



Submission to the Standing Committee on Justice and Community Safety Inquiry into Domestic and Family Violence - Policy approaches and responses

Extension granted till 6 October 2017

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The Australian Capital Territory is Ngunnawal Country, and the Women's Centre for Health Matters (WCHM) acknowledges the Ngunnawal people as the traditional custodians of the Canberra region, which was, and is, an important place which is significant to other Aboriginal groups. We also acknowledge their vital ongoing contribution to the ACT community.

1. Introduction

The Women's Centre for Health Matters (WCHM) is a community-based organisation funded by ACT Health that works in the ACT and surrounding region to improve women's health and wellbeing. WCHM believes that health is determined not only by biological factors, but by a broad range of social, environmental and economic factors known as the 'social determinants of health'. We acknowledge that the environment and life circumstances that each woman experiences have a direct impact on her health, and in many cases, women's poor health is rooted in social disadvantage. For these reasons, WCHM is committed to taking a whole-of-life and social approach to women's health that is also firmly situated within a human rights framework.

WCHM focuses on groups of women who may be vulnerable to experiencing disadvantage, social isolation and marginalisation and uses social research, community development, working across sectors, information and education provision, advocacy and health promotion to:

- Provide women with access to reliable and broad ranging health-related information which allows informed choices to be made about each woman's own health and wellbeing
- Advocate to influence change in health-related services to ensure responsiveness to women's needs

WCHM therefore welcomes the opportunity to provide a submission to the Inquiry, given the Centre's work in contributing to and influencing ACT responses to domestic and family violence (DFV) over the last few years (see Attachment A).

We acknowledge that there have been many improvements in systemic responses to DFV in the ACT over the last few years. But we also know that there is still room for improvement and for a greater flexibility in the responses. This is because DFV covers a range of coercive controlling behaviours (physical, sexual, emotional, economic, psychological, or verbal). It is also because victims of DFV are so diverse. Domestic and family violence affects every socioeconomic group – it has nothing to do with income! It affects poor people, rich people and people in a range of relationships. They may be any age, and have vastly different cultural, social and economic backgrounds. The same is true of perpetrators of DFV. That is why diversity must be central to the planning and delivery of effective responses so that all these groups in the ACT are included by design.

But research also shows that while men, women and children are all affected by domestic and family violence, there are significant gendered differences in Australians' experiences of violence. Across all categories of partnered violence, women are significantly more likely to be victims—particularly of sexual violence—and perpetrators are most likely to be male.

WCHM has therefore undertaken a range of activities and social research consultations with women and disadvantaged groups of women in relation to DFV over the past few years to inform the ACT responses, and we have also worked with a range of stakeholders in other sectors and local services about the views and needs of women. We have also represented the concerns of women (and their children) on this issue by contributing to representative Committees/Advisory Groups/Councils (see Attachment B) to inform key stakeholders and the ACT Government and to support the changes that are needed to reduce DFV and its impacts in the ACT.

WCHM has chosen to focus in this submission on those areas in which it has the most knowledge and expertise from our social research and projects related to domestic and family violence - the experiences of ACT women about domestic and family violence and its impact on them and their children, and their views about the responses needed; the need for working with the whole community to encourage solutions outside Government alone; and the impacts on the LGBTIQ community.

2. The costs of DFV in the ACT

DFV impacts on women can include impacts on their physical and mental health, significant medical costs, loss of housing, impacts on employment including time off from work; financial insecurity as a result of economic abuse; and in some cases death. DFV also has impacts on the overall development of children who witness it or are victims themselves.

In addition to these personal impacts, there are also wider social and economic costs. The cost of violence against women is high and it is increasing in Australia. Price Waterhouse Coopers (PWC) estimated in November 2015 (in their report *A High Price to Pay*) that violence against women cost Australia \$21.7 billion a year nationally:

- victims bear the primary burden of this cost estimated at \$12.6 billion (58%); and
- Governments (national and State and Territory) bear the second biggest cost burden, estimated at \$7.8 billion a year (36%), comprising health, administration and social welfare costs.

As part of working with WCHM on our *Beyond Crisis* project¹, PWC calculated for us the approximate share of those costs of violence against women in the ACT. This was calculated by using the ACT proportion of the population (ABS estimated resident population) of PWC's reported \$21.7 billion which is the cost to all of Australia. This includes all the cost of pain and suffering, health, productivity, etc. (Note that this is NOT the cost that is borne by the ACT - Instead this is the approximate 'contribution' for lack of a better term of

¹ <http://www.wchm.org.au/beyond-crisis-working-canberras-professional-firms-businesses-make-safer-choices-easier-survivors-domestic-violence/>

the cost of violence against women in the ACT). **The cost to the ACT equated to \$355.2 million (2015 dollars) a year.**

If ACT victims bear the same percentage primary burden share of this cost as nationally then that equates to 206 million 2015 dollars) a year, and the cost burden to ACT government equates to 127.8 million (2015 dollars) a year.

These figures reinforce the need for bipartisan and whole of community contributions to this issue, the importance of the commitments so far by ACT Government, and the role of the family violence levy in ensuring ongoing funding so that overall costs are reduced.

3. The adequacy and effectiveness of current policy approaches and responses in preventing and responding to domestic and family violence in the ACT

The *National Plan to Reduce Violence Against Women and Their Children* recognises that Australia has an “unacceptably high” prevalence of DFV. It is not possible to say whether there has been an increase in the prevalence of DFV in the ACT over the recent years, or if we are simply seeing increased reporting. The one thing that is certain is that the intensity of the spotlight on the issue has been accompanied by significant increases in women seeking help for the first time.

Demand for crisis services

The majority of ACT Government funding for responses to DFV in the ACT targets ‘crisis’ services – such as the homelessness services, police, legal services, CARE financial service, the courts, and child protection. Funding and resources for these services are tight, and it is difficult for them to meet existing needs and demand each year as more women (and men) and their children reach out for help in the ACT.

The Domestic Violence Crisis Service (DVCS)—ACT’s key specialist service for all people experiencing DFV—received 21,361 calls for help in 2015, up from 16,270 the year before. Last year they received over 26,600 calls. Canberra Rape Crisis Centre is also seeing increased demand in relation to sexual assault.

Many other services across the ACT are also experiencing a spike in demand for help with DFV that is overwhelming their ability to respond. While refuges in the ACT continue to receive requests from women for accommodation, most of these requests cannot be met, as it is difficult for women to access affordable and appropriate housing when trying to exit the refuges. CARE Financial Counselling has seen large increases in women who have left DFV with financial needs.

In a report released in early February – *Specialist homelessness services 2015–16* – the Australian Institute of Health and Welfare found that in Canberra of the 4,652 clients assisted, 56% of those were women; and that 7 in 10 Canberrans who sought these services were for women escaping domestic violence were women; and 8 in 10 people who sought assistance for sexual assault were women. At the same time funding for homelessness

services dropped from \$24.8 million in 2012-2013 to \$20.1 million in 2015-2016, in real terms, for the ACT.

The Women's Health Service – which works with many women who have experienced and are living with the effects of complex trauma from DFV (including PTSD, depression, anxiety, and alcohol and drug use) – has experienced significant increases in demand for services over the last few years; especially the counselling service.

Despite the range of successful initiatives that have been introduced in the ACT to provide services, respond, and to reform law, the very high rates of DFV including sexual assault continue to rise.

WCHM's findings from our research with women (*Hear Me Out*) highlighted the following areas for improvement:

- Current formal responses to (and the community's understanding of DV) are overly oriented toward physical violence. This can make it difficult for women experiencing non-physical forms of violence to receive appropriate help and support, and can sometimes mean that women do not even recognise that what is happening to them is DFV;
- There is a lack of a systemic focus on those who use violence, with many women reporting that those who use violence are often not held to account for the harm they cause to others;
- Many women felt that some of the formal responses to DFV (such as child protection) hold them responsible for ensuring their own and their children's safety, and not the perpetrator;
- During and immediately following separation women identified that they need support that is practical and flexible in what can be provided and how it can be provided - depending on individual women's needs, and the needs of the children.

The diversity of needs

Our research has also identified the need for ACT services supporting victims of DFV to be able to be more flexible in meeting the diverse needs of their clients, including Indigenous women, older women, young women, women with disabilities, LGBTIQ victims and women from culturally and linguistically diverse backgrounds.

For example, our research report *Transforming Domestic Violence in the ACT* confirmed the need for culturally competent service provision so that the safety of LGBTIQ individuals experiencing DFV in the ACT is not compromised, and a need for services to understand the issues that affect LGBTIQ people specifically. Because the ACT does not have any LGBTIQ specific domestic and family violence services or programs, mainstream DFV services need to build capacity to respond adequately and to broaden service options for LGBTIQ people to access. Individuals identified that DFV is promoted as a heteronormative issue and that this had an impact on how they felt when approaching mainstream services. The ACT has a domestic and family violence service system response that is embedded in the mainstream human services system - which means it has the traditional orientation towards support for heteronormative women and their children.

And for Indigenous women there is a lack of culturally appropriate policy responses which would allow victims to 'leave the violence' temporarily.

The lack of post crisis support

There is a gap in the supports that are available post-crisis in the ACT, and access to broader long term support and assistance after separation is required to meet the needs of women (and their children). Current formal responses to DFV need to move from being primarily focused only on 'post-violence' crisis support to providing medium and long term support that will enable women to rebuild their own and their children's lives, and prevent them falling into homelessness and poverty.

For example, homelessness services are not funded to support women and children beyond an immediate crisis response, but there is a need for funding for additional supports to help address the long-term consequences that women and children escaping family violence face and that relate to domestic and family violence and not homelessness. If organisations are able to work with victims over a longer period the outcomes around their health and safety are ultimately better, as are the outcomes for any children involved.

In addition waiting lists, time limited assistance and tighter eligibility criteria means that some of those escaping domestic violence will not be eligible to access some crisis services, and others may never access the crisis support services and will 'go it alone'. From WCHM's and DVCS's work, we know that the majority of women leaving DFV in the ACT stay in their homes post crisis, and do not access the crisis system. We know that many of these women and men are middle-income earners, employed full time, who are not able to access financial assistance and support and who do not qualify for hardship provisions or loans.

The 2014 DVCS *Staying Home After Domestic Violence* confirmed that the overwhelming majority of ACT women (that DVCS had contact with) stay home after an incidence of violence, and do not enter into a specialist homelessness service. As a result, they do not have access to support systems that are available to those women that do. In addition:

- Being on a single income impacts on their ability to pay the high costs of rent or mortgage.
- There are often very long delays in property settlements if they own a joint home with an ex-partner.
- If there is joint home ownership then there is no eligibility for any government housing.
- They may have to pay for a violent partner's debts, which affects their ability to access and afford adequate rental housing or pay their mortgage.
- Legal costs and non-payment of child support after separation reduces the income they have for housing.

This "Missing Middle" struggle to rebuild their lives post-crisis. Support is needed for women (and men) who fall through the gap in assistance and support after escaping DFV, because they are between the funded crisis responses and having fully re-established their lives; and unable to access the services available in the ACT for low-income earners. We know

particularly that women consider returning to violent relationships because it is too hard to keep themselves and their children safe.

This is because following separation from a violent partner, women (and men) and their children are likely to experience significant income loss; financial hardship; poverty; lack of financial or practical support; difficulty obtaining secure affordable housing and accommodation; the large expense and stress associated with accessing legal support; and housing instability, particularly those who are at least partially financially dependent on their partners.

If these women (and men) are unable to sustain their tenancies, mortgage payments, employment, and financial stability, as well as managing and caring for their children and pets, they face tipping into homelessness or financial hardship 6-12 months into their post-crisis life and cycling back into crisis. The longer it is since their experience of DFV the harder it is to access assistance and support as a direct consequence of it.

Access to housing

There continue to be gaps in access to housing that is accessible, affordable, timely and that gives security of tenure for women and children leaving domestic violence in the ACT (including the private rental market). The shortage of affordable and appropriate housing, with one of the most expensive housing markets of all states and territories, makes it very difficult for women leaving violence to find somewhere to live.

Housing affordability is one of the main issues that ACT women and men are faced with when deciding whether or not to leave a violent and controlling relationship. People in the ACT face a high cost of living, primarily due to rental prices which are the highest of any state or territory (ACTCOSS & ACT Shelter 2015). Additionally, the ACT has the second highest rate of homelessness in Australia, with many crisis response services simply unable to meet demand (ACTCOSS & ACT Shelter 2015). Therefore, many people in the ACT are unable to gain access to the housing supports they need when leaving domestic violence.

The 2014 DVCS *Staying Home After Domestic Violence* confirmed that the overwhelming majority of ACT women (that DVCS had contact with) stay home after an incidence of violence, and do not enter into a specialist homelessness service. As a result, they do not have access to support systems that are available to those women that do.

The DVCS report also showed that potential homelessness can arise for ACT women up to 12 months after leaving the relationship if they have no support to help maintain their housing. Their report found that 54.6% of the home owners and 62.5% of the families living in private rentals lost their homes **within 12 months** of separation.

This is because:

- Being on a single income impacts on their ability to pay the high costs of rent or mortgage.
- There are often very long delays in property settlements if they own a joint home with an ex-partner.
- If there is joint home ownership then there is no eligibility for any government housing.

- They may have to pay for a violent partner's debts, which affects their ability to access and afford adequate rental housing or pay their mortgage.
- Legal costs and non-payment of child support after separation reduces the income they have for housing.

Women in WCHM's research report *Hear me out* also reported they could not afford housing payments without their abusive partners' incomes or without access to additional financial resources. Women who were or had been home owners reported the experience of unequal and lengthy property settlements, with many women settling for less because they feared their partner. For others, limited availability of affordable housing in the rental market combined with on-going financial hardship from reduced income and access to finances sometimes became an insurmountable barrier - they even lacked the ability to find enough money to pay a rental bond.

The prospect of high rents and scarce housing supply, or the potential loss of a home they own, impact on the decisions that women and children make to remain in dangerous situations. So, removing any barriers and increasing their opportunities to access safe and affordable housing is critical in responding to women and their children who have experienced domestic violence in the ACT.

Access to economic resources

Once they have left DFV, separating their finances and financial obligations from their abusive partners is important to people starting a new life. Access to economic resources is one of the most pressing concerns for ACT women when deciding whether to leave the relationship, because leaving violence is likely to have an immediate economic impact.

The decision to leave violence can force women into extreme financial hardship, even poverty which can happen 6-12 months after leaving domestic violence.

Leaving violence usually has an immediate financial impact as women often lose access to their partner's income which makes it difficult to afford the basic costs of living, childcare, healthcare, transportation and compromises them meeting much-needed social support for themselves and their children (for example school camps, extra-curricular activities). This impacts on a woman's housing status, and their choices and options, and their capacity to pay bills, repay loans and pay for essential costs of day to day living.

In the ACT, there is very little direct financial assistance available to women except through the welfare system. Care Financial Counselling Service and the Salvation Army provide a range of low no-interest loans although the criteria are only available for certain groups (e.g. concession card holders, people on low incomes) and for limited purposes (such as whitegoods). So removing barriers to accessing appropriate and suitable financial assistance is critical.

Access to legal services

DFV victims often encounter numerous legal issues relating to their abuse and separation. These include tenancy, property and debt-related problems, as well as arrangements about the care of their children. Finding specialist domestic violence lawyers to give affordable,

accessible and appropriate legal advice across all areas of law that a woman may need (family, criminal, property, commercial, credit, contract) is difficult in the ACT.

The DVCS report showed that 65.7% of the women had been dealing with Family Law matters involving property settlement and/or children's matters. 100% raised lack of access to affordable legal representation as a barrier.

From national data, we know that women who report domestic violence are 3 times more likely to receive less than 40% of the property value in property settlements, and that the average cost of Family Law proceedings is \$6,500.

Legal matters can end up costing women substantial amounts in legal fees, court costs, lost work days, child care costs and the costs of court appointed specialists. Often, women have to navigate a complex and brutal legal system without any legal support, as they cannot afford the legal fees.

Women who have left DFV are already under increased financial pressure through a loss of income and increased expenses, but they also need to find money to cover the legal costs, which can be extremely prohibitive. The legal process can be very expensive, protracted, difficult for victims to navigate, and can, at times, lead to further re-victimisation, especially the disconnection between domestic violence orders (DVOs) and family law matters relating to arrangements for children and property.

The ACT Women's Legal Centre and Legal Aid can provide some assistance to eligible women affected by domestic violence, but both have seen unprecedented growth in their case work. There are also limitations and restrictions on free legal assistance. Average earnings in the ACT will put a significant number of women escaping domestic violence above the thresholds to access these services, but they may still not be able afford private legal fees.

It is important that those escaping domestic violence in the ACT are assisted to navigate the legal system particularly if they are unable to pursue legal matters due to the costs involved or are unable to afford private representation for cases involving protection orders; family law matters involving parenting arrangements and property settlement; victim compensation; etc.

Access to childcare

Women in our research identified that they had no-one to help look after their children whilst they had to attend appointments for the myriad of legal, financial, housing and health matters to get their lives back on track. This is because women can face needing to manage a "full-time job" of appointments for child protection support programs, counselling, legal appointments (full day for an affidavit), court-ordered mediation, and court hearings which can go on over many years. And children are often not allowed in law offices, there is not a lot of notice given for appointments, and courts do not operate around childcare needs.

The DVCS report showed that:

- 34.3% of the women had limited or no access to childcare to be able to attend appointments, work, study or for respite;

- 81.8% of the full-time stay-at-home parents had difficulty in finding someone to care for their children so they could attend court, medical and other appointments; and
- 77.1% of the families were suffering financial hardship which included difficulty with payments of childcare, school fees and children's recreational activities.

There is significant evidence on the return on investment of vulnerable children's participation in ECEC. The return in investment can be measured in savings to taxpayers through decreased expenditure on remedial education, criminal justice and health services. But increasing the participation in ECEC of children who are victims of DFV will depend on ensuring that cost is not a barrier in the ACT.

Gaps in supporting children

There is a need to improve responses which address the effects of DFV on children and young people early. Children who are exposed to family violence experience higher rates of anxiety and depression, behavioural issues, learning difficulties, trauma symptoms and attachment problems (Morris et al 2011). It can have a negative impact on a child's neural, cognitive and psychosocial development and on the incidence of conduct disorders, chronic fear responses and social problems (Clarke & Wydall 2015; Tomison 2000; Jaffe et al 2014). In addition, exposure to family violence has also been linked to physical health problems with children who have experienced family violence found to have more a diverse set of recurrent somatic health complaints, more negative health outcomes and more frequent presentations to health services. Young people who have experienced family violence are at increased risk of depression, suicidal ideation and eating disorders. They are more likely to engage in risk taking behaviour, substance abuse and antisocial or violent behaviours than their counterparts who have not experienced violence in the home

And the intergenerational effects of family violence are significant with evidence that children and young people who experience family violence can have a high risk of perpetrating violence and are more likely to tolerate violence in their own relationships (Flood & Fergus 2008; Richards 2011).

This area of need has been highlighted in other responses to the Inquiry, especially the lack of access to counselling and therapeutic responses for children and young people. The current funding model for homelessness services means that children are not considered as service clients in their own right. And that data collected does not tell us about the needs of children – the children are 'add-ons' to their mothers and because we do not capture their individual support and counselling needs, there is no data to inform the need for funding children-specific services.

Preventing violence

There is still a need to invest in challenging and changing cultures and attitudes towards domestic and family violence, including sexual assault, through primary prevention methods such as education in schools and community and workplace discussions.

We know from our work that attitudes at a local level influence whether victims feel comfortable in disclosing violence and seeking help – and that these attitudes also affect the decisions of other people in the community in acting in response to the violence.

So while it is essential to continue working on improved responses to existing violence against women and children, it is also necessary to work to 'stop it before it starts.' Rather than only focussing on its results or 'symptoms.

Better data and evaluation

Better data is also needed to analyse what is really happening, to assess outcomes for individuals and across the system, and to evaluate 'what works' so future practice is more evidence-based. Investment in evaluation and research will matter!

4. The implementation of the ACT Government's 2016–17 funding commitments to prevent and respond to domestic and family violence in the ACT, in particular how outcomes are being measured

The 2016-17 Safer Families package of \$21.4M was a significant investment and WCHM has been pleased to see the recognition of the need for a whole of government approach to responding to DFV through both:

- the announcement of the ACT's first Minister for the Prevention of Domestic and Family Violence to work across government so that the full range of resources and expertise is used to respond to this issue; and
- the establishment of the role of Coordinator-General for Family Safety with a dedicated team to ensure a whole of government approach to responding to DFV in the ACT.

We know from our research that acknowledging the expertise of women's lived experience of DFV is critical to designing appropriate, responsive and effective policies and services. Policy, legislative and service design processes need to be based upon the nuanced and unique experiences of survivors in order to ensure that: services are able to be provided to women irrespective of their decision to remain in their own homes or leave; there is coordination across the range of services needed by survivors; different types of services understand the particular needs of the survivors accessing them and provide responsive and appropriate services; and professionals have an understanding about and are able to provide services that meet the expectations and needs of survivors.

So, we have also been pleased at the approach used in the ACT in developing the design of the Family Safety Hub initiative – especially the focus on being directly informed by the experiences of people affected by domestic and family violence and the frontline staff working to support them. And we are pleased that the design process will give priority to groups of people who are most vulnerable to DFV and those who are hardest to reach with existing services.

And given feedback from women in our research about the lack of support for perpetrators the investment in the Room for Change program is important, and the findings from the evaluation will be important to inform future work in the ACT.

5. The issues and policy challenges (if any) for the ACT arising from the National funding and agenda/policy setting regime/framework—including how outcomes are measured and reported

It will be important for the ACT's involvement in and continued support for implementing the actions from the third and fourth Action Plans of the National Plan to Reduce Violence against Women and their Children 2010-2022.

The ACT Government will also need to continue to work with the Commonwealth Government on the issues within the Commonwealth's jurisdiction, such as Family Court changes and recognising the need for funding for wider domestic violence responses, and maintaining the current responses.

The Commonwealth Government partners with the ACT Government in funding DFV responses, through the National Partnership Agreement on Homelessness. It is unknown what will happen after the current short extensions. For the women and children who need to leave their homes to escape DFV it is essential that they have somewhere safe to go. The current refuges are a key part of the ACT response to domestic and family violence and should continue to be supported by the Commonwealth and ACT Governments.

6. Best practice policy approaches and responses being undertaken in other jurisdictions to prevent and/or respond to domestic and family violence

7. Any other related matters.

Investment in crisis services by Government will continue and become unsustainable unless investment is made outside of the DFV crisis system to keep victims from slipping into poverty or financial hardship 6-12 months into their post-crisis life and cycling back into crisis.

DFV is a complex issue, and there are no straightforward solutions. It requires coordinated, long term sustainable programs and interventions. And until outcomes are known and evaluation undertaken, ACT Government will need to ensure that adequate resources are maintained and services available to meet the demand. And the Coordinator-General's role will help to achieve this.

A key challenge will be to do this while maintaining the impetus for change and commitment to resource the ACT response adequately once the issue is no longer on the 'front page'. This issue needs ongoing bipartisan support and commitment.

We also need a coordinated, committed response from all sectors of our community, public and private, and that assistance and support needs to extend beyond government and the already over-stretched community services. ACT Government can play a part in this.

We would be happy to expand further on the points made in this Submission as required.

Following is an overview of WCHM's local ACT social research reports and other initiatives relating to domestic and family violence.

LOCAL RESEARCH REPORTS

BEYOND CRISIS: WORKING WITH CANBERRA'S PROFESSIONAL FIRMS AND BUSINESSES TO MAKE SAFER CHOICES EASIER FOR SURVIVORS OF DOMESTIC VIOLENCE, WOMEN'S CENTRE FOR HEALTH MATTERS (2017)

This report describes the project which WCHM, supported by the Domestic Violence Crisis Service, conducted to engage and start conversations with ACT business and industry about the impacts of domestic violence, and the role that they could play to identify opportunities and solutions outside the Government's crisis homelessness and/or family violence service system. The report describes several initiatives which have developed from the project so far, as well as other actions identified and still to be followed up.

The project built awareness about domestic violence in the ACT within business and industry, and formed partnerships which capitalised on local business and industry leaders' unique perspectives, specialist knowledge, skills, expertise, networks and resources.

HEAR ME OUT - WOMEN'S EXPERIENCES OF HELP SEEKING FOR DOMESTIC AND FAMILY VIOLENCE IN THE ACT, WOMEN'S CENTRE FOR HEALTH MATTERS (2016)

The focus of this study was to explore the points in women's lives at which they seek help and support for domestic and family violence; the types of help and support that women seek; the reasons they seek help and support from the places they go; the outcomes of seeking help and support, and what, if anything, women would change to ensure that they would be able to access the help and support they need, when they need it.

The women identified that current formal responses to DV in the ACT needs to move from being primarily focused on post-violence crisis support to providing medium and long term support that will enable women to rebuild their own and their children's lives, and prevent homelessness and poverty. The women identified key areas that would help them to re-establish themselves in the longer term. The most common frustration experienced by the women was having to navigate the same bureaucratic processes and delays as any other time, despite their situation being more time pressured than usual.

TRANSFORMING DOMESTIC VIOLENCE IN THE ACT, WOMEN'S CENTRE FOR HEALTH MATTERS (2016)

The focus of this research was to identify gaps in service provision for LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning) people experiencing domestic violence in the ACT. This research filled the gaps in local knowledge and understanding and identified barriers, gaps, and opportunities for improvement to ensure that LGBTIQ people in the ACT are able to access appropriate local service responses to domestic and family violence. LGBTIQ people appear to be at least as likely as non-LGBTIQ people to experience domestic or family violence, but whilst there is an emerging awareness of sexual orientation and gender identity, this awareness has yet to be incorporated into the design and delivery of ACT programs and services. These population groups are already marginalised and vulnerable, and their experience of domestic violence is largely invisible to the mainstream community.

Because of concerns about stigma and social exclusion, LGBTIQ people identified a reluctance to report domestic violence due to the belief that “being victimised by their partners is less frightening than being victimised by the system.” Where they felt they would not be accepted, but continued to access mainstream support, individuals reported remaining silent on their sexual identity or orientation. Respondents reported unhelpful service responses involved judgement and assumptions of heterosexuality, and that mainstream services made assumptions about the sexuality, gender, age and family structures of people utilising their services. Exclusion and isolation can create barriers that entrench the perpetrator and the victim within unhealthy relationship, with little appropriate support, services or networks to rely on for help. A gap was also identified in the need for further research to capture the views and experiences of transgender and intersex people.

WOMEN WITH DISABILITIES ACCESSING CRISIS SERVICES IN THE ACT (WOMEN'S CENTRE FOR HEALTH MATTERS, 2009)

This research explored current practices of supporting women escaping domestic and family violence with the aim of assisting domestic violence and crisis services in the ACT to become more accessible for women with disabilities.

RELEVANT RESOURCES

DV AWARENESS RAISING CAMPAIGN FOR THE LGBTIQ COMMUNITY, WOMEN'S CENTRE FOR HEALTH MATTERS (2017)

WCHM launched THIS campaign aimed at raising awareness in the LGBTIQ community about family and domestic violence. The need for the campaign arose from research which the Centre conducted in late 2015, where this issue was explored in the ACT. It identified gaps in local knowledge and understanding, with many of the local respondents identifying that they were less likely to identify domestic and family violence in their relationships. One of the report recommendations was for the development of LGBTIQ culturally appropriate resources and materials that would raise awareness within the ACT LGBTIQ Community about domestic violence, what it looks like and what they can do/where they can seek support.

WCHM then worked with members of the local LBGTI community to explore what would work best and what the concepts and wording for awareness raising in the community should be. The overall campaign comprises 5 images on posters, each of which shows a different local ‘real’ and recognisable ACT couple, and which use the slogan ‘Same Love. Same Rules’!

GOOD PRACTICE PRINCIPLES FOR IMPROVING ACCESSIBILITY OF DFV SERVICES FOR LGBTIQ CLIENTS, WOMEN'S CENTRE FOR HEALTH MATTERS (2016)

Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) people experience domestic and family violence in similar but not identical ways as heterosexual people. Therefore there is a real need for domestic violence services and support in the ACT to be fully accessible to people of diverse gender, sex and sexuality. Research undertaken by WCHM Confirmed that there is a need to increase the visibility and availability of LGBTIQ friendly supports. Many of the respondents in the research said that more could be done to make LGBTIQ people feel welcome/entitled to use services and supports for DFV, and that services needed to be actively promoted to the LGBTIQ community. This resource Was developed based on what was identified by the research participants as most important to ensure that the LGBTIQ community can access DFV services in the ACT.

GUIDE TO REPORTING ON DOMESTIC AND SEXUAL VIOLENCE AGAINST WOMEN AND CHILDREN, WOMEN'S CENTRE FOR HEALTH MATTERS (2014)

Local ACT journalists told WCHM that they needed guidance on how to report about domestic and sexual violence against women and children because they can be difficult issues for them to investigate and report on, and there was no easy access to local information to inform their reporting.

With assistance from an ACT Women's Grant, the Guides for ACT Media—Reporting on Violence against Women and Children in the ACT were developed in consultation with local journalists and media/journalism students as a resource for those in the ACT media who have any involvement with the reporting of domestic violence, sexual violence, child sexual assault and Indigenous family violence. In the development of these resources, Women's Centre for Health Matters partnered with local community sector experts the Canberra Rape Crisis Centre, Beryl Women Inc. and the Domestic Violence Crisis Service.

Relevant WCHM Representation

The Domestic Violence Prevention Council

Ministerial Advisory Council on Women

Capital Health Network Community Advisory Council

Core Design group (Family Safety Hub)

Project Advisory Group Project Advisory Group for the Research, Scope and Design a Safer Families Project for the AOD sector (AOD Safer Families Project)

Women's Services Network