

TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into capturing data on family violence perpetrators in Victoria

Geelong—Wednesday 7 August 2024

MEMBERS

Ella George – Chair

Annabelle Cleeland – Deputy Chair

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WITNESSES

Bernadette McCartney, Executive Director, Services,

Lisa Robinson, Director, Family Safety and Therapeutic Services, and

Kristy Berryman, Manager, Family Violence, Meli.

The CHAIR: Good morning. 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 by acknowledging the traditional owners of the land on which we are meeting, the Wathaurong people. I pay my respects to their elders past, present and future and extend that respect to First Nations people across Victoria.

I am joined today by my colleagues Meng Heang Tak, the Member for Clarinda; Chris Crewther, the Member for Mornington; and Cindy McLeish, the Member for Eildon.

The Committee has received a number of valuable submissions to date, and we have heard from some witnesses this morning. We are very grateful to all the witnesses who have appeared before the Committee.

All evidence given today is being recorded by Hansard. 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, together 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 am now very pleased to welcome, from Meli, Bernadette McCartney, Executive Director of Services; Lisa Robinson, Director of Family Safety and Therapeutic Services; and Kristy Berryman, Manager of Family violence. Thank you very much for joining us today. I now invite you to make a brief opening statement of 5 to 10 minutes, and this will be followed by questions from members. Thank you.

Bernadette McCARTNEY: Terrific. Thank you. I too would like to acknowledge that we meet on the lands of the Wadawurrung people and pay my respects to elders past, present and emerging. I also just acknowledge and say we are incredibly grateful for the opportunity to attend the inquiry. The importance of the inquiry is really well understood by us as an organisation, so thank you.

I also should say I am using these notes because we had a cyber incident a couple of weeks ago, so we have not been able to print anything. My colleagues have gone old school; I am sticking with the computer. So that is why I am referring to my notes, just so you know. But I will try and engage.

It is fair to say that Meli has dedicated significant time and resources over a lot of years to the development of exemplar practice when it comes to working with people that use violence. In particular in the last 10 years we have witnessed significant growth of our services and certainly have experimented in terms of the diversity of the work that we have been undertaking with people that use violence. You will note in our submission that we deliver a really wide range of services, from men's behaviour change programs to short-term case management and post-participation work, and we have been lucky enough to trial several approaches to diverse cohorts of people that use violence. So we feel like we have got a pretty strong grasp on the work.

In today's panel presentation, we essentially wanted to position two recommendations for closer consideration by the panel, the first one being the problematic approach to the current way we collect data about people that use violence. We think there are multiple opportunities that we are missing to trial a data system that has the potential to hold a specific focus on people that use violence and with a specific focus on the collection and storage of perpetrator data. Some of the data we are referring to, not exclusively, is key demographic data; contributing factors and how the person using violence understands their contributing factors; their views on their acts of violence, not just specific to family violence; their thinking around their use of violence; how they have attended and tolerated services; any prior involvement in specialist family violence services, including completion of treatment interventions; and what their partners or ex-partners are saying about their behaviours—has there been a change in their behaviour? How are they behaving at home? What are they saying about the treatment services at home? It is often different.

So really in a practice sense this data is regularly analysed, and it forms the basis of contemporary risk assessments, which is incredibly important for safe practice. But there is not really a way that the analysis of the information can be distributed across a central system and then shared with other services. That might be local, or that might be further afield should a particular perpetrator move to another area—and we understand and our

experience is that this is highly likely. So the richness of this intelligence can really play a crucial role in sharing our developed understanding of particular people who use violence. It helps to orientate services that are involved or become involved. It undermines a person using violence—their propensity to impression-manage when they arrive at services—and it essentially has the potential to create a lasting record in a system of that person: their use of violence, what they actually do, how they think about their use of violence and a lot of other contextual data.

My colleagues Lisa and Kristy, who you have met, will provide some more detailed information on this process, and Kristy will share a de-identified case study that will help to give the colour and movement around it. But pretty much put simply, we believe there is a need to develop a database that is specific to people who use violence, and the information contained in the database can provide, as I said, contemporary risk assessment and analysis of a person's frequently used tactics of violence, their pattern of treatment access and their tolerance of and trajectory through services.

The second recommendation we would also like to explore with the panel is the concept of the community coordinated response model, better known by many as the Duluth model, which has been made famous by our colleagues in Duluth, Minnesota, in the US. The model has always provided a pretty hopeful approach to a successful and evidence-informed coordinated model that assists in the management of people who use violence across multiple systems, not just statutory systems. This model is essentially where all the system players understand their role no matter what system they are in. It pays careful attention to and resources the coordination function, and it provides a pretty helpful instruction within the Victorian context.

We have been utilising at Meli components of the model, which is mainly the curriculum for the MBC, for many years, but we have also been very interested to implement the CCR across Geelong and hosted our Duluth colleagues last year, in March. That was the opportunity to describe and explain the model in great detail to local workforces. There were really high levels of engagement around that information. I myself was personally lucky enough in 2018 to go over to Duluth in a separate trip and actually see these components firsthand. Having said that—it is just a bit of high-level information—I am going to hand over to Lisa, who is our Director of Family Safety and Therapeutic Services, who will provide some more detail around how we gather the information and how we use the data, and then she will hand it to Kristy.

Lisa ROBINSON: Thanks, Bernadette. You would have seen in our submission that we sort of described the information that we gather at referral point, and why we capture this information is because it is not just about the man's use of violence. We need to unpack everything else that is happening around him to have a clearer picture of the risk he poses to his partner and children as well as how we can effectively engage him in a service response. Not being able to address or talk about those contributing factors does not allow us to understand the level of risk that he poses when we receive the referral.

Within our assessment tools we use the MARAM tool to undertake our risk assessment. What we do with that information as well is we then look at other agencies that are engaged with that man to, one, get a clearer picture of the risk he poses but also a better understanding of the contributing factors that he may bring, and we also work in bringing that agency that he may be engaged with on board in any intervention that we are undertaking. We use the MARAM, but what we know about the MARAM is that it is not applied across the state consistently, so there are gaps there. What we are doing, though, when we are collecting all this information or all this intel on the person using violence is we are relying on relationships, because we are sharing information with them that they may not know, and they are sharing information that we may not know. We are really relying on our relationships. Yes, it builds an amazing picture of the risk that the person using violence poses for us doing the work with him, but there are so many gaps that are left untouched because we are relying on the relationships of those services that we have.

We have inconsistency in databases across the state as well. We use SHIP and IRIS as our databases, but there are other providers that use health systems and those sorts of things. A good example is we had a high-risk case not that long ago that we wanted to get alerted on the health system—if the person comes in, how can we be alerted that the social work department needs to be engaged? We could not do that. We could not put an alert on it. They could put an alert on the system, but it would not get picked up unless the right person looked at it. It is those sorts of things. We get CIP reports from the Orange Doors on our referrals, but again that data is not analysed. What is it actually really doing? Info sharing—we obviously do a lot of info sharing, but again there are inconsistencies in relation to info sharing.

We collate all the information when the referral comes in, because it is important information that we are collating and it helps paint a picture for us to be able to work effectively with him and also effectively with his ex-partner and children, but we are really relying on our relationships that we have within the different service systems to be able to obtain and share that information. Certainly if we could have a collective understanding of that risk straight up, it would save obviously a lot of time and relying on individuals within services. When those individuals change, then your whole relationship changes as well. I think Kristy's case study will give a good example of how if we had known a little bit more information right up-front, we would have been able to provide a much better service response. Over to you.

Kristy BERRYMAN: Sure. No worries. I just thought it might be really helpful to give a brief case study around a man who had three periods of engagement with our men's centre. In 2018 we received a referral for a man, via the courts, who was mandated to complete an MBC program. He completed the assessment and entered into the program, and within about five weeks he was exited due to noncompliance, being disruptive in group, challenges in engagement and a whole range of things. Really typically what the facilitators would describe was just a really difficult, challenging man to work with in the group context—really disruptive. So that man was exited.

Now, this was a man that—we frequently saw his name on the L17 court report lists as well, so we knew that this man was a recidivist offender, we knew that he had quite a significant family violence history, but we were not able to engage him. A few months later we received another referral for this man. He was on a corrections order. And so through information sharing and really looking at 'We need to broaden our view of this man and what is going on for his circumstances', we soon realised that he was also linked in with a disability justice worker. So I guess in his first period of engagement with us we did not realise that potentially there may have been some kind of formal diagnosis or a disability or something that may have been impacting on his ability to engage in the program. So second time around we really stretched those engagements with the other providers as well. As Lisa talked about, we really rely on being able to pick up the phone to our colleagues, those other professionals, to say, 'This is what we've got. We don't need just what's on paper, but we need to know more than what's just on paper. We need to understand his service tolerance. We need to understand what are the other contributing factors that are getting in the way.'

This was a period of time where we actually had established our modified MBC program specifically for men with cognitive impairments. Now, this man actually engaged in the program, and he completed the program. He was able to sustain it. But what happened a few months later was we received another referral for this man, this time via child protection, who basically said if he wanted to have contact with his daughter, he would need to complete an MBC program. This was very frustrating for staff and facilitators because he had done the program but clearly there were things that had not shifted at all. There were significant gaps in him being able to make some changes in a positive direction. So again we went back to the information sharing and the information gathering, really looking closely at: why is he not able to sustain this? Then it was things like: do we need to access case management? He needed support around housing. He needed support around mental health and re-engaging in community health services. We had access to neuro psych assessments so that we could actually have a better understanding of this man's experience, his cognitive abilities, his cognitive functioning. We could all recognise that this man, due to his acquired brain injury from years and years of substance abuse, would probably never be a suitable and safe caregiver, but yet the message he was receiving from child protection was 'Jump through this hoop and you will be able to see your child'. That was really difficult for us because we could recognise that this man may never be suitable to care for his young child. We really needed to look at what were all the co-contributing things as well, not just around what was happening for this man but each time we would have engagement with his affected family member as well—in this instance it was an ex-partner. So we really needed to not only understand from him what was being reported, but we actually really needed to understand from his ex-partner what were the types of violence—were they matching up with what we were recognising on the MARAM—and, through our information sharing, how to get that information to talk to each other and how to get that information from the affected family members to actually influence the way that we were able to offer him a program.

This man did end up completing group the third time, or the second time for him. He had come to a period where he accepted that he was not able to have sole care of his child, who was in care—was not with either parent—but he also got to a point where he was able to sustain a relationship with his child under a supervised arrangement. Now, that probably would have been in about 2022, and we have not yet seen that man's name appear back on an L17 police report. Now, that does not mean that he is not out there perpetrating violence or

to new partners or anything like that, but for us that is a really good indication—and reports from the affected family member as well, that they are not experiencing those types of violence. So it really goes to show with the information that we are collecting, there is this whole gamut of information that we are entering onto a database, but how do we capture the information that is really critical and actually matters? What are the co-contributing factors, what is the actual pattern and what is the history? How does this man move through the services as well? We need to look at how they talk to each other.

Another really good example that we see sometimes as well is—Meli is a really large organisation, and we also have a children's contact service program within our suite of services that I oversee. That has been a recent addition to my program areas, but what I have noticed is that men who were presenting in the men's centre perhaps four years ago with narrative around 'I'll make my partner pay' and 'I'm going to drag this through the court system' and 'I'm going to waste all our money so neither of us end up with anything'—three or four years down the track I am signing off court reports now for these men that I recognise from quite a number of years ago, and that is exactly what they are doing now; they are still engaging in systems abuse and tactics around coercion and control through that systems abuse as well. They are both Meli programs and they both sit with me, yet there is nothing that actually talks to each other around that as well. So we have got countless examples where those practitioners on the ground doing the work have established some incredible practice to try and help strengthen and fill those gaps, but I guess we are not benefiting from that wider policy and legislation that really supports those things happening.

The CHAIR: Thank you very much. That was an excellent overview. I firstly would like to speak to you about the idea around a database or a system that looks at people using violence. It sounds like you have got some ideas about this, and I am just wondering if you would like to expand on some of those ideas with a particular focus on how you could work with the Victorian Government to achieve this.

Bernadette McCARTNEY: I cannot say we have a prototype in the back cupboard, but I think for all the reasons that Lisa and Kristy have been talking about, the frustration of—compared to 10 years ago, people using violence are presenting to multiple systems, and those systems are getting stronger and stronger at identifying who these folks are, and they are starting to gather the information and with the benefit of the information-sharing scheme and the Central Information Point, or the CIP, we are starting to gather a lot more information. The problem is the absence of somewhere to collectively put this information along with the analysis, and both Lisa and Kristy have said the information is not helpful in the absence of the analysis, and we also know the sector workforce that work predominantly with people using violence are not trained specifically to undertake that analysis. Some services have done it as a means to an end where they been a bit more sophisticated, but there is no training course and there is no push from anyone to say, 'Your workforces really need to develop a level of analysis around this.' So you can create a database, and government have created databases around lots of different things; if it has no capacity to train people to undertake analysis of the information and subsequent plans, if people are not using it consistently in terms of a factual information source, then it will be another problematic database that we are asking people to enter into again. I think you can have the database—it is what goes around it in terms of the training and the utility of the database which is incredibly important. The royal commission identified that the police systems need to talk to the court systems, to the corrections system, to the child protection systems—that still does not happen. We are nearly 10 years down the track and that is still not occurring. So we are relying on goodwill with the local senior sergeant from the family violence unit, or we are relying on the manager from child protection. There is just no way to congregate this information.

The other importance of it, which we did not probably articulate well enough, is it is a key plank of accountability. People that use violence move through systems, and you have a central database that tells the story of person B, person C, person D. It is in light. There is no way, then, that persons B, C and D can start to say, 'Oh, no, that's not me. I don't do that.' This is what the workforce face on a daily basis.

Long answer to your question, Ella, so I apologise—but you can have a database. It is everything that goes around it. I think the sector would be very open to engaging with government around the development of some sort of database but also the subsequent training and the requirements. You would need to legislate people to use it, much like we did around the information sharing.

Lisa ROBINSON: You would need police, courts, if you are going to develop a statewide system or an Australia-wide system, which would be even better, because those men who use violence have multiple

partners in multiple areas in multiple states. It is not just linked to one. Most men coming through our service—we might have three or four women engaged as part of that process, because they move. We have lots of men who have got partners out of region. You need a system that the key statutory bodies have to filter into as well, because if we have a case where he was in Gippsland, the Geelong family violence unit does not have access to do anything with that information because it is another region. So it is just unpacking what that sort of looks like. I suppose that community, coordinated response has a role that does pull those sorts of things together. It is not a database system, but it helps pull some of those things together. But I think you could even probably go bigger and go, 'It's a national database system,' because what we do know is people who use violence move from state to state as well.

The CHAIR: I have got a couple of follow-up questions. Bernadette, you mentioned that one of the recommendations from the royal commission was about information sharing between courts, corrections, Victoria Police and child protection, and that is not happening right now. Are you able to elaborate on why it is not happening and how it can happen?

Bernadette McCARTNEY: The exact reason, no, because I do not work for any of those systems and never have. It was a recommendation, as I understand it, for the LEAP system to connect with the court system—I am not sure what the court system is called—and certainly Corrections Victoria. I think the intention was to connect those systems. That was certainly identified as a key recommendation from the Luke Batty inquiry as well, where it was really clear that those systems were not communicating, and the danger that that posed in that case we are all too well aware of. So the reason why it has not happened I am not entirely sure. I cannot answer that, because I am not in those systems. I cannot tell you the name of the recommendation or the number of the recommendation, but it was definitely there, because it was quite a hopeful approach, certainly for services like us, because pre royal commission it was even more frustrating than it is now that these services were not communicating. And it is obvious, yes.

The CHAIR: Okay. And then you were speaking about how it is one thing to implement a database that looks at people using violence across the sector, but it is another thing to get people who are working in that sector to use that database. You spoke about mandating its use through legislation. I am wondering if you can elaborate on that or any other ways to get the sector using a database like that and using it well.

Bernadette McCARTNEY: Well, I think you really have to promote the utility of sharing—locating information in one spot but also the benefit of sharing the analysis of that information. It is probably a bit hard to understand if you are not working in this sector, and I presume Lisa would be better to answer this, but when you do get that analysis around all of the information it is a lot easier to manage people using violence than when you are spending all of your time trying to piece together a story. The person using the violence will never present—probably, I do not know; Kristy might know this better than I—with, 'Hi, I'm such and such and this is my pattern of behaviour, this is what I've done' et cetera, et cetera, and talk you through their experience. It just does not happen. We know how dangerous it is when systems do not communicate around that information. So in the absence of that I think we have to develop something.

Lisa ROBINSON: And it comes back to why we capture all the information we do—so that we can get a clear picture of risk, because when we first do the initial assessment where we ask him to unpack his use of violence, it is very minimal. The risk level is very minimal until you start unpacking it, and then you actually uncover the level of risk.

The CHAIR: Okay. Thank you. Chris.

Chris CREWITHER: Firstly, thank you again for your evidence today and for your submission as well. The chair has already asked a couple of questions that I was going to ask—she beat me to it—but I just want to ask a question. Other submitters have suggested an anonymous, self-reported survey be conducted to gather data on the profile and behaviour of people who use family violence. What are Meli's views on using such a tool to collect data? Do you think that is a good approach or do you think there are alternative approaches, and what steps might be needed to ensure community engagement with such an approach?

Bernadette McCARTNEY: Does anyone want to take that?

Chris CREWITHER: You can take it on notice if you prefer as well.

Kristy BERRYMAN: I think having more information captured on family violence will always be beneficial. I guess it is around who is capturing this information and what supports are available for people who are participating in this, who might become quite triggered or for whom this might have quite an impact, and I guess around, then, what do we do with that information and how do we make changes? I certainly am all for any data collection when it comes to family violence, in the absence of such significant gaps. Yes, I do not know.

Lisa ROBINSON: Does it paint a correct picture? That is what I would ask, because if you are undertaking the survey as a person who uses violence—it is about the questions you are asking and how those questions are answered, and you would have to do it sitting alongside how the victim-survivor feels about that. Everything that we do at the centre is in conjunction with the victim-survivor. Even a change in our practice or the way we deliver a program has the voice of the woman in how we do it. So I would be saying you need to have the voice of the women in this process to really understand what is going on.

Bernadette McCARTNEY: And in many ways, having anonymous surveys has the potential to, I guess, undermine the approach that the sector has been trying to develop for many years now with government around overting this issue and not stigmatising people that use violence or shaming them but actually identifying: this is a problem; this is a social issue that you are engaging in, but there is assistance. We get some anonymous surveys through the personal safety data and that type of stuff, so we are getting that information. I do not know. I think it is a bit tricky, that one.

Chris CREWETHER: Thank you. Do I have time for a second?

The CHAIR: Yes.

Chris CREWETHER: What insights does the abusive behaviour index give into the cohort of people using violence, and is this a tool that other organisations currently adopt or could adopt to provide better insight into people who use family violence?

Kristy BERRYMAN: Certainly the abusive behaviour inventory that we use forms a really big part of our assessment and building on that pattern. As Lisa said, generally at that first point of engagement men will look at that 10-page document around a whole range of different behaviours, and we are asking them, ‘Which ones have you engaged in with either a partner, a former partner or towards your children?’ A lot of men will become really overwhelmed and not identify many of them. We also revisit that at a mid-review, and we use it as an exit review as well, and what we actually find is that men are much more open towards the end of their engagement around really identifying what kind of behaviours they have engaged in. So if we were to use it as a tool to see if behaviours are changing, it would potentially look for some men like violence is becoming more significant or more frequent or on a higher scale, but actually men have built that engagement with workers to be able to be at a point where they can disclose what kind of behaviours they are engaging in towards a partner.

As we have talked about today, there are such large inconsistencies across Victoria around how we are collecting information. We do know that there are perpetrator programs who are not using the person-using-violence MARAM because it is complex. They are not confident with it. We were really fortunate to be part of the MARAM maturity program. We were very fortunate to be able to be part of developing that tool. We have actually embedded it into our assessment process, so rather than something standalone we are really looking at how we integrate it into all of our processes. But just given that there are whole range of services out there doing things really, really differently, it is hard to find that really high level big picture—because we are all doing things quite differently.

Lisa ROBINSON: And I think it needs to sit alongside the voice of the victim-survivor in unpacking that ABI. That is what we do. We are further asking the questions that we are asking him—just reframing them—so we can get a clear picture of what his response is versus what the victim-survivor’s response is.

Chris CREWETHER: Thank you. Thank you, Chair.

The CHAIR: Thanks. Heang.

Meng Heang TAK: Thank you, Chair. Thank you. The Committee has heard over the last two days from other stakeholders that whilst the service provider reports data to the Victorian Government often the data is not

shared back to the service providers and sector for analysis or use. What might be the benefits or challenges to the Victorian Government sharing its data about people using family violence? I know that there are difficulties.

Bernadette McCARTNEY: I think we touched on this in our submission. I think the benefits certainly are that it paints a picture of key things like demand on services. It builds cases for Treasury around the development of services.

I have to just caveat that by saying the data that we provide to government is nothing very special. It is numbers essentially, so there is not colour and movement around that data. It does not really tell the whole story. We were engaged—I want to say this is pre-COVID—and it was run through No to Violence, in providing some demand data and some waiting list data and some other more expressed data than ‘we saw 10 people in a month’ or whatever it was, to really paint the picture of where people are coming from and how long they are waiting for services. There is a lot of analysis that you can undertake around some of that data. There is not a heap of analysis around ‘10 people used our service every month and attended a men’s behaviour change program,’ because they do not see case notes and they do not really see completion data. None of that data starts to tell the story of the complexity of service delivery to this particular cohort. It is really complex, and as Lisa and Kristy have both indicated, different services deliver the treatment services quite differently. We are the only organisation I think in the state that provide a 27-week MBC, as an example. Most hit the minimum standard, which is 20 weeks. So there is already nuance in that.

Meng Heang TAK: Yes, that is right.

Kristy BERRYMAN: Can I just add to that as well, just in regard to the data. The data that we collect side by side with the required databases—the ones that we sit back and say, ‘What’s really key for us? What do we need to know?’—is the data that is really important for us. So that is what we look at and say, ‘We’re really noticing a trend of people under the age of 25. Why is this?’ We go to the Orange Door and we consult with them around that—‘Tell us about the number of L17s coming through for people under the age of 25.’ That is when we consult with men using our program from that age group or affected family members from that. We run those focus groups to say, ‘This is what our data is telling us, this is where we think there is a gap’. We will use those mechanisms then to say, ‘Okay, we need to develop a program for young men aged under the age of 25.’ Their needs have been identified as different or needing some additional services or supports in that as well. I think that the data that we capture side by side to our database is probably more relevant and of importance.

Meng Heang TAK: Yes, that is right. In your submission you also spoke about cultural appropriateness in terms of data collection. Would that be part of the data collections that you have? For example, the First Nations culture and all that.

Lisa ROBINSON: Capture culture—yes, absolutely.

Meng Heang TAK: That would benefit other service providers or governments too.

Bernadette McCARTNEY: Well, yes. It is that thing: it tells the stories of who the people are using violence in the Geelong area and what they are presenting with, which is incredibly important for data demand. But we think there are lots of missed opportunities to understand it a lot better.

Meng Heang TAK: All right. Thank you, Chair.

The CHAIR: Would you like to expand on some of those missed opportunities?

Bernadette McCARTNEY: Well, I think it might be a good opportunity to talk about the community coordinated response model from Duluth. That had its origins in Duluth. Really Geelong is such a perfect location in terms of its size. Duluth is a lot smaller than Geelong in terms of population, but it has a really similar set of circumstances in terms of the way their systems coordinate. They have known each other for a really long time. They have had central people who have made it their business essentially to say, ‘Right, we want police, we want the probation services, we want child protection services, we want the courts to all come together along with—they call them—batterer programs.’ It is a terrible term. In the US they are called ‘batterer programs’. It is just what they call them.

The CHAIR: Is that an acronym?

Bernadette McCARTNEY: No, no. It is called batterer services. They have worked together extensively for 30 or 40 years. The Duluth model has been in operation since the 80s, and it was really the brainchild of the person who was the head manager or the senior manager at the Duluth model, which provided the MBC program, or their equivalent of the MBC program. The beauty of this model is really around—we talk about a centralised database; they kind of provide that in a centralised system or a coordinated system. If a perpetrator comes in to that system—their court system is slightly different to Australia, as you can appreciate—but as a person is arrested and is put into they do not call it remand, we call it remand, on the back of an incident and goes to court, their systems immediately kick in. So they say, ‘John has gone. He’s held in custody. Let’s work out every bit of information we can around him and let’s line up the systems in terms of how they’re going to respond to him.’ It is just a really organised way of undertaking sort of systemic work with perpetrators, which in Victoria we just do not do. We move people from system to system, but we do not necessarily communicate that. We do when it is very high risk, so if it is identified at kind of that ramp level then we will, but ramp is a point in time and it is generally to immediately remediate a risk there and then. This can track perpetrators through systems over a year to two years. Some of these men will stay on ‘probation’—what they call it. They will leave men on probation. Our equivalent is probably a community correction order where corrections will monitor their performance against that order. In the States they will put them through probation, and they have probation teams that specifically monitor and work with family violence perpetrators. There are some differences in the systems, but it is highly organised and they do not lose track of perpetrators. That is the purpose of the model but also the purpose of a centralised database: you must not lose track of perpetrators. Services and systems have to work collaboratively to keep perpetrators in view all the time, because the danger happens when we take our eyes off the perpetrators, when we satisfy ourselves that the risk is managed and then it is not. So that is why services like us constantly harp on about the fact that you have to be communicating risk all the time. You have to understand it from multiple angles. It is not enough just to look at a risk and go, ‘Okay, we think that’s under control.’ You really have to satisfy yourselves. That is why the CCR model is perfect, because it just tracks. It will track over a long period of time.

Lisa ROBINSON: At the minute we have workers who sit there watching the court hearings, because that is the quickest way we can get the outcome. So they are sitting at their desk while working listening to the court outcomes, because that is the only way that we will get an immediate result, whereas in that model you would have that straightaway.

Bernadette McCARTNEY: Immediately—and the court system would manage that. They each have a role. It is like a sports team or a work team; everyone has a role and function. It is the exact same thing. People know their role, they stay in their role and they understand it, because it is all part of a system. You have to be systematised when working with perpetrators. There is no room to be grey and there is no room for ‘Okay, we’ll just let that go one time’ because for people that use violence this is how they trade their skills. It sounds harsh, but it is the reality.

Meng Heang TAK: Thank you. Thank you, Chair.

The CHAIR: Thank you. Cindy.

Cindy McLEISH: Thank you. I have a couple of questions and then a few little things to clarify that are really quick as a result. Congratulations on the work that you do, particularly around data capture. I can see the frustration that you capture the right data, and we just provide probably the wrong data going forward. I notice a lot of the data that you do—you have housing status, gambling, education and training achievements et cetera, which is in your submission. Where do you get that from? Is that from the perpetrator when they are coming to the behavioural change program—they fill in a form or you interview?

Kristy BERRYMAN: Yes, so for any man that comes through our centre the referrers do not specify what program generally they want them to go into. We make that decision based on the outcome of the assessment.

The assessment is generally about a 2-hour process, where we would meet with the man to go through a whole range of information, including that abusive behaviour inventory. Prior to that assessment taking place, those practitioners are out there doing their info-share requests. We are reaching out to corrections, to Barwon Health, to the Orange Door and to child protection—a whole range of services—so that we are as prepared as we can

be so that when that man comes in with a different narrative we can challenge that and we can hold him to account from the minute he walks in our door. It is around 'Well, this is the information that we know', and we get that level of engagement. So it is really important for us to know what are those contributing factors or those other support needs that may be present at that point in time so that we can offer some programs, whether it be through short-term case management, to prepare him or get that man in a state where he is going to have the capacity to sustain himself in a program.

The other thing that we do at the moment is, because NBC waitlists are quite lengthy and quite long, we have developed a waitlist worker that we are not funded for because of the importance of having regular check-in calls with these men with a really structured list of things. It is almost like a mini assessment each time we contact him: have your circumstances changed, what is happening with housing, have you got changes with your employment? We are looking at those risk factors that may place him at a higher risk of either disengaging or perpetrating violence or what that risk is to the AFM. We need to capture that data constantly and ongoing. So if during that waitlist period there are things that have cropped up that we think, 'This is going to be a significant barrier to being able to enter a program,' we want to make sure that all those things are in place as well.

At the same time we are also working with that affected family member, and we have got the family safety contact team who are making that contact and doing those same questions as well around: have your circumstances changed, are there new incidences, has contact resumed with children—all of those factors that come into play. We capture them throughout the whole period of engagement.

Cindy McLEISH: One of the things I think Bernadette mentioned earlier was that the data you collect is regularly analysed but it is tricky to share. Firstly, when you analyse it, do you see patterns of behaviours, or is it more identifying who is that? 'In the Geelong area we have got 20 people that are really high risk,' and you try and put an alert, which you cannot get an alert on. If you are capturing great data—because this is terrific to hear, what you are capturing—others may not be doing it to that extent, and if the government is not getting that data that is really important, that analysis is really important.

Lisa ROBINSON: We obviously report on it ourselves and across to our boards and those sorts of things, but I think a good example is we really captured that a lot of men were presenting with mental health challenges, so we sought some philanthropic funding. We engaged a mental health counsellor, based that person at the centre, and we offered that service as part of our program so that man might have been engaged in case management or MBC but we were also addressing his mental health needs. That was really successful, but of course we have run out of money to continue to do it. That is how we would look at it.

We developed the cognitive impairment program because we identified that men were presenting with acquired brain injuries. We have just created a young men's group—18 to 25—based on the data that we were capturing that more young men were coming through our service that had first point of contact with the justice system, and we were like, 'Wouldn't it be amazing if we could run a program that would capture those men, and it's a different intervention?' It is still an MBC, it is still holding them accountable, but we are implementing things like tech abuse and those sorts of things that are relevant to that age bracket and that cohort of young men. That was purely captured on the basis of the data that we capture. We were just seeing a trend that the age bracket was coming down lower and lower and we think we need to do something a little bit different. Really, a lot of it just informs in house how we might want to do things or what services we want to get engaged at our centre, but it also allows us to speak to you or speak to government or whoever else in relation to what are we seeing. What is the percentage of men coming through with mental health? We would be able to tell you. The percentage with disability, gambling, financial distress, homelessness—we would be able to tell someone those figures, but we do certainly do it to complement our own service as well.

Cindy McLEISH: It provides a profile.

Lisa ROBINSON: Yes.

Bernadette McCARTNEY: Can I add, I think the more analysis you do of that information, the cleaner and crisper the risk assessment becomes, which is the end goal. It is always the end goal: use the information to develop a clear understanding of what is actually going on.

Cindy McLEISH: I have got a couple of one-word answers. Before you talked about doing a neuro psych assessment. Who paid for that?

Kristy BERRYMAN: We pay for that with our brokerage component to our program, but the challenge is obviously we get a certain amount of brokerage and a certain amount of targets—it does not stretch very far.

Lisa ROBINSON: And they are expensive.

Cindy McLEISH: They are expensive; that is why I was wondering who paid for it. The abusive behaviours inventory—who owns that?

Kristy BERRYMAN: I believe it was developed from a New Zealand –

Cindy McLEISH: And you pay licences to use it?

Kristy BERRYMAN: No, I think we have adapted it—we have adapted it from something similar that was being used in MBC programs.

Cindy McLEISH: And you okay with—you are allowed to do that?

Kristy BERRYMAN: Yes.

Cindy McLEISH: Okay. Finally, adolescence—the age is coming younger. I hear lots of stories about young men in homes being abusive to siblings or to parents. Do you capture anything under 18 or are you only over 18?

Bernadette McCARTNEY: That sits in our family services area, our family support area, so we are funded to provide adolescents using violence—that is both genders and non-binary young people as well who are using violence against parents, siblings but also in intimate relationships as well.

Cindy McLEISH: And you capture similar sort of data?

Bernadette McCARTNEY: It is probably not—the analysis and the data questions are probably not to this level because it is funded under quite a different stream, and it is understood probably contextually different to how adult men are understood.

Kristy BERRYMAN: I guess that is the gap—you have got adolescents using violence in the home, and we often get referrals for 17-year-olds who sit on our waitlist, and we usually call them the day after their 18th birthday to engage them in service, because the model of treatment is so very different between a youth service that may have a very strong trauma lens and then adult service, which comes in with the trauma lens but is very much an accountability model, and they are very different. This is this kind of big gap in between.

Cindy McLEISH: Thank you very much.

Chris CREWITHER: Do you think that accountability model needs to be extended in some circumstances for people who are below the age of 18?

Kristy BERRYMAN: I think so, but I think we need to look at the context, so I would look at the development of our young men's program that we have got at the moment. We do recognise there is probably a really strong trauma lens that we need to bring into that space as well. It is very much still an accountability model. But I guess with the different cohorts we really need to look at what are the theories and framework that are supporting the work within these contacts or these cohorts and how do we adopt it within the work we are doing.

Chris CREWITHER: Thank you.

The CHAIR: I have got a couple of things I just want to follow up on and clarify. Firstly, going back to the idea around a statewide perpetrator database, do you think this is an opportunity to link in with the MARAM perpetrator tools and the data that those tools will be collecting?

Kristy BERRYMAN: Yes.

Bernadette McCARTNEY: Yes.

Lisa ROBINSON: Yes, definitely, because there is inconsistency on how MARAM is applied across the state—we know that—so to have it linked in that way will sort of hold services accountable, I suppose.

The CHAIR: To me it does feel like MARAM underpins so much of the work in this space and will underpin better, more accurate data collection.

Kristy BERRYMAN: Yes, absolutely.

The CHAIR: Is that something you would agree with?

Bernadette McCARTNEY: Yes.

Lisa ROBINSON: Yes.

Kristy BERRYMAN: Yes.

The CHAIR: Okay.

Bernadette McCARTNEY: It just has to be consistently applied.

Cindy McLEISH: Again, we are hearing it a lot.

The CHAIR: Yes. Consistency is key.

Bernadette McCARTNEY: Stating the obvious.

The CHAIR: We talked a little bit about anonymous surveys earlier. One of the themes that is coming up throughout this inquiry is how to record data or collect data on unreported family violence, and a national survey similar to the personal safety survey has been suggested. But beyond an anonymous survey, is there anything else in your experience that you think would help us account for unreported family violence?

Bernadette McCARTNEY: We might take that one on notice if that is okay.

The CHAIR: Absolutely. Thank you very much to the team from Meli for presenting to us today. We are greatly appreciative of your time and the time you have taken to prepare your evidence.

We will now take a short break before our next witnesses.

Witnesses withdrew.