

TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into capturing data on family violence perpetrators in Victoria

Melbourne—Tuesday 6 August 2024

MEMBERS

Ella George – Chair

Annabelle Cleeland – Deputy Chair

Chris Couzens

Chris Crewther

Cindy McLeish

Meng Heang Tak

Jackson Taylor

WITNESS

Vincent Silk, Team Leader, Family Violence Services, Thorne Harbour Health.

The CHAIR: Good afternoon. My name is Ella George, and I am the Chair of the Legislative Assembly's Legal and Social Issues Committee. We will now resume the public hearing of the Committee's Inquiry into capturing data on family violence perpetrators in Victoria.

I begin this afternoon by acknowledging the traditional owners of the land on which we are meeting, the Wurundjeri Woi Wurrung people of the Kulin nation, and I pay my respects to their elders, past, present and future.

I am joined today by my colleagues Jackson Taylor, the Member for Bayswater; Meng Heang Tak, the Member for Clarinda; Annabelle Cleeland, the Deputy Chair and Member for Euroa; Chris Crewther, the Member for Mornington; and Cindy McLeish, the Member for Eildon.

The Committee recognises that evidence to this inquiry may be distressing and urges people to reach out for support. You can contact Lifeline on 13 11 14, 1800RESPECT or the Blue Knot helpline on 1300 657 380.

All evidence given today is being recorded by Hansard and broadcast live. While all evidence taken by the Committee is protected by parliamentary privilege, comments repeated outside this hearing may not be protected by this privilege. Witnesses will be provided with a proof version of today's transcript to check, along with any questions taken on notice. Verified transcripts, responses to questions taken on notice and other documents provided during the hearing will be published on the Committee's website.

I now welcome Vincent Silk from Thorne Harbour Health. Vincent, I invite you to make a brief opening statement of 5 to 10 minutes. This will be followed by questions from members.

Vincent SILK: Thank you so much. I would also like to extend my acknowledgement of the Wurundjeri Woi Wurrung people of the Kulin nations and pay my respects to their elders, past, present and emerging.

My name is Vincent Silk. I am the Team Leader of Family Violence Services at Thorne Harbour Health. Thorne Harbour Health is a community-controlled organisation that has been a leader in community and health responses for LGBTIQ+ communities and people living with HIV. It started as the Victorian AIDS Council 41 years ago I think last week. That is where the organisation I work for has come from, and we opened up as a family violence service in 2017.

A little bit about me: I started work in this area as a peer support worker in family violence in 2017, around the time that Thorne Harbour Health opened up their family violence service. It first was funded as part of a consortium with Switchboard Victoria and Drummond Street Services called WithRespect. I worked in that role as a peer worker for about a year and a half, and then I left and pursued other work with people using violence, particularly with women and transgender people who had used violence, in a pilot program over at Drummond Street Services in 2019. I also spent some time working as a sexual assault counsellor, so have had connections with SASVic and worked at CASA House, which is the Hume and metro region sexual assault centre.

I have been working at Thorne Harbour Health in the family violence team since early 2021. Some of the projects I have been involved in are the establishment of a sexual assault counselling program for LGBTIQ+ people and people affected by or living with HIV, and between 2022 and 2023 I worked on a project with No to Violence, the peak body working with people who have used violence in Victoria, on a specialist pilot model for the online men's behaviour change group model for LGBTIQ+ people—or to be clear, GBTQ is how we were talking about the participants, so gay, bisexual, trans and queer men. At the time it was very important to make that trans inclusive, so I did a lot of work around trans inclusion and particularly thinking about inclusivity for people who identify outside the binary in this space. That is little bit about my work background.

What I would like to use this opening address for is also to just reiterate the importance of community organisation or specialist local family violence services. As you would all be aware, the case management program requirements changed for all family violence services in February 2023. The 'no wrong door' policy has come into play across the state. That means that local and business-hour services also have a responsibility to act as a crisis service, even though that might be a little bit different to how those services have previously worked. We all become a little mini crisis service. Because Thorne Harbour Health is Victoria-wide—we are a Victoria-wide service for people seeking support for either their experiences of or their use of family

violence—we are effectively the local business-hours service for LGBTIQ+ people seeking support for family violence during business hours in Victoria. It is a very big catchment, and I wanted to make it clear that that is kind of part of the remit. It is a very wide catchment and so because of that I might be speaking about things quite generally but also it is really helpful to get into the specificities around trying to do work to respond to violence with LGBTIQ+ people who live in regional areas, and that is quite different to living in metro Melbourne, for example.

What I would like to say is that I am also aware that our colleagues at Switchboard are not here today, so I do not propose to be able to speak for them, but I also want to acknowledge the really important context of the Rainbow Door program, which is part of Switchboard Victoria. I have no authority to speak for Switchboard Victoria at all, but I wanted to make sure that I was mentioning I suppose the work that is being done in terms of a helpline. Rainbow Door is a helpline, and I believe they offer services that finish at about 10 pm at night. So they are not a full 24-hour crisis service, but they are like a morning and afternoon shift service, and we receive quite a few referrals from them. They are also Victoria-wide. That Rainbow Door, as part of Switchboard, came out of COVID funding. It was a specialist mental health surge and now is a risk-assessment entity and information-sharing entity also under the family violence information sharing scheme.

I am trying to, as much as I can, speak to the kind of telehealth work, the phone line work, the crisis work and the long-term work with people using violence that I am aware of both happening at Thorne Harbour and, I guess, across the sector. I think that is what I would use. I think that is probably enough for my opening address. I am happy to open up to questions.

The CHAIR: Thank you, Vincent. That was an excellent overview. The first thing that I would like to speak to you about is misidentification, and this is something that is coming up across multiple witnesses and through multiple submissions about people who are misidentified as the predominant aggressor. I am just wondering if you can speak from your experience about what the Victorian Government can be doing to prevent and reduce misidentification from taking place.

Vincent SILK: Certainly. I think I would also be happy—this was not exactly your question, but if you wanted me to provide a case study or case studies after consulting with my team, I can do that afterwards.

The CHAIR: A case study on misidentification would be excellent, thank you.

Vincent SILK: All right. In terms of my experience and what would be helpful for the Victorian Government to do in terms of misidentification and how that shows up in data, I have a few points about this. Obviously, as you would probably be aware, misidentification of perpetration of violence affects some communities more than others. I would say that it affects LGBTIQ+ communities quite disproportionately. The only other area of our community who are as affected in a similar way are migrant women of colour, who are often frequently misidentified in situations of family violence.

I think the rates of misidentification in LGBTIQ+ communities—that is a cultural piece. It is a big cultural change about what kind of relationships queer people thought were possible when they were young children or what kind of relationships we want to have or think that we deserve. I think there is low literacy around family violence in general in the community, but I think that is often compounded by homophobia and that sort of thing.

I think that one of the key ways that it could be addressed in terms of a government response is consistency and resourcing around data collection points. Particularly, from my perspective of managing a small but statewide family violence service for a specific community, one of the sticking points is that we are a local family violence service for all of Victoria, for the LGBTIQ+ community; however, we are not able to access data collection points such as the family violence application, which is the L17 portal, the L17 being the way that police report on incidents. Obviously, everyone knows what that is—just in case. I think part of what makes that difficult is that because we are not an Orange Door and specialist services are not an Orange Door, we are then relying on different Orange Doors in different regions. We are relying on individual relationships, and while those are really important—it is actually of major importance to make relationships with local services—it makes it a little bit difficult if that person is on leave or if I am on leave and then something goes through an inquiries inbox rather than an info-sharing inbox. If there was real consistency across the sector, really taking

into account the need for local and specialist services to have access to that data as it comes through, I think that that would go some way to addressing some misidentification.

Would you like any other points? I think that is my main point for that.

The CHAIR: That is great. I think we will move on. But on reflection—please, feel free to take this on notice—if there is anything else around how better data collection or addressing some of those data gaps can support a reduction in misidentification, that would be helpful for the Committee to know.

Vincent SILK: I might take that on notice, because that was my main point, but I think there are a few little ones I could probably speak to.

The CHAIR: Thank you. Annabelle.

Annabelle CLEELAND: We might have a few actually, because you were wonderfully articulate, Vincent. You nearly answered some of my questions around that data sharing between service providers and about people using family violence in or towards LGBTIQ+ communities and how that can be improved, which is my overarching question. I guess I want to know: are you involved in the Orange Door currently? Do you receive or contribute data information?

Vincent SILK: The short answer is no in that we do not have an outpost or anything like that. There was a six-month pilot when we had a member of staff co-located at the Orange Door in the Bayside region, which is ostensibly where we are funded from. So even though we are statewide, because of the way DFFH is structured in terms of reporting, Thorne Harbour is part of the Bayside Peninsula integrated family violence network, which is absolutely a fantastic network, and we have great relationships with them, but it means that I do not know someone from the north. I think it is important to make those relationships ourselves, but if it was a bit more mandatory—involvement or outposting or co-locating at other Orange Doors or being involved in them—if that was more cemented or more directed by government, then it would probably make it easier. I live in the western suburbs, and there is often a cultural piece as well where we go, ‘Oh, there’s only the south-side LGBTIQ+ people,’ or ‘There’s the north side and everyone’s in metro and there’s nothing out west,’ and it is just not true. Yes, having really strong partnerships or co-location options for Orange Doors would probably be very supportive for local agencies.

Annabelle CLEELAND: Because we have got limited time, can I ask a few things on notice, which I think our Secretariat can send you?

Vincent SILK: Yes, for sure.

Annabelle CLEELAND: I just want to understand how you are funded and then your reporting requirements and whether there are any databases you currently utilise with those reporting requirements, whether it is IRIS or SHIP, and what databases you contribute to. Are there any databases you would want to access to make your job better? More transparent prevention measures—loaded, sorry.

Vincent SILK: I will take that on notice because I am liable to go on.

Annabelle CLEELAND: No, that is cool, and I do want to share.

The CHAIR: Thanks, Annabelle. Jackson.

Jackson TAYLOR: Thank you, Chair. Thank you very much, Vincent, and thank you for your time today in answering our questions. How can more intersectional data for LGBTIQ+ communities like age, cultural diversity and mental health be consistently and accurately collected by service providers, and once collected how could this data be used?

Vincent SILK: Yes, great question, because it is not consistent and that does lead to problems. In our submission we advocate for or suggest using the Australian Bureau of Statistics standards. They are called the Australian Bureau of Statistics *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables*, 2020. That would standardise the kind of collection, utilisation and, I suppose, use and evaluation of demographic data. I think that is probably the quickest and easiest way that we might make a start on that. Is that of help?

Jackson TAYLOR: Yes. Then just a quick follow-up—thank you, Vincent: it was suggested that recording the type of employment of family violence perpetrators could be a useful data item. How and when would this data best be collected, and what is its potential value-add?

Vincent SILK: What I would say to that is that we do collect data around unemployment, and when we do an assessment there are factors relating to the perpetrator—unemployment would be one of them. That is when we do an assessment for a person who is a victim-survivor—we would be asking them about the person's employment or otherwise. Type of employment would probably be asked at assessment, at a risk assessment, and it would be around seeking information particularly around the way that intersects with the use of firearms or access to firearms, for example. That could be something like, 'Oh, that person's a fisherman and so they have a spear gun,' for example. Also, it is indicated that if a person using violence is a current or former member of the ADF, for example, or a current or former member of the police force, there are often higher risks involved in that. The evidence of that is in the multi-agency risk assessment framework. It is kind of collected at that point. There are some provisions that are in place for checking in, doing requests—there is a special department in the police force, for example, that you can contact as a family violence worker and say, 'Hey, do you know about this person?' There are provisions around that. But I think in terms of assessing risk and having that collected, it might lead to further resources or quicker pick-up for high-risk incidents, that kind of thing. Yes, that is what I would say.

Jackson TAYLOR: Thank you very much. Thank you, Chair.

The CHAIR: Thank you, Jackson. Chris.

Chris CREWITHER: Thank you very much for your evidence today. Just a quick question: what is your view on the best way to increase public reporting of disaggregated family violence data for your communities?

Vincent SILK: I think I may have to take it on notice. By public reporting—in terms of bystander, non-family violence specialists or –

Chris CREWITHER: I think as it particularly relates to family violence and family violence specialists, but I am happy for you to take that on notice.

Vincent SILK: I might take that on notice so that I can really give it some thought.

Chris CREWITHER: An alternative question, then, is: what data is collected or could be collected by LGBTIQ+ service providers and reported to the Victorian Government to help form a fuller understanding of the profile and characteristics of people involved with family violence?

Vincent SILK: I think that this could relate to the issue that has been raised around misidentification, and it is really difficult to respond to that in an already-overloaded service sector. I think that some data around misidentification could be collected and could be fed back to the government. That could look like: how many assessments did it take for a worker to go 'Oh, actually, I don't know if this is the pattern of power and control in this relationship'? It would also be possible that the Victorian Government could use those kinds of data to inform the department of immigration and foreign affairs in terms of—'misidentification' is one word that we are using for it, but often what we are seeing is quite intentional and purposeful abuse of systems, so false, erroneous, malicious reporting, that kind of thing, particularly in situations where a person is on an insecure visa and the person using violence is a permanent resident or has a secure visa. It is possible that if there was data collected around how often this was happening and how long it took to be picked up, there would be possible changes made federally.

Chris CREWITHER: Thank you. Thank you, Chair.

The CHAIR: Thanks. Annabelle.

Annabelle CLEELAND: I just want to ask: in your view, where is the victim-survivors' first point of contact? Are they going to Orange Door, or is it not the culture of support?

Vincent SILK: I think probably local health services. I think the Orange Door is not the main—it is probably not the highest percentage of our referrals. There are quite a few referrals from other specialist services and other local family violence services, I would say, and they are catchment-based as well. Also, there

is a lot of self-referral. Thorne Harbour is quite a specific and singular organisation. It has a real history in medical clinics and that sort of thing, so we have got a whole bunch of sites, a whole bunch of medical clinics, and that means that people –

Annabelle CLEELAND: Trust.

Vincent SILK: Yes, and people are more likely to go ‘Oh, okay, if my doctor says “Hey, take this flyer”’— and that is both for people who might want to do a men’s behaviour change program, for example, or for someone who is experiencing family violence. I think it is, yes, local health services, really.

Annabelle CLEELAND: Okay.

Cindy McLEISH: Can I just ask one really quick question?

The CHAIR: Cindy, please.

Cindy McLEISH: The violence that is reported, is that physical or coercive control?

Vincent SILK: It is actually very similar to what we see and what is reported for men’s violence against women and children. It is the whole gamut. I think particularly there might be a bit of a perception that it is ‘family violence light’, and I probably used to think that too, but I have been working in this area for almost 10 years, and really the rates of lethality and the risk of lethality are kind of comparative. The thing that I would say that is possibly more is the greater level of systems abuse and the potentially less reporting of sexual assault. I have not worked in the mainstream sector for a couple of years, so I am probably, woefully, not doing it justice.

The CHAIR: Thank you. I have got a couple more questions that I will leave with you, if you are able to take them on notice perhaps, because we are out of time.

So firstly, what are some of the challenges to collecting, using and analysing data on young people and older people in LGBTIQ+ communities who are using or experiencing family violence, and how can these challenges be addressed? Would you be happy to take that question on notice?

Vincent SILK: Yes, I would. Yes.

The CHAIR: Great. The second area, another emerging area that we are finding through submissions and witnesses, is around unreported family violence, so when someone is experiencing family violence or someone is using violence but that is not being reported, say, to an Orange Door or to the courts or the police or the justice system. I am just wondering if you could speak to your experience around unreported family violence, and is there a way that we can better collect data where family violence is not reported to fully understand that full picture of the people who are using violence? Again, if you want to take that on notice that would be fine.

Vincent SILK: Yes. I think I am liable to go on a bit, so I should probably take that on notice. I have got some thoughts on it, yes.

The CHAIR: Great, thank you.

Annabelle CLEELAND: We appreciate how articulate you are and your thought processes.

The CHAIR: Thank you, Vincent. We will wrap up the hearing there. Thank you so much for appearing today and for your contribution to this inquiry. It is an important set of voices, so we are really grateful to have your contribution.

The Committee will now take a short break before our next witness.

Witness withdrew.