those.

**THE CHAIR:** We are keen to hear anything about your experience in this sort of

field because we do not practise what you do all day. I thank you very much for those suggestions. We are very concerned about the availability of supervision for family contact. Even the whole federal system, in a way, is set up to allow for contact even when people are not perfect parents.

**Dr Behrens:** It is; yes, it is.

**THE CHAIR:** If that is not even able to be established, it is a real failure if it is coming at the bottom end. We are certainly interested in that. I wanted to go to the end of your submission and ask about the Family Law Act and the definitions of family violence or, as we sometimes refer to it, domestic and family violence.

There is obviously a live debate about which types of violence should be included and whether it is family members, children more broadly, aunts, uncles, grandparents, whether we should really be just focusing on the intimate relationship of two people or, as in the case of some of our migrant groups, more than two people. You have really suggested here that jurisdictions and policymakers should consider very carefully how the different jurisdictions might interact. Can you give us your thoughts on how some of those things might be able to be resolved in a practical way?

**Dr Behrens:** In terms of defining family violence, particularly in legislation, I think it is one of the great challenges, actually. I do not think it has really been worked out how best to do it. There are a number of ways in which you can go about defining family violence. You can take a sort of conceptual approach by trying to identify what the essence of the concept is and putting that in the definition. That is essentially what the Family Law Act definition now does. It talks about conduct which coerces or controls a person or causes them to fear. It is quite an abstract idea. Then there is a list of examples. There is case law that it is the abstract idea that is what has to be shown.

That has its attractions, but it also has its difficulties, because it means, for example, that rather than just being able to show someone hit you, you have to actually show that that conduct coerced or controlled you or caused you to fear. That can be difficult, particularly in a court context where you actually need concrete proof. You have to prove particular things. That is one approach. The other approach is to list the various different types of conduct that can constitute family violence. Then you always risk leaving things out. How, for example, do you encompass something like everyday checking of the bank statements? That might be a perfectly innocent kind of behaviour, but—

**THE CHAIR:** Or it might not.

**Dr Behrens:** Or it might not. I have seen cases where that is used in a very controlling way. It is a challenge. I do not have the answers to it, but it is being grappled with in a lot of places. You would be aware, particularly, of the work that is going on in Victoria.

It is also important to think about what we need the definition for. If you are using it for a criminal purpose, you would obviously have a quite different definition from using it for a protective purpose, as the Family Violence Act does. If you are using it for a service delivery purpose, you probably want as broad a definition as possible. It

is just important to think about what you are trying to achieve.

For example, under the Family Law Act, what is relevant is conduct which is going to affect children, I suppose. There is a broad understanding of the ways in which that conduct can affect children. That might produce a different kind of definition from legislation which is designed to do something else, or a policy program which is designed to empower victims, for instance. You might have a different definition.

**THE CHAIR:** Also, we are dealing with cross-cultural and different expectations. What one person accepts as reasonable behaviour towards someone else, in the case of two people who have certain personalities or conditions, can be a more distressing situation.

**Dr Behrens:** Yes.

**THE CHAIR:** It is good to have shed a little light on that.

**MS LEE:** Keeping in mind, obviously, the myriad complexities around the definition, as you have just outlined, in your experience have you found that there has been a huge difference in the way different jurisdictions have interpreted the definition?

**Dr Behrens:** Look, I think there is broad understanding of the need to include a wide range of behaviours and not simply to focus on the physical and so on. I think that that is generally accepted now. That would be included in most definitions, I think. I am not familiar with all the definitions in different jurisdictions. But that grappling with the idea of what the core concept is and how you put that in, particularly in legislation—it is easier if you do it in policy, because that does not have to be so tight.

**THE CHAIR:** Specific, yes.

**Dr Behrens:** And everything does not have to be proved, as it does in the legal system. But I think people are still grappling with that. I have not caught up with what is happening in Victoria, which seems to be one of the most progressive jurisdictions. That would obviously be somewhere the committee would be looking.

**MS CODY:** I have a couple of interesting questions that I am not sure you will be able to answer.

**Dr Behrens:** I will do my best.

**MS CODY:** So I apologise up-front. As we know, people often see domestic violence perpetrators being those that are from a lower socio-economic group. That is not always the case, and far from it in a lot of instances. We have lots of rules and regulations about different things we need, like a working with vulnerable people registration. How does a family violence order, FVO, affect those sorts of things? I am not standing up for the perpetrators or people with lived experience or any of those things, but it is just an interesting scenario, because we cannot affect people's working, and if they cannot get a WWVP with an FVO or—

**Dr Behrens:** I see, yes.

**MS CODY:** Does that play into it at all?

**Dr Behrens:** I must say that I am not—and I should be—familiar with whether, when a person is seeking a working with vulnerable people certification, the fact that there has been a family violence order in place would tell against them. This is really just me speaking for myself, not something I have talked with my colleagues about, but I do think it is really important that where there are those kinds of processes they do not exclude people where family violence orders have been made by consent, because that can be a real barrier to settling a matter. I assume they do not, but I do not know for sure. It is something that is really important to bear in mind, because if people know, for example, that they are not going to be able to get a gun licence or get a working with vulnerable people registration—even though they just got a family violence order by consent, which means the evidence has not been tested but has just been settled—then it is going to be very hard to settle those matters and a lot of court resources will be consumed. That is something that I would say.

Where a family violence order has been made after a contested hearing, whether that person should be able to get a working with vulnerable people certificate—that is beyond what I would be prepared to say. What I would say, though, is that the family violence order system is designed to protect victims. We would need to think carefully about how we take what is done in that system and apply it in other contexts, because the risk is then that the protection that is provided is actually watered down because people are worrying about the sorts of things that you are talking about. This is really just me talking off the top of my head, but it may be better to have other ways of checking, because the last thing we want is magistrates second-guessing the implications and then perhaps not making—

**THE CHAIR:** That is really a matter for the policymakers at the next step, yes.

**MS CODY:** Yes, and the definition that you have talked about and that Mrs Jones and you were just discussing obviously feeds into a lot of those policy-related areas. Getting that definition right so that it can be—

**Dr Behrens:** Yes, and just thinking carefully. A family violence order can be made in a whole range of circumstances. In some of those circumstances it would presumably be perfectly appropriate that a person still get a working with vulnerable people registration—so you want to avoid blunt instruments, I suppose, but then the good thing about blunt instruments is that they are efficient.

**THE CHAIR:** Yes, that is right.

**Dr Behrens:** That is the challenge, yes.

**MS LEE:** You addressed this in your opening remarks, but I am just wondering if you can expand on it. Although it is a commonwealth government initiative to get the courts of summary jurisdiction to exercise a bit more power in the family arena, from your perspective, as a representative of the ACT bar, did you make a submission on that at all when it was first floated?

**Dr Behrens:** No.

**MS LEE:** Where does the profession stand on that?

**Dr Behrens:** I must confess that I have a slight conflict of interest in this. I am actually involved in the preparation of those training materials for the magistrates. I also have not really discussed it with my colleagues. I am not sure whether a submission was made. I suspect not, or I would probably have had some input into it. So anything I would say about that expanded jurisdiction should be seen in the light that I am committed in that way to that initiative.

**MS LEE:** Sure. You might not know this, but was that an initiation purely from a resourcing perspective? We have heard anecdotally about the strain that the Family Court, especially the ACT registry, has had. Was that a result of saying, “Okay, how do we address that?”

**Dr Behrens:** As I understand it, not at all. It is not seen at all as a way of reducing pressures on the family law courts. It is more about trying to ensure that, while people still have to jump between courts, there is more scope for disputes to be resolved, at least on an interim basis, in the one court. For example, when a children’s care order is made or not made, that court might then want to go on and make a Family Law Act order as between the parents. So it is designed to try to avoid that kind of court hopping, at least at those initial stages, as much as possible.

When I say court hopping, I do not mean it is deliberate; it is sort of forced. There are these powers. When a magistrates court is making a family violence order, the Family Law Act also gives it certain powers to vary and suspend parenting orders that have been made in the commonwealth courts. But I think it is fair to say that those powers are very rarely exercised, so part of the education project is to try to get those powers used more. It is certainly not a resource issue, but it has resource implications, obviously, if magistrates are having to do more of that kind of work.

**MS LEE:** As you say, they have got the powers, a lot of them, already and it is more about bringing it to the forefront of their attention. So do you foreshadow that the training that they will be given will be available across all magistrates, or do you foreshadow that some of the magistrates will specialise a bit more in this?

**Dr Behrens:** I do not know. In terms of the training, I think that that is a matter that chief magistrates and so on will be exploring: how that is made available to magistrates and so on. I do not think that has been settled yet. As a family lawyer, and again with my personal hat on, I regard it as a very specialised jurisdiction.

**MS LEE:** Of course, yes; that is why I am asking.

**Dr Behrens:** My preference is for that to be exercised by people who are specialised and trained, but that is again just a personal view.

**MS CODY:** You were talking about the training materials for magistrates, and I note that you mention them in your submission as well. Can you expand a bit more?

**Dr Behrens:** I probably cannot, actually. But it is certainly public knowledge that

these will be available and will be rolled out over the next little while. The commonwealth government has provided funding for that.

**MS CODY:** I do not know how we manage this, but is there an opportunity when you may be able to provide some advice to the committee on what they do look like, when they are available and when they are out there in the real world? I think it would be of interest to the committee.

**THE CHAIR:** We will make a note of coming to you in your other capacity and asking for that.

**Dr Behrens:** In fact, I am only a consultant. It is the National Judicial College of Australia, which is based at the ANU.

**THE CHAIR:** Great.

**Dr Behrens:** I would expect that if you approached them even now—

**THE CHAIR:** Yes, they could probably give us a run-down.

**Dr Behrens:** Yes.

**MS CODY:** Okay. Thank you.

**MR STEEL:** My question is virtually a follow-on as well. Is it anticipated that magistrates will be able to consider parenting orders at the same time as family violence orders and other family violence issues under territory law at the same hearing, or is it just that it is in the same court?

**MS LEE:** While there may be a criminal trial happening or something?

**MR STEEL:** Yes; that is right. So they deal with that at the same time, rather than having to come in again at separate hearings or—

**Dr Behrens:** The submission—and I confess I drafted it—overstates, in fact. We were not quite sure what was going to happen. It has not been expanded in the way that I anticipated at that stage it might. It is really just that the existing jurisdiction will be encouraged to be used, and there will be some time limits removed from the length that the magistrates' orders—varying parenting orders, for instance—can last.

But magistrates courts have always had a jurisdiction to make parenting orders, provided that both parties consent, and also in this other context that I mentioned, where they are making family violence orders. They can vary existing ones. It is a hugely complex area, but I think, to answer your question, it is not really anticipated that there will be an expanded use in the kind of way that you described.

**THE CHAIR:** On that, the ACT Assembly's law-making capacity that we have here, are there any suggestions for how we encourage the use of the Magistrates Court for the purpose of getting these things done faster and getting something in train? My understanding of what you are saying here is that parenting orders being made by the

Magistrates Court is a positive, where there is consent, because it makes things happen quicker. Is that correct?

**Dr Behrens:** I would not want to say that it is a positive, necessarily. There are some issues and things still to be resolved. In terms of what the territory can do, I cannot think of anything at the moment, really. One of the things will be that, if there are requests for further resources to enable magistrates to attend that training, I think that would be—

**THE CHAIR:** But is there any purpose to a discussion between, say, the Minister for the Prevention of Domestic and Family Violence here and whoever is responsible for what they are considering on the hill?

**Dr Behrens:** I could not see any negative from that. Discussions, I think, would be really good as well, yes.

**THE CHAIR:** I think we see very physically the interplay between the federal and the local legal systems.

**Dr Behrens:** They are so close physically here, too, are they not? Magistrates courts exercising family law jurisdiction mostly do that in regional towns where there are no courts.

**THE CHAIR:** But I think what we are hearing about is obviously a significant influx of these cases because of increased reporting. While that is positive, and in a way sorting out issues that have been sitting in the community for some time probably, we are interested in anything that can be done to make outcomes better for families or parties involved, and also keeping in mind resourcing and timeliness issues, because we have seen a result in our policing results, in our prison system.

**Dr Behrens:** Yes.

**THE CHAIR:** Everywhere is dealing with this, amongst other issues.

**Dr Behrens:** I do not know if this issue has been raised with you, but, again—and I am only raising this in my personal capacity, not as a representative of the Bar Association—one of the issues I see quite often is that interim family violence orders are made and then there is a significant delay. I have seen cases of more than a week before they are actually served on the respondent. For example, as a family lawyer, when I was a solicitor I would often advise a client: “You have got your interim family violence order, but it does not have effect until it is served. Can you go and stay with mum or go to Sydney for the weekend, do something else that is safe until that is actually served?”

Just a couple of weeks ago there was a matter where someone had gone away and when she got back it still had not been served. I must say that interim orders are meant only to be made where there are safety concerns and—

**THE CHAIR:** So it should be fast?

**Dr Behrens:** The idea that they are not served that day, I think, is troubling. And they are not always, in my personal experience. Again, that is only personal reflection.

**THE CHAIR:** That is very helpful from a practical perspective.

**MS LEE:** And is that more of a resourcing issue, as in getting the—

**Dr Behrens:** I am not sure. I assume it must be.

**THE CHAIR:** It could be a combination of that and cultural issues. It is hard to know, is it not?

**Dr Behrens:** Yes.

**THE CHAIR:** Could I ask about the contact services. Do you know if there has ever been any discussion about or consideration of a rights perspective for government or policymakers that if someone is allowed to have access to their children but it is based on a witness being present or a social worker being present, and if they are not present we may actually be running up against human rights issues because of people's right to know who they are and who their parents are?

**Dr Behrens:** I think that is right. If the consequence of lack of supervision is that no arrangements are made for the child to have contact—

**THE CHAIR:** They have lost a right, for sure.

**Dr Behrens:** That is a real problem. It is also a real problem if arrangements are made for the child to spend time without supervision because no supervision is available, and that is not safe. It cuts both ways—rights to safety.

**THE CHAIR:** I am just wondering out loud whether the committee might have a conversation with the Human Rights Commissioner or with the children's commissioner about that as a concept so that we can get a bit more detail into our findings on that.

**Dr Behrens:** Yes.

**THE CHAIR:** It would be good to understand how big the problem is, number-wise. I do not know if there is any way of finding that out or if you have any advice for us. I guess Marymead would be the people.

**Dr Behrens:** Marymead would have annual reports and so on, and certainly the person I just spoke to on the phone this morning was very helpful. They would have reports. As I say, the information, which I have only heard from another person, that one of the paid services has closed really is concerning, because that was at least a fallback for a period until Marymead became—

**THE CHAIR:** At least for those who could afford it?

**Dr Behrens:** Yes.

**THE CHAIR:** And perhaps those who can afford it should be affording it.

**Dr Behrens:** That is another issue. As I understand it—I am not sure of this—Marymead does have a sort of “pay what you can afford” arrangement.

**THE CHAIR:** They are very good.

**Dr Behrens:** Yes.

**THE CHAIR:** I might suggest that the committee make contact with Marymead and get some more information on that. Does anyone have any additional questions at this point?

**MS LEE:** I would like to follow up on the children’s contact services. You mentioned in your opening comments that Ohana had closed.

**Dr Behrens:** That is my understanding. I got that from someone on the phone.

**MS LEE:** Are there any other service providers who provide this in the ACT?

**Dr Behrens:** Not that I am aware of. There was another one, and that closed. It is very difficult to make money out of these things. I do not really think that the private sector is likely to fill the gap.

**MS LEE:** Excuse my ignorance; I did not do any family law: are there any other services that are available that are unpaid? I know that Marymead, as you say, has a “pay what you can afford” arrangement.

**Dr Behrens:** Yes.

**MS LEE:** Are there any other informal arrangements that are available for contact?

**Dr Behrens:** We sometimes make arrangements for family members to do it. That can be okay, depending on the allegations and the risk. Often family members will not want to do it. That is really the only other alternative. At one stage people were using babysitting services. Again, that might be appropriate in an appropriate case. The other benefit of going to a formal supervision centre is that the people there, apart from being qualified, which is the main thing—

**MS LEE:** What is that qualification?

**Dr Behrens:** I do not know. There are social workers and those kinds of people there, I imagine. They can also write reports, so you then have better information in proceedings down the track. From a family lawyer’s point of view, it is a real and very significant issue. It really does affect outcomes for children. I appreciate that that is not really a territory focus—the family law area.

**THE CHAIR:** I imagine our coordinator would be interested in it as a concept, just to know where we are at.

**MS CODY:** I have a follow-up question. In your experience, are there cases in which there are no children involved? I am sure there are, but it would be interesting to know what percentage that is. You probably cannot answer that. But where children are involved, what sorts of ages are we referring to? Are we referring to right up to 14 or are we talking about little—

**THE CHAIR:** For supervision.

**Dr Behrens:** For supervision?

**MS CODY:** Across the board. Yes, for supervision but also for children's contact services. I know it is a bit of a weird area and I am not fully across it; I apologise.

**Dr Behrens:** I do not know what ages the children have to be to access children's contact services. As children get older, you are less worried about supervision. I am not wanting to underestimate the impacts on adolescent children and older children, but at least if the parent is drunk, the kid can pick up the phone and ring mum.

**THE CHAIR:** Or if the contact is in a public place—

**Dr Behrens:** Yes, exactly; so with older children, it is not so much of an issue. I imagine there would be something of an issue in cases where there are very serious concerns about whether there is an appropriate service for the supervision of contact with adolescent children or older children with their parents.

**MS CODY:** That is right; absolutely.

**Dr Behrens:** Yes. I am not sure about that.

**THE CHAIR:** It might be something for the government to get their heads around—what is available, what we would ideally like to have, and how that might be incentivised.

**Dr Behrens:** Yes. For adolescents as well, they might be better able to protect themselves against physical things, but they would be just as vulnerable to psychological abuse.

**MS CODY:** From my own experience, my children are grown now, but they still cannot stand up to their father.

**Dr Behrens:** Yes.

**MS CODY:** They are adults, but they are still being manipulated. I thought you might have an idea about this, and that is fine; we can ask other witnesses. It would be interesting to see what the ages are, and what ages are covered by the supervision.

**Dr Behrens:** Certainly, in the parenting matters that I am involved in, you get children of all ages. One of the things that can happen—again, this is just from my personal experience—is that by 12 or 13 they speak with their feet and they make

their decision. It is then up to the parent as to whether they want to try to restore that relationship. They have to rebuild trust and all of those kinds of things. If they do not have the capacity to do that then sadly—

**THE CHAIR:** Are there services to assist with that?

**Dr Behrens:** I am sure there would be. Services like Relationships Australia do that kind of counselling. Whether there are sufficiently tailored services to do that, I am not sure.

**THE CHAIR:** And whether those who need them know about them; that is another question.

**Dr Behrens:** Yes.

**THE CHAIR:** Is there anything else from the Bar Association's perspective that you want to add?

**Dr Behrens:** No.

**THE CHAIR:** Thank you for bringing your expertise here. Do we have any additional questions? No; I think we have covered a fair bit this morning. On behalf of the committee, I would like to thank you, Dr Behrens, for appearing today. When available, a copy of the proof transcript will be forwarded to you, to provide an opportunity to check the transcript and suggest any corrections, if there have been any misunderstandings. We will now suspend the hearing, and when we come back we will hear from the Domestic Violence Prevention Council.

**Hearing suspended from 12.35 to 2.21 pm.**

**WILLIAMS, MS MARCIA**, Chair, Domestic Violence Prevention Council  
**WILSON, MS MIRJANA**, Community member and Domestic Violence Crisis  
Service representative, Domestic Violence Prevention Council

**THE CHAIR:** Welcome to the afternoon session of the public hearing of the Standing Committee on Justice and Community Safety inquiry into domestic and family violence—policy approaches and responses. Our next witnesses are Ms Williams and Ms Wilson from the Domestic Violence Prevention Council. We thank you for making time to be with us yet again, and we thank you also for the written submission to the inquiry; it helps us to ponder your experiences and what you have to say.

I draw your attention to the pink privilege statement on the table. I need to confirm for the record that you understand privilege and the implications of the statement?

**Ms Wilson:** Yes.

**Ms Williams:** I do.

**THE CHAIR:** Thank you. Do you want to start with an opening statement from your organisation?

**Ms Williams:** No, I think we have said it in the council's submission.

**THE CHAIR:** We will go to questions then.

**MR STEEL:** Thank you for your submission; I really appreciate it. One of the focuses of our committee inquiry is looking at the implementation of the government's family violence package. I believe you have been quite involved with that. Can you comment on the process thus far and exactly what your involvement has been?

**Ms Williams:** As Chair of the Domestic Violence Prevention Council, I can say that we have had a heavy involvement in it. As the council in that original extraordinary meeting had really reinforced the need for a lot of these things, we felt it was important that we or people representing the council were involved. Quite a few of us were heavily involved in making sure the way the co-design worked involved the right people and the right contributions all around the table.

We have also been involved in other elements of it. For example, I and others have been involved in the design around the alcohol, tobacco and other drugs strategy. Mirjana was involved in that also. We have been heavily involved in making sure it sticks to its aims and what was actually intended by those. We also work closely with Jo Wood; she reports to the Domestic Violence Prevention Council every month, so we get a chance to input into how things are going, as well as making sure they stay on track from our perspective.

**MR STEEL:** Exactly how does that co-design process work? Is it a meeting? Is it a panel?

**Ms Wilson:** It was many meetings.

**Ms Williams:** We invested a significant amount of our own time in attending regular sessions.

**Ms Wilson:** There were basically two different groups: there was a core design team and the critical friends team. The critical friends team came from a cross-section of people from outside of the domestic and family violence sector but intersected with it somehow through the work that they do, both government and community, whereas the core design team were organisations and people that worked with it slightly more closely. There was representation from DVCS, Relationships Australia, Aboriginal and Torres Strait Islander communities, ACT Health, child protection services, the Canberra Men's Centre, or EveryMan as it is now, and the Women's Centre for Health Matters, as well as the research we had done. That core design team worked alongside the coordinator-general's office for a period of six half-day workshops. We did that monthly, so it really stretched out over a long period of work time.

Plus, outside of that, there were significant interviews and sessions that took place with people with lived experience. And those people with lived experience were identified as the most vulnerable, the people least likely to access the current service delivery system as it stands. They were people from Aboriginal and Torres Strait Islander communities; culturally and linguistically diverse; the LGBTIQ community, young men in particular, and particularly men who had either experienced violence in their family context or were showing early signs of using violence; and people with disabilities. Overlaying that was children as another subgroup. Many people were involved who had had lived experience but had not accessed any of the services, and the question was why they had not.

**THE CHAIR:** The result of those discussions is what was presented when we did the walk-through, for those who were able to attend.

**Ms Wilson:** That is right. Marcia, correct me if I am wrong—and I would not want to speak on behalf of the whole council—but one of the things I noted was that it was the first time we had run a proper co-design process that actually involved people other than service providers. What is really crucial—and it comes through in our submission as well—is that when we look at providing support services, it cannot just be what the service delivery system thinks the community needs. That is why it was really the first time that significant resources had gone into listening to and talking to people.

**THE CHAIR:** Am I right in asserting, from what I saw from the walk-through and from Jo Wood's response, that it was the first time we had started to think about not necessarily splitting up the family unit, which was our standard response?

**Ms Williams:** Yes, and what was really useful about the whole thing was that we all agreed on those main themes. That normally does not happen because everyone is coming from a different perspective. So for once we were all in line with what were the key themes. That example was one we were all very keen to make sure was represented, particularly from the Indigenous community's perspective.

**THE CHAIR:** It made a lot of sense to me; my mum is Italian and I can understand how people of Italian ethnic origin would feel about the concept of splitting up the family unit.

**Ms Williams:** Yes, and when it first happens, women do not want the family to be broken up; they just want the violence to stop.

**Ms Wilson:** The other part of that is our understanding of what we mean by “family”. We had to be very clear that we did not just conceptualise the family as it is understood through a traditional marriage view, either. That was really important in trying to access all those different groups.

**THE CHAIR:** And the language, for all of its flaws, does at least encapsulate that at the moment.

**MR STEEL:** Are they going to continue the co-design process from here?

**Ms Williams:** We have done the walkthrough, and you guys have seen the presentations. From our point of view we would hope that this sort of approach is used in future initiatives. Too often, the systems we actually have are designed by bureaucrats or service providers.

**THE CHAIR:** Who are hoping to find a solution.

**Ms Williams:** Yes, and it does not have that buy-in, and it takes a lot of effort to change a system.

**THE CHAIR:** I have been asking the Minister for Women to go to the women in the ACT public service and ask, “What do you need to change,” instead of saying, “This is what I reckon you might need.” Everyone is still trying to do the right thing, though.

**Ms Williams:** Yes, it is that reverse way.

**Ms Wilson:** It is a very time and resource-intensive way to do it.

**THE CHAIR:** But otherwise we are wasting our time and resources.

**Ms Wilson:** Yes.

**Ms Williams:** Or we are reinventing the wheel over and over without asking the people affected by the wheel.

**Ms Wilson:** I would hope there still continues to be some process that will involve those people we started with as we go through. Originally the work was about family safety hubs, but where we have almost landed is that it really needs us to potentially reconceptualise the service delivery system as a whole. A physical hub that people go to is not going to be the panacea for all people affected by violence. We need a much more sophisticated response.

**THE CHAIR:** It is actually much more complex.

**Ms Williams:** It is, yes. We got to that through that redesign process, so there are other things that will come out of that in the future and other ways of working.

**THE CHAIR:** You probably need more of a “no wrong door” approach when you have got all these different people coming into contact at all different stages and places.

**Ms Wilson:** Regardless of where they hit that service delivery system.

**Ms Williams:** And the concept of just having one hub, yes. It just does not work now.

**THE CHAIR:** Do you bring the perpetrator in? Do you bring the whole family in et cetera?

**Ms Wilson:** I am a LGBTI member or a community member or a woman; I am a refugee woman. Is that the place that I identify with as a place that I would want to go? Maybe not.

**Ms Williams:** Or a young person who does not know where to go—and who do I find out from? I guess it also picked up the fact that the service providers are not the only people in the system. We heard a lot of women particularly, but others too, talking about the fact that where they went was to a doctor or—

**THE CHAIR:** A health practitioner.

**Ms Williams:** But it could be anybody—lawyers.

**THE CHAIR:** Or a family member?

**Ms Williams:** Yes. It is such a complex issue that you have got to tackle it at the point where someone is actually presenting. That is what came out of that process.

**MS LEE:** Just following on from that—and I think some of it you have actually answered—I want to ask you about the particularly vulnerable groups: women with a disability or with English as a second language or those types of groups. A lot of the time, I suppose, you do not know what you do not know. They might not realise there is a Domestic Violence Crisis Service to go to.

**THE CHAIR:** Or they might not define what is happening to them as domestic violence.

**MS LEE:** Yes, exactly: “I know something is wrong, but I do not know if it is actually an illegal thing.” Are you satisfied with the progress so far in broadening that reach, if you like? For example, a person with a disability may be in a particularly vulnerable position because the intimate partner that they are in a relationship with is also their carer.

**THE CHAIR:** Has control.

**MS LEE:** There is a lot of control that we just take for granted. I think that happens. The first point of contact they go to might not necessarily be the services that are available. Are there other places that you might not realise—

**Ms Williams:** I think that is what Mirjana referred to. There is still work that will come out of those. I think all those things are known and understood. In fact, I know we have been working on a range of things in the ACT, the council and others, for those groups and reminding people that the standard approaches do not work because of other circumstances. I guess the external environment is always the one that changes too.

We were talking the other week about disability. Back when we first were designing something around what is the response there, suddenly we had the NDIS, which changed a lot of the providers. I guess it is about continually improving the responses, looking at them again to see where the next perspective is to look at. I think it is the same in the CALD communities too. All of us work with that. It is a different response there, it is a different response in the Indigenous community and some of it takes longer to work on and you have got to work with the community.

**THE CHAIR:** And the relationships?

**Ms Williams:** Yes, the relationships are really important.

**THE CHAIR:** And the informal leaders?

**Ms Williams:** I do not know whether you read the council's forum that we had with Aboriginal and Torres Strait Islanders. When you look at the things that they highlight, they are totally different to what we would highlight. We have got to have those different interventions.

**THE CHAIR:** If there is anything you would like to submit to us to read, then please do. We will not require it of you, but please highlight anything you think would be good for our understanding of the issues, yes.

**MS LEE:** All these are publicly available, are they not?

**Ms Williams:** On the website. Yes, if you go to our website, they are on there.

**THE CHAIR:** Ms Cody cannot be here this afternoon, but she has asked me to ask a couple of questions. Ms Cody raised this morning her concerns around access to shelters and temporary accommodation and emergency accommodation for people with children, particularly boys, who are 11 or 12 and older. In the past, her experience with assisting people in this field was that those women have more trouble getting access to shelters and so on. Is that still a problem at the moment or is that just for certain service providers?

**Ms Williams:** Certain service providers, yes. It is true to say that in the past the refuge system was focused on women and that older boys—

**THE CHAIR:** And small children.

**Ms Williams:** Yes. We were just talking earlier about the sign of the times. Back then it was all a focus on women. These days if you look at the responses in the homelessness system, they are quite wide and, in fact, many of the service providers that did only provide services to women are now providing them to the whole family. There are only really two refuges left that are women only and the issue—

**Ms Wilson:** Two refuges.

**THE CHAIR:** And is that women and children as well?

**Ms Williams:** Yes, with their children. But, again, when you ask whether there is access, part of that is the build-up in the system at the moment, the crisis system. There is just no way out of those refuges. There are issues around being able to get women into those crisis situations.

**THE CHAIR:** We discussed in an earlier part of today's hearing the government trying to map where the blockages in the system are. I am not saying that is not already happening, but it may be for us to perhaps recommend that. I think having refuges function for the period that is not optimal for the person is what we need to get to. We will probably have to go to the service providers directly to find out if their actual services are the most modern we could be providing or if there is something the government could do to assist.

I know, for example, a lot of recovery for women coming out of other kinds of abuse is centred on them having a little unit each in a facility, not living in a larger facility with rooms. In that way they are facing the world and are able to make their own choices about their day and their routine and when and if they seek help, rather than being more institutionalised. I do not want to make any judgements about what is out there at the moment, but you get the feeling that there could be some development there.

**Ms Wilson:** The refuge system was our very first response to domestic and family violence. It was the fleeing response. Then we moved from that into criminalising behaviour and we had a legal response. I think now we are in that phase where we are looking at whole-of-family responses. Where does the legal response and where does the refuge system response now fit into this new way of looking at things? I think they both need looking at.

**THE CHAIR:** For example, you see the development in a service provider like Karinya House in Canberra who started out like that and has now moved into the units—and good for them and they have done a great job of making all that happen—but perhaps that is a development that needs to happen elsewhere.

**Ms Wilson:** Yes, and I think for us, because we also both in our day jobs deal a lot with women, we see a lot of women leave the domestic violence situation without having to go through that crisis system. Our concerns, I guess, are what happens if they then lose their housing and their situation? Where do they go, because they are no longer eligible for that crisis system? And you do not want to have people making the right decisions about their relationships and leaving that situation with their kids

and then finding they do not have housing and they are not eligible.

**THE CHAIR:** That is an interesting point as well. With the co-design process for the service provision—which was originally thought of as a hub—having gone for feedback to the most needy groups, is there perhaps another group who are not the most needy group or who have moved out of being like that and who should be consulted as well about the gaps in the system? Ultimately, you could study everything.

**Ms Wilson:** You could. I think the idea with going to the most vulnerable groups is that you believe in the philosophy that if you can address the needs of the most vulnerable then you are getting it right pretty much most of the time for everyone.

**THE CHAIR:** Part of the question that Ms Cody left for me to ask was: are clients who are economically better off still accessing the systems or are they missing out and are the systems geared to those people getting at least the information they need, if less so the physical help?

**Ms Williams:** I think that was part of the co-design process that really came out. It is really targeted at vulnerable women, but we are finding women and others who become vulnerable because, even though they had money and—

**THE CHAIR:** Your savings quickly dry up if you have got to use them for accommodation.

**Ms Williams:** Yes. Bec Cody would have talked about the fact that, when you have got the legal system to pay for and all of that, it can be an entry way into poverty again for people that were not in it. A lot of that did come out of the co-design, in terms of our needing to look at the wider system. While the government funding goes into service delivery, how do we work with that wider system to make sure there are supports available so that people do not end up in a worse off situation and back in the system?

**THE CHAIR:** Yes. I want to thank you for your submission in particular. For some of us it was a bit of an eye-opener to realise how instrumental your organisation has been regarding the levy that has been imposed and what is being done with it. I think it is good, in a way, for the community to understand that the Domestic Violence Prevention Council came up with this idea, or a large part of it. For many people it was an election promise, and that is all well and good, but it needs to be understood that it has grown up out of the community, and not just from a board in a political office. Even those of us who are deeply involved in the system were not aware of that. I want to thank you for the work that your body has done and also for just being there for the whole time. You are a longstanding organisation in Canberra, and I am sure many people have no idea what you have done for all this time. We thank you for that, and for being there all the way along.

I want to ask in particular about a couple of things in your submission. At the end of page 5 it refers to “the work being done to increase the capacity of the ACT specialist drug treatment services in addressing family violence”. Could you explain what is needed there or what it is that you are hoping will occur?

**Ms Williams:** Again that came out of the family safety package. There was recognition that for many of both the perpetrators and the victims in some socio-economic groups of families they are also in an alcohol and drug situation.

**THE CHAIR:** Yes, often there are many issues going on at once.

**Ms Williams:** Yes, so it was about understanding that that sector really had a focus on clinical alcohol and drugs treatment, but it often did not recognise the family violence interventions that were going on there and that needed to be recognised. Mirjana can probably talk more about that because she was heavily involved right up-front. It was about how you make sure that that particular service system understands those dynamics of domestic and family violence.

**THE CHAIR:** There is not much point in siloing it, keeping it siloed.

**Ms Williams:** Yes. They have done an intensive process of really redesigning the way they do things to include family violence as an understanding in the whole system. They are looking at their services and at which ones would offer what sort of capacity. Some of them might be just about identifying family violence and others would have the capacity to deliver some sort of family violence intervention along with the alcohol and drug intervention.

**Ms Wilson:** With respect to a concrete example of that, we are working really closely with Karralika at the moment, which is a residential drug and alcohol rehab facility. We have come to a common understanding whereby we have worked with their staff around how to better identify domestic and family violence dynamics with the families that they are working with. They have provided assistance to our staff on how to better identify problematic uses of drugs and alcohol. We have then come to an understanding and have said, “What do we do first? Does the person’s drug and alcohol usage need to be stabilised and maintained first, before we start to work with people on their use of violence in their family unit or vice versa?”

That has enabled us to talk a common language and understand each other, and then to say, “What do we do for this family around the use of violence and making sure that people are safe? And how do we meet their drug and alcohol needs as well?” That has not really ever happened before. We have all been quite siloed.

**THE CHAIR:** I guess that is thanks to the push, but also to Jo’s work and your work. It is a good story to tell; it is not necessarily our role, because we are going to sit here and give recommendations to government. But I encourage you to tell that story to the public and to the press about the changes that have already occurred and how service providers are relating to each other. That is an important aspect of the cultural change that needs to happen. Western society has always put things into various categories, and we have to, because we have to study things, and no-one can know everything about everything. But it is about the right people knowing what each other is doing, and the GPs having access to information about what each of these services does.

I said to the other members of the committee, “Wouldn’t it be great if we could map this whole sector?” I am sure they are doing it in Jo Wood’s office. For our sake, if we

could see the picture of who does what, I am not sure that it would be two-dimensional; it might be three-dimensional. I have discussed a little bit the policy-type theory about things that do not have the most obvious answers. Sometimes the policy response is not what you think it should be when you actually study the reality. What you are doing is wonderful.

We have a lot of services—we provide this; we provide that. I think it is so wonderful that the community sector does all of these things, and government should never try to replicate what you do, in a way, because you do it better than government ever will. You are more highly motivated, you have the expertise and so on. Do we ever look at where the gaps are? For example, each person needs their own personalised plan, in the same way we do with learning difficulties for children and all sorts of things. We have come to realise that a cookie-cutter approach fits very few people and most people need a bit of this and a bit of that. Have you done any work through the design process on personalised plans? Even if there is not a lead agency, could everyone be using the same template, to make sure that all of those issues are dealt with?

**Ms Williams:** We have been talking about this for a long time in our day jobs, too. We have done a lot of work. I will talk as a council member, but there are things we have done while working with the GP network, working with others on how you help them to know how to ask the right questions on what is available.

**THE CHAIR:** That is right. We have only learned in the last 10 years or so that if someone is thinking of self-harm, for example, you must ask them directly, “Are you considering harming yourself and do you have a plan to do that?” No-one knew that before that point. People only know about it now that they have done a great job of advertising it.

**Ms Williams:** “R U OK?” I think we found the same thing, very much so, in terms of social research and from what women tell us; as with LGBTIQ and Aboriginal and Torres Strait Islanders. The question is not as blunt as that with them; it is about asking the right question that gives you a concept. One of the challenges we have—and we have done a little bit in terms of projects to try to inform this, and we hope to get some more money and do that later—is that it is actually about how you target that at each of those different silos or people who might deal with them in a way that makes them feel comfortable to ask a person in the right way. If you are a busy GP, you just do not have the time to ask all of those questions. And if you do, what do you do with them? If you are a lawyer and they are there to see you on one thing, what is the question you ask that actually might show that? We have seen examples of where there are bad questions asked.

**THE CHAIR:** Questions that are full of judgement or that assert certain reasons and so on.

**Ms Williams:** One of the things we have always been worried about is how to identify with children and young people. Those questions are not asked, and it is really hard to ask those questions. One of the things the council has just recommended to government, which the government has agreed to, is that we are going to have another extraordinary meeting. This time, Giulia, you will be able to attend it and see it.

**THE CHAIR:** I would love to.

**Ms Williams:** We are just about to let all of you know and invite you to it, and it will be focused on children and young people.

**THE CHAIR:** You have the issues of consent and parental responsibility to deal with, but you also have community care and the responsibility we have as a community.

**Ms Williams:** Yes.

**THE CHAIR:** We know that sometimes, for example, compulsory reporting has its upside and its downside because of the fear it creates, and people do not disclose and so on. It is about the very best option that we can take.

**Ms Williams:** We are hoping that the same thing will happen, and that it will show us the next steps that we need to take in terms of an ACT constituency, and what that would look like, to be able to inform government about where to go with this. We need to fit that into what we have already done around the victims.

**THE CHAIR:** Yes. You would not want to cater perfectly to the adults and not have quite done this research.

**Ms Williams:** Yes, they are not just an add-on; they have their own—

**THE CHAIR:** There would be a question at some stage about extended family and friends, and whether they know what to ask. When I was the shadow minister for mental health, I talked a lot about how, in mental health, we really had not come up with a “stop, drop and roll”. Once we better understand something as a community, we have a chance to develop something that makes it easier for people who do not live in this world all the time but who want to be helpful. If you are on fire, you know that you have to stop, drop and roll. What do I do if I think someone is depressed, suffering or not coping with life? What are the questions I should ask and how should I respond?

**Ms Williams:** Yes, exactly. I think we are getting to that, but it is a complex issue; it is different for different people and there are different solutions. If this had been easy, it would have been solved a long time ago. This has shown that probably the ACT is quite different from other states and territories, so you really have to tailor it locally, and you have to listen to the people here about what will work and what will not.

**THE CHAIR:** Eventually you will get to the point where people who have been through the system will say what worked best for them, and you will be able to get the majority of cases. I am really grateful for all of this information and advice. Do you have another question, Elizabeth?

**MS LEE:** Thanks, chair. First, procedurally, on page 7 of your submission, there was no substantive text under dot point d. I was not sure if it was just because it spoke for itself and you did not need to add anything or whether something got missed.

**Ms Wilson:** I think it was just our timing and ability to respond.

**MS LEE:** I just wanted to make sure that we are not missing something.

**Ms Wilson:** Part of what we do as part of our role is provide advice to governments about maybe some best practice opportunities. The example would be that with the children and young people's extraordinary meeting, what we intend is for the papers to include some best practice that everyone can look at and think, "Wow, that's a good idea," or whatever. We do provide that advice, but in this case we did not have enough time.

**MS LEE:** That is fine. I just wanted to make sure that something did not slip through.

**Ms Wilson:** No. We do make sure that every time we are providing advice to government we are looking at that sort of thing and recommending things that have come from good other approaches elsewhere as well.

**MS LEE:** Yes, of course; that makes sense. The substantive question I wanted to ask is this. As you know, recently there has been a huge raising of awareness of what constitutes sexual assault, sexual harassment and unacceptable behaviour that has a sexual orientation to it, with the whole MeToo movement and the whole matter with celebrities, including in Australia, that have become very public.

What would be your advice about what we need to consider as a society in looking at that particular vulnerable group when it comes to the domestic and family violence relationship where there is that particular element to it as well? What other issues do we need to consider? What is the debate that we need to have publicly? What do we need to do to address the growing sort of confusion around this?

**Ms Wilson:** That is a really interesting thing. There is sexual violence as it exists and happens within the context of domestic and family violence and then there is that other broader sexual harassment of women—

**MS LEE:** The workplace and all that.

**Ms Wilson:** The workplace and those sorts of things.

**THE CHAIR:** Social environments.

**Ms Wilson:** Yes. I think that is probably outside the remit of the council.

**MS LEE:** Yes, absolutely.

**Ms Wilson:** In terms of where it fits into domestic and family violence, it is really interesting that it often gets separated out. I do not know that it needs to be separated out. In the context of domestic and family violence, sexual violence or sexual assault is a power and control dynamic. If there are other forms of physical violence or other controlling behaviours being used, if you actually say to a person subjected to violence, "Are you also experiencing sexual violence or sexual assault in your relationship from your intimate partner," they will go, "Yes."

The most significant difference is that you have to ask. It is information that is very rarely forthcoming. We will have people who will disclose a whole pile of things around what is being used against them, whether they are being hit or economically abused. But if we do not actually ask the question directly, it will not be offered. There is some awareness raising that needs to happen in that particular area. We still have a significant number of women who still believe—

**THE CHAIR:** You have to ask directly.

**Ms Wilson:** that if that is happening in their relationships, it is kind of okay.

**MS LEE:** It was not long ago that it was—

**Ms Wilson:** Yes.

**MS LEE:** It has not been long since it has been socially unacceptable that there is sexual violence within a relationship—rape in marriage and all that kind of stuff.

**Ms Wilson:** That was—what was the year with rape in marriage?

**Ms Williams:** I cannot remember.

**THE CHAIR:** Probably in the 1980s.

**Ms Wilson:** It was very late.

**MS LEE:** Nowhere near as long as we would have liked.

**THE CHAIR:** It was the late 1980s.

**Ms Wilson:** I think it was something like 1987 when rape in marriage was considered to be an offence.

**MS LEE:** Recognised, yes.

**Ms Williams:** But it is about what people perceive, not recognising domestic violence. The same thing happens in that. We were talking earlier about other work we are doing around the sexual violence side, including Canberra Rape Crisis Centre, if they were here. One of our issues these days is the lack of recognition by young people about what is a good relationship, including about sexual assault.

**THE CHAIR:** One of the things the MeToo campaign has raised is how in the entertainment industry sometimes these behaviours are glorified and young people often copy what they have role-modelled for them.

**MS LEE:** But then it gets fuzzier again.

**Ms Wilson:** We have a porn industry that is still out there that is still—

**THE CHAIR:** Promoting.

**Ms Wilson:** giving our young people an idea of what is acceptable, unrealistic and what is—

**THE CHAIR:** And what is expected of people, yes.

**Ms Wilson:** Yes, in relationships and what happens in relationships. When you have conversations with young women and you try to say, “You don’t actually need to do that,” they will say to you, “Well, actually yes. Don’t you? Doesn’t everybody do that?”

**THE CHAIR:** Yes, and, “Wouldn’t I be rejected if I didn’t?”

**Ms Wilson:** Exactly, yes.

**Ms Williams:** I think we are seeing more and more of that. I think some of the answers are about investing in some of that education—

**THE CHAIR:** Early education.

**Ms Williams:** early, before kids are having relationships, so that they do know.

**THE CHAIR:** I think also, because we have put such a focus on consent, that does not actually give a set of principles about what is healthy; it just talks about what you want, what you agree to or what you feel like. That is another part of the conversation as well. Some of that we will be able to influence and some of it we will not. It is a complex matter.

**Ms Williams:** It is.

**MS LEE:** Isn’t that one of the reasons why the term was moved away from domestic violence as a very small, limited scope term to “intimate partner”? You wanted to say to the university student who has been seeing a guy for a year that that is still considered unacceptable.

**Ms Williams:** Yes, definitely.

**Ms Wilson:** I think that is what I was referring to this morning. I do not want to lose that intimate partner label, because it is so important. If we make everything family violence, it starts to de-gender things and it starts to throw the whole melting pot of all the different relationships in there. But frankly, they are quite different.

**MS LEE:** Very different.

**Ms Wilson:** I think we cannot lose that intimate partner violence component.

**MS LEE:** There is a different power dynamic, isn’t there.

**Ms Wilson:** Yes, absolutely.

**Ms Williams:** Still there is a core that is the same in terms of the behaviours, but it is for different reasons.

**THE CHAIR:** What is okay and what is not.

**Ms Wilson:** The dynamics in those relationships are different.

**THE CHAIR:** We are certainly, as a society, having a response now to the social revolution that we had many years ago. We took away a lot of the rules and regulations. Some of that was really good, but we are saying, “Maybe some of that was not that good.” Now we want to reinstate some “okays” and some “not okays”, just from a health perspective.

**Ms Williams:** When we were talking before about things changing, we now have technology that is interfering with that in ways that we had not anticipated.

**THE CHAIR:** Yes, of course.

**Ms Williams:** That is the need to constantly revisit.

**THE CHAIR:** I think they said the average age for the first viewing of porn is seven, eight or something for boys now.

**Ms Wilson:** The other thing for me to pick up on with community awareness, and it was in our submission and is something that I have spoken about before, is that we need to raise awareness within our communities. We cannot take our foot off the pedal in relation to that. But we then need to recognise that we make our community more aware. We say, “These are all the things. These are the people that can help you.” But then we need to resource and understand that with more people coming forward, the service system has to be able to adequately respond to that. It cannot just be, “Let’s raise awareness and let’s tell people that this is what constitutes an unhealthy relationship and you can get help for that from over here.”

**THE CHAIR:** But where?

**Ms Wilson:** But where? And what are these people over here going to do?

**MS LEE:** When there is nothing there.

**Ms Wilson:** When there is nothing there. I think we have to raise awareness; it is our responsibility collectively to do it.

**THE CHAIR:** I think what has happened now, if I am right, is that awareness has gone through the roof. And great.

**Ms Wilson:** Awareness has, but not necessarily understanding.

**THE CHAIR:** I understand that, and there is probably quite a lot of pushback to the idea of dealing with this at all. And there are some downsides to it as well, frankly.

But we know, for example, from other roles I do, that we have a police overload in responding to them, because these are not 30-minute calls; these are three-hour calls.

**Ms Wilson:** Yes, they are the hard ones.

**THE CHAIR:** We have a big case load in the courts. We have a rising population in the AMC and probably in youth detention as well. So, across the board, the awareness having been raised, we have all these government systems that have to deal with it, and then also a community sector that is flooded. I guess that part of what we want to hear is things that are sticking out that really must be addressed. If there is anything ongoing before we finish our inquiry, if you think of anything, please do let us know.

**Ms Williams:** For me it is the early intervention. We really need to intervene before we have to be put into that tertiary system. And we have known for many years that we have women in prison where high percentages of them are actually domestic violence and sexual assault victims.

**THE CHAIR:** They have been abused, yes.

**Ms Williams:** So we are not investing in those before those things happen. We put them in a prison because they have alcohol or drug problems. So for me it is about investing in systems early. I am going to give just one example: we know that a lot of women end up in their first situation of domestic violence when a baby is born.

**THE CHAIR:** Because of the physical vulnerability—

**Ms Williams:** Yes, we know it is one of those key points when women become vulnerable. So why are we not investing more in those sorts of education programs and working with men, instead of just working with the women having the babies and then going home and experiencing it?

**THE CHAIR:** Yes, it is really interesting. Over the break I was reading some things about the transition to adult manhood in our society. One of the concepts that they are talking about is that a woman's body tends to dictate to her what it is that she has to do—right?

**Ms Williams:** Yes, exactly.

**THE CHAIR:** I am pregnant now. You get pregnant; the baby has to be born. That becomes urgent at a certain point in time.

**Ms Williams:** Yes, you cannot stop it.

**THE CHAIR:** You know that that baby needs to be fed and that when it cries it needs something. But what is it that a man is meant to do? What is the healthiest thing for a man to do, both for him and for the family unit? In a way, that is a whole conversation to be had by our society about lifting men, where they need it, up to the task and giving them the tools. That is one of the reasons why I am so keen that, without denying anything about the realities of the vulnerability of women, we try to give men a story that gives them the possibility of being great men and not failing men. I think

that that is something else we need to keep an eye on. Imagine if there could be change—and some of the programs that are being run certainly have that in mind—to being great dads, great fathers and great partners.

**Ms Williams:** Yes, and I think those are the ones that work, because it is about the whole family unit early rather than responding to the crisis.

**Ms Wilson:** We actually ultimately want to do ourselves out of a tertiary system, do we not?

**THE CHAIR:** Well, ideally.

**Ms Williams:** I hope so.

**THE CHAIR:** In an ideal world, that is right.

**Ms Williams:** The other bit is probably the discussion about the health system. So many of these issues end up back in our health system, whether it is mental health or the health system. The burden on women and kids of this issue, and on men who are victims, is huge. If we could just start to intervene early in those processes we would not have so many going through the mental health system or the health system itself. So we do need some of those early responses in those systems.

**THE CHAIR:** And a change in how we perceive dealing with things that are bringing us down or dealing with the things that have the potential to bring us down, whether they are poorly learned behaviours from people we love, whether they are just skills that are lacking or whether they are genuine tendencies to be destructive.

**Ms Williams:** I think the other one we were talking about was data. You would have noticed that the council has also given some advice to government around data collection. I think it is really important, because every time we have to answer questions about how many people are affected—

**Ms Wilson:** Or where the gaps are or whatever.

**Ms Williams:**—we do not have the data. We are not talking about a huge system that would start again and whatever. We just need common datasets that are really basic across all of those systems so that we can start to see, with a flag, where those people are going, because we reckon that they are not only seeing DVCS but also seeing the hospital and you name it.

**THE CHAIR:** Yes, that is why I say mapping out the whole thing.

**Ms Williams:** Data collection is a key area of that. I know that the violence coordinator-general is working on that. That would be one we would see as important to get a sense of.

**THE CHAIR:** I think that that is where the federal government first started with this issue in the last term when they launched the research, ANROWS. It was to get some data going for a start.

**Ms Wilson:** All the data that we have for an organisation such as DVCS or Canberra rape crisis or whoever is the people that have presented to us—

**THE CHAIR:** Yes, that is right.

**Ms Wilson:** once the problem has been going on for a really long time. But actually people have presented elsewhere. Other people know about it. That is the bit that is missing.

**Ms Williams:** That would help shape, then, how big the problem is and where it—

**THE CHAIR:** When we get a chance to speak to Jo Wood, one of the things we will no doubt be asking is, “Are you mapping the whole system out?”—I am sure she is—and where everybody’s entry point is or where failed entry points are, because that is almost more important in a way.

**Ms Williams:** I think that that is the danger in talking about the system, though, too, because when we talk about the system we talk about the wider system but so often in public sector government they talk about the system that they fund, and it is not the same system.

**THE CHAIR:** There is an awareness across this, if I am not mistaken, that there is a huge number of people involved and professions, volunteers and paid, police, emergency services and—

**Ms Williams:** Families.

**THE CHAIR:**—families. There are a lot of people who are helping family members to cope with this sort of thing without any formalised care. They are just—

**Ms Williams:** There are a huge number of informal supports.

**THE CHAIR:** They just step up and become the best auntie in the world and give parents respite or whatever it is to sort their stuff out. That is good and healthy but—yes, how to understand the whole picture.

**Ms Williams:** We will have to help Jo make sure she has the right—

**THE CHAIR:** Yes.

**Ms Wilson:** But there is a report that the council did. It is with government at the moment. We are waiting to see what government is going to—

**Ms Williams:** On the data collection.

**Ms Wilson:** On the data collection—what they are going to do with that. So we—

**THE CHAIR:** Does that report have a name? Not that we want to see it now, if they are considering it—

**Ms Williams:** It is on the website anyway. It is the ACT domestic and family violence data collection project.

**Ms Wilson:** It would be good to fast track that, wouldn't it?

**MS LEE:** But all data needs also to be analysed in context, not in a vacuum, so—

**Ms Williams:** Yes.

**Ms Wilson:** Absolutely.

**MS LEE:** It is very important.

**THE CHAIR:** It looks like there is material for a few theses here.

**Ms Wilson:** We feel like there is.

**THE CHAIR:** And I have not even been doing this for 30 years. Thank you very much for coming in again—

**Ms Wilson:** Thank you for the opportunity.

**THE CHAIR:**—and for sharing with us your wisdom. I will close the hearing. A proof transcript will be forwarded to you of *Hansard*. Have a look through it and, if there is anything you think has been misreported, let us know of any corrections. We will continue our hearing program on Thursday, 8 March 2018.

**The committee adjourned at 3.07 pm.**