Victorian Alcohol & Drug Association

Legislative Assembly Legal and Social Issues Committee

Inquiry into capturing data on adults who use family violence in Victoria

Responses to Questions on Notice

Question One from Annabelle CLEELAND as per transcript:

I am just going through a few points now—I am just filling the gaps a little bit. But Gillian, you said at the start, and then it was noted that you were going to give us more details, that we are only beginning this process. Give us the 'what happens next'. Build it for us.

Response:

Whilst the alcohol and other drug (AOD) sector in Victoria have partnered in delivering the recommendations from the Family Violence Royal Commission to reduce incidents of family violence, as with other major initiatives that require culture change, we consider our involvement to be at an early phase in a broader change process.

Some of the solid foundations achieved through the reform process to date include:

- implementation of MARAM across AOD services,
- extensive training and support via the Specialist Family Violence Advisors (SFVA) and
- a variety of cross sectoral initiatives to support referral and service access, risk assessment and information sharing,

Activities have addressed knowledge and capacity within the AOD sector, supported the introduction of new legislative requirements and significantly uplifted the identification and support of individuals who are impacted by domestic, family and sexual violence (DFSV). It has also provided us with the opportunity to reflect on what is still needed to embed and extend family violence practice within AOD treatment services to ensure that our response is sustainable and achieves lasting change.

The early phase of our work has focused on the identification and referral of victims of DFSV to services from a clinical perspective. Further phases should provide an opportunity to directly resource AOD services to work with perpetrators of DFSV given the significant number of individuals who seek AOD support and use family violence and focus on organisational capability. VAADA believes that by better integrating family violence responses through the AOD sector an opportunity exists to reduce the risk of further offending and support behavioural change whilst simultaneously working with the DFSV sector to support those impacted by family violence.

Question Two from Annabelle CLEELAND as per transcript:

Meg, could I ask just maybe for some insights on notice just homing in a bit more on your regional Vic lens—the barriers, opportunities and challenges? Where services do not exist, how are they accessing and sharing that information? You also read repeatedly and very slowly in your opening statement about sober versus under the influence. Why is that so important to hit home and get on the record?

Response

This response has been broken down to cover the 2 components of the question.

a) What are the barriers, opportunities and challenges faced by those who use substances, and experience and/or use DFSV in regional Victoria?

Barriers and challenges

Regional and rural communities face extra challenges when it comes to substance use and DFSV. On the one hand, the experience of stigma and discrimination can be amplified in small communities, which may also obscure the identification of DFSV. Similarly access to services is a common barrier because of social and geographic isolation and the thin market for service options.

The influence of other inequalities experienced by those in regional Victoria such as opportunities for employment and education, access to affordable housing and barriers to social participation including through limited public transport, impacts rates, identification and support of AOD use and DFSV in regional and rural areas. This is why VAADA advocates for a social determinants of health approach to address these issues within our communities.

While the MARAM Framework Reforms have made significant improvements in upskilling the AOD workforce, the same expectations have not been placed on the family violence sector and police when it comes to dealing with alcohol and other drug use, resulting in the misidentification of risk and the exclusion of individuals from service solutions. Because of thin service options in regional and rural communities, this can be more pronounced and consequential for individuals seeking support, leading to fragmented care and poorer outcomes.

There has long been a challenge for individuals seeking AOD residential rehabilitation support who have to move from their local community. As an example, accessing an AOD residential rehabilitation service in Victoria can sometimes require a full day of travel. Whilst it is not feasible to build services in every location, continuing to build local capacity including through alternative service delivery models is crucial to addressing these gaps.

Opportunities

Regional and rural health care services have a long history of developing 'workarounds' to address service gaps. Empowering local communities through existing networks to build their capacity and by investing further resources to support collaboration, can provide an opportunity to develop approaches that are culturally and contextually appropriate for regional and rural communities. This includes by:

- **Leveraging off other systems**: The Mental Health & Wellbeing sector has seen the establishment of interim regional boards as an outcome of the Mental Health Royal Commission. These boards provide an opportunity that is embedded in legislation via the Mental Health and Wellbeing Act for multiple leaders in a regional area to come together to identify and eventually broker resources to address gaps in service systems. If these boards were to require the AOD sector to be represented in decision making it would enable cross sector partnerships that make addressing DFSV a whole of community responsibility.
- **Enhancing capacity of the Specialist Family Violence Advisors (SFVA):** The SFVA roles have been essential in achieving positive outcomes in DFSV reform to date. They are integral in developing cross sectoral relationships that can enable best practice across sectors. Enhancing the authorising environment for the SFVA's provides opportunities for these place-based practice experts to enable improved regional and rural community responses to DFSV.
- **Enhanced outreach and other modes of service delivery:** Improving outreach engagement, particularly to rural communities, can counter geographic and social isolation that create barriers to service access and support pathways.
- **Accessing and Sharing Information:** Significant planning challenges under the MARAM Framework and information-sharing schemes in rural and regional communities remain a concern. These innovative schemes were implemented without sufficient risk management planning, which leads to the misidentification of those experiencing and perpetrating DFSV alongside substance use issues. Enhancing systems for more accurate identification of DFSV remains a continuing piece of work.

b) Police responses to DFSV dependent on substance use

The differential treatment by police based on perceptions of sobriety impacts the safety and support extended to survivors of DFSV. When a person experiencing DFSV contacts the police, their perceived sobriety affects the response they get. If 'perceived' as sober by the police, the chances of their abuser being charged are markedly higher. Conversely, if they are perceived as intoxicated, not only are charges against the abuser less likely, but the individual is also more prone to receiving a mandatory intervention. This differential treatment reflects a deeply ingrained stigma around substance use, viewing intoxication as a moral failing rather than a health issue, or a response to DFSV.

Similarly, people 'perceived' as intoxicated are often refused service and support. Both people who experience and people who use DFSV are routinely refused service from the family violence sector due to stringent abstinence frameworks. Such policies mandate that individuals must be free from substance use to receive support, including access to refuge services, ignoring the common interrelationship between substance use and abuse. This can have dire consequences for victim survivors.