

TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into capturing data on family violence perpetrators in Victoria

Geelong—Wednesday 7 August 2024

MEMBERS

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WITNESS

Mika Padiaditis, Research and Evaluation Adviser, Women's Health Grampians.

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 our public hearings 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.

All evidence being 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 pleased to welcome Mika Padiaditis, Research and Evaluation Adviser from Women's Health Grampians. Thank you very much for attending today, Mika, and I invite you to make a brief opening statement of 5 to 10 minutes. This will be followed by questions from members. Thank you.

Mika PEDIADITIS: Thank you for having me. Women's Health Grampians is a not-for-profit organisation working to improve women's equality, health and wellbeing across the Central Highlands, Grampians, Pyrenees and Wimmera areas of Victoria. Through our programs and partnerships we aim to end the disadvantage, discrimination and violence experienced by women in our region.

There are 12 women's health services across Victoria—three are statewide and nine are region-based—and we have been a central part of Victoria's public health infrastructure for four decades, coordinating local place-based health promotion activities, which are enhanced by our collaborative statewide approach. We have five priority areas—gender equality, prevention of violence against women, sexual and reproductive health, women and mental health and women in a changing society, which is inclusive of pandemics and the climate crisis. As you can imagine, violence factors into each of those priority areas. We work in sporting clubs, schools, councils, traditionally male-dominated industries and across diverse communities and health organisations, and we work in multiple ways, including training, capacity building, advocacy, awareness-building campaigns and organisational cultural system change.

In rural and regional Victoria indicators of gender inequality are often exacerbated. Women living in rural areas are more likely than those in urban areas to experience family violence, and they face additional barriers to reporting and escaping abuse. There are often a lack of women in leadership, limited or no child care, financial insecurity and scarce health services when compared to metropolitan areas. There are differences in use of and access to a range of health services: for example, for women, limited sexual and reproductive health services and service options, particularly in abortion care. There is in addition an overlay of lower socio-economic status compared to urban areas, and there are poorer health, education or employment outcomes. Further barriers include geographic isolation, limited access to services, lack of anonymity, community members with conservative attitudes, higher levels of gun and weapon ownership and the experience of natural disasters such as floods and bushfires, which can increase the risk of family violence.

There is a commoner view in rural communities that family problems such as domestic and family violence are not talked about, which serves to silence women's experience of domestic and family violence and deter them from disclosing violence and abuse. Fear of stigma, shame, community gossip and lack of perpetrator accountability deter women from seeking help. A lack of privacy due to the high likelihood that police, health professionals and domestic and family violence workers know both the victim and the perpetrator can inhibit women's willingness to use local services. Women who do seek help find difficulty in accessing services due to geographical isolation, lack of transportation options and not having access to their own income.

Women's Health Grampians supports the establishment of a population-based survey and database on perpetration, perpetrators and the use of domestic, family and sexual violence. Women's Health Grampians suggests the Victorian Government fund the Australian Bureau of Statistics to expand the personal safety

survey to capture perpetrator and perpetration typology. A population-based survey would be enhanced by a data linkage or journey mapping qualitative project that further explores when and why perpetrators first make contact with the justice system; the service availability; the service environment; schooling or lack of; other early years indicators; attitudes within the home; violence in the home; and peer attitudes to violence. We recommend a population-based violence database that captures the prevalence and character of violence perpetration, including questions related to the Our Watch Change the Story framework—so questions that capture attitudes that relate to the condoning of violence against women; men's control of decision-making and limits to women's independence in public and private life; rigid gender stereotyping and dominant forms of masculinity; male peer relations and cultures of masculinity that emphasise aggression, dominance and control; reinforcing factors such as condoning of violence in general, which leads to the normalisation of violence; the experience of and exposure to violence, particularly during childhood; and factors that weaken pro-social behaviours, reducing empathy, respect and concern for women such as stress, environmental factors, disasters, crises, male dominated settings and heavy alcohol consumption and the resistance and backlash to prevention and gender equality efforts, including actions that seek to block change, uphold the status quo of gender relations or re-establish male privilege and power. Further survey questions could explore attitudes such as jokes and controlling behaviour; degrading language; sexualisation of women; rigid gender roles and stereotypes; views on gender equality, such as women in leadership and the gender pay gap; and general attitudes towards diverse identities.

Expanding the survey to capture and understand perpetration would help us understand as a prevention sector the factors that protect against initial perpetration and the impact, intent or motivations and contexts for violent behaviour and examine the dimensions of violence, including injury, fear, motivations, frequency, severity, context and range of coercive and controlling behaviours. This is highly significant to the prevention sector, especially in relation to place-based targeting of prevention efforts. If we understand more about LGAs, particular suburbs and particular regions, then we can respond to unique community need. It is also really significant to identifying opportunities for early intervention, and it is also highly beneficial to the response sector itself in designing practice guidance such as expanding on the MARAM.

The CHAIR: Thank you, Mika, for that excellent opening statement. One of the themes that we have heard come up throughout this inquiry so far, and something that you mentioned, is that ability to collect data on unreported family violence, potentially through a national survey on people who are using violence or—as you suggest—an expansion of the public safety survey. Could you please expand on that? In particular I would like to hear if you think that would have a particular benefit for people living in rural and regional Victoria.

Mika PEDIADITIS: We know that just reporting on perpetrators that reach the justice system is not enough, because not enough perpetrators reach the justice system. There is a high number of people who are reporting family violence, but we do not have an understanding of the people who are perpetrating. So those who are impacted—we know the high rates, but we do not know the data on the people who are actually using violence.

The personal safety survey is already measuring experiences of physical and sexual violence, violence and emotional abuse, economic abuse, stalking, sexual harassment et cetera. If it can be expanded and if it is population based or even tested for Victoria, within that particular survey, it can reach across areas that we would not otherwise. For the reasons that I listed before as to why even victims are not accessing services, let alone perpetrators being identified, it is a means of gathering some data on the characteristics of perpetrators. And I guess the way you do that is very dependent on a lot of research that informs the kinds of questions that you use—how you can draw out from people whether or not they are using violence.

I know that there has been an issue around misidentification—so again, what research informs the way you structure a question to ensure that there are gendered factors around the use of violence, particularly coercive control? Sometimes women could be misidentified as using coercive-controlling behaviours, but they are actually risk management behaviours or to minimise in response to fear. I think that the way questions are designed is really important. It would reach areas that would otherwise not be reached, particularly in terms of actually accessing people who are using violence. I do not know if that answers that question.

The CHAIR: Yes. That is great. I do have a follow-up question. Particularly when you are considering how we engage with people who are using violence, to get them to answer questions in a survey like this, how can the government ensure engagement with a survey of this nature?

Mika PEDIADITIS: I think, like other population-based surveys have done, they have done a lot of research and are very, very informed by correct academics who have done this work for a long time. The words that you use in the design of a question are really, really important. There is a lot of work that goes into the way a question is designed to ensure that there is not a misidentification issue, for one, but also how you even make sure that somebody is answering openly. It may be a perpetrator and them not wanting to actually answer that. I guess the Australian Bureau of Statistics have got good processes of analysis as well in drawing it out—because I think even with the personal safety survey, only 50% of responses were used. They were not able to use a large portion of it because of that issue. So I do not think it is easy, but there is plenty of evidence around population-based self-reporting surveys being a good way of determining certain behaviours.

The CHAIR: With 50% of the PSS not being able to be used, is that because the questions were answered inaccurately?

Mika PEDIADITIS: Yes. It was something about the responses.

The CHAIR: Yes. Okay.

Mika PEDIADITIS: It looked like it was just—I mean, I have not gone into it in great detail; I have just read about it, what is publicly accessed. I think that there can be responses that very clearly and deliberately are not being answered correctly.

I guess there are also different approaches to how you ask people. There is the face to face; there are phone interviews; they are using computers, AI, all that kind of thing. There are a whole heap of responses that need to get filtered. It is tricky. I do not think it is easy, but I think it is highly needed. We are not sure. Obviously there is a lot of data that is accessed by the response sector, but we do not have access to that in terms of privacy, and that is important. You would have heard from the response sector during these hearings, I would imagine, in terms of the issues around that as well. We base a lot of our work on what we do have access to now that is reliable, such as NCAS, such as personal safety, such as the census, such as the women's health atlas—all those kinds of databases—and criminal statistics. These are very important to us for our work, but we need our work to be a lot more targeted and a lot more place based. Our region in itself is incredibly diverse. We reach from Bacchus Marsh to the Wimmera. That is really, really diverse in terms of population and need and what is happening in those different LGAs. For prevention work to be successful, we need to have a better understanding. We need to be very respectful of the fact that every community is different. We can do that by working closely with communities, but we also need to know the things that we cannot easily access through community members.

The CHAIR: Thank you. Chris.

Chris CREWETHER: Thank you, Chair. Firstly, thank you for your submission, for your time today, for giving evidence and for the work that you do. I know, just personally, you cover the LGAs of Horsham, where I grew up, Yarriambiack, where I went to school, and Hindmarsh, where my mum is from. But I will note, given that experience, I have personally seen and see the consequences of family violence in your region and also the unique circumstances facing people in your area and the diversity of circumstances. A previous witness earlier today noted the lack of contextualised regional data as well, not just for your region but for here as well. Can you elaborate further on your access to or lack of access to data for your region, the relevance of current data for your region and also service gaps in your region which might lead to data gaps as well?

Mika PEDIADITIS: The data gaps, particularly in relation to actual perpetration—I spoke to a list of how it impacts victim-survivors, but I did not really speak to any of the characteristics of perpetrators. We need to focus our prevention efforts. Prevention is all about understanding why it is happening in the first place. It is not just about going, 'Well, we understand the impact.' We understand the impacts. We understand why it can be highly problematic, particularly in rural and regional areas. I listed that. But what we do not know is a nuanced and place based—so, let us say Yarriambiack. We may have a whole lot of data around gender inequality indicators or prevalence of people who are accessing family violence services or perhaps not because of the lack of services. There are a lack of services in many different areas in some of the regions that we work with completely around access to sexual and reproductive health, for example. So when we have lack of access to those sorts of areas, it has a flow-on effect in terms of accessing many different areas. There is lack of transportation and lack of income. You know, even if the services are there, can they get to them? There is a

geographic issue. We understand all these things, but we also need to understand why there is a prevalence of perpetration, what the characteristics are and where we need to focus our efforts.

We know that there is a lack of services. There is actually high engagement of females in high schools and universities in these regions, but they are not actually translating to access to employment or full-time employment. We might know these sorts of things. But we understand that there is violence occurring as well, and then there might be a high incidence of child sexual abuse. We can have a look at all these different patterns and try and address some of them on their own, but if we do not an extra understanding of what the factors are towards perpetration, what the characteristics are and what is going on in those communities, particularly if there is a trajectory or a life span understanding of what is going on within homes at a certain age, then we can perhaps target schools, for example, and say, 'This is where the attitudes are forming.' Or they are happening in sporting arenas—these are the sorts of questions that could arise in a survey: 'Where did you first experience certain attitudes towards women or violence-condoning attitudes?' And if they say 'sporting clubs' and we are looking at Yarriambiack—and I do not want to point out Yarriambiack, but just as an example of a small community—then we can focus our efforts on sporting clubs in this particular region. There are only a handful of them. You can just make things a whole lot more specific and not just use the same prevention approach and apply it to every single region.

It also means that when we engage community—and we had our very first men's initiative pilot. Women's health services—we have employed our very first male. We understand that men need to be a part of this work, so we are now starting to engage men in allyship and violence prevention work via various different approaches and initiatives. We know from the first pilot that the men who were interested in participating in violence prevention in their community were absolutely motivated to do so mainly because of their understanding of the factors that influenced their immediate community. So if they understand that their particular town or their particular community has this level of statistics and these characteristics and this is why it happens—say it was in a sporting club or it is in the local industry or wherever it may be—because of certain attitudes around gender inequality, they are more motivated to participate in change around that. They have got a lot of expertise themselves as community members, and their contact with the statistics around that is very powerful for them. I am not sure if I answered that question. There were different parts to it. Did I miss some of the parts?

Chris CREWETHER: I think you answered it really well, because it was talking to access to and relevance of data to the region, absent services leading to data gaps and so on, but I think you covered that very well. I have just got a quick follow-up as well. Noting the unique and diverse characteristics across your region, and sometimes I guess the tough mentality you need to have growing up or living in the region, do you find sometimes a greater level of denial of or a lack of understanding of family violence, particularly from those using or committing family violence against others?

Mika PEDIADITIS: Our leading prevention approach is called CORE, which is Communities of Respect and Equality, and that is 29 organisations throughout the region. We work with all the councils across our region, we work with organisations, we work with sporting clubs and we work with various different settings. We understand that when there is leadership that is very committed to understanding how, for example, gender inequality or various indicators across gender inequality relate to violence and violence prevention, then there is a cultural change. We work on cultural change, but there is also building awareness and learning, and of course that has a greater reach.

So you have got an industry or an organisation with a certain number of staff, and there is resistance in some of them. Working with largely traditionally male-dominated industries, you have got to meet them where they are at. There is leadership that is really keen and onboard to creating cultural change. Obviously those organisations who are on board with CORE—because there is a process for them to actually be able to sign up, and there are quite a few different strategies that we use working with different organisations and clubs, such as gender equality auditing of their policies and processes, and training. We actually have a resistance and backlash training package, so where there is an organisation that is experiencing that particularly or there are concerns or there has been sexual harassment or there has been a big problem with jokes and language, then they are able to identify the cultural need within their organisation and then we can target the staff. So they are the ones that help to identify what the issue is within the organisation, and there is backlash. But there is also an understanding within prevention that you meet organisations or cohorts or communities or individuals or staff where they are at. That might be a slow introduction as to how—'Well, these are the statistics in your region, in your immediate community, and this is what we do know as to how gender inequality or condoning of

stereotypical behaviours and language relates to violence.’ Because so often, as we know with NCAS, communities do not actually accept that it is happening within their own community. Often people do not make the link between, ‘Yeah, it’s okay to say this, this and this’ or sexist behaviours or condoning violence in language—‘That doesn’t mean that I am a violent person. That doesn’t mean we have a violent community.’ These would be all things that you would have heard a lot, I think, so it is more about working with these communities. Some communities are well informed already and others are not, and it is just about identifying that.

Chris CREWETHER: Thank you.

The CHAIR: Thank you, Chris. Heang.

Meng Heang TAK: Thank you, Chair. Thank you. My question is: you already mentioned misidentification—mis-ID—what is the WHG’s experience of the issue of misidentification.

Mika PEDIADITIS: We do not because we are not a response service—we do not actually work in direct practice at all. But we do have an understanding that there is an issue around misidentification. Particularly I think there have been concerns I think around the coercive control checklist. We have an understanding of gender and violence in terms of ‘Was there a real threat to life?’ and ‘Is there fear involved?’ when you ask a question. We don’t need to collect this. We don’t do MARAM. We don’t work directly. Ours is more capacity building and prevention before it gets to that stage. But we know that it is a very real issue and concern. Anything like a population-based database that asks a series of questions to men and women needs to be smart in how it speaks to certain behaviours that then might identify somebody who is actually a victim-survivor or a perpetrator because of the way the question is asked. It needs to be smart, informed and nuanced. It needs to understand fear and threat—risk management.

Meng Heang TAK: I understand, you do not work directly with –

Mika PEDIADITIS: Yes.

Meng Heang TAK: Moving on to elder abuse—senior abuse in the region. How can accurate and reliable data be collected on the perpetrators of senior abuse in the region?

Mika PEDIADITIS: I think that the database would need to look at all forms of violence, and elder abuse is one of the forms of violence. When you start really unpacking it, it is a lot of questions. Because it would be within relationships, where there are younger people in families who are committing elder abuse—the different forms of elder abuse. It would need to be captured very, very clearly, and we have got a growing older population. It would be, without a doubt, something that is happening, and potentially older people in the community have even less access to supports. We do not know about them enough. How you access that through a population-based survey is I guess how you access anybody through a population-based survey.

Meng Heang TAK: Okay. All right. Thank you.

The CHAIR: Thank you. Cindy.

Cindy McLEISH: Thank you very much. Thank you very much, Mika, for driving down from where you have come from and the area that you cover, which is really quite a challenge. I am just thinking about data capture. You do not work directly with hands-on frontline services, but the organisations and partner agencies and that that you work with must provide you with a certain amount of detail so you know what to include in prevention packages?

Mika PEDIADITIS: They have to be very careful with their data, I think. Our relationships with our local response organisations are really strong, and we work closely with them. They have a belief system also—well, I cannot say all of them, but generally—around the understanding of how gender inequality and all the indicators associated with gender inequality, not just economic, really impact the prevalence of violence and family violence. We do not share details on perpetrators because we do not do early intervention in terms of working with, you know, groups of people who have already used or engaged with the justice system or engaged with a service like a behavioural change program or anything like that. We are not working with those cohorts. We are working to impact cultural change at a community level and a systems and structural level

within a whole host of different areas and to create the links between gender equality and preventing violence. Prevention is a tricky thing because it needs time to effect that kind of cultural change. The data that they would have also would not pick up those particular characteristics in terms of, you know, 'What reinforcing attitudes did you have at a certain age?' necessarily, depending on the program, I guess. There might be some work done with perpetrators where it is really explored, but there are privacy issues around sharing that kind of information. We certainly do not have access about how we could target that in particular areas.

Cindy McLEISH: Do your prevention programs go to the point that if somebody realises that someone they know is at risk or is a perpetrator—and I look at an analogy. I heard that a sporting club were doing some work, not around this area, but it was about depression and anxiety and suicide awareness. Through the program that they had an organisation came and, you know, just did some prevention and understanding, and through this they actually found out that one of their 24-year-olds was suicidal. His father had died a few years ago and they had not known, and it alerted them to the fact. So I imagine that some of these culture change things that you are doing will get people to stop and think, 'Gosh, I've seen this. I know where this is,' and what they can do then.

Mika PEDIADITIS: Yes. As part of every training package, as part of every partnership, every relationship we have with organisations we work with, every campaign that we do, including the International Women's Day event, for example, there will always be extra information as to where support can be accessed, because we have the understanding that there is likely to be in any room somebody who is impacted at that time or who knows somebody.

Cindy McLEISH: Just the stats, yes.

Mika PEDIADITIS: Yes, because we understand the statistics. We also understand that anything that is raised within any of our campaigns or training or the work we do with small businesses or organisations or larger ones brings up all these different issues for people, so we have always got that information at hand. Sometimes it is explicit and people come up and ask, but mostly it is just that they understand that it is there and they can take that information away.

Cindy McLEISH: Earlier you were talking about the number of LGAs you have and the differences—the City of Ballarat compared to Buloke or wherever. Do you have breakdowns of the data and an understanding of what happens in those communities? Do you know which ones have got hotspots for violence?

Mika PEDIADITIS: Yes. We have got the statistics. We get new statistics every three or four months around the rate of violence that is happening in each of the LGAs and if the rate has gone up or it has gone down. We have access to those. We also have access to a whole host of different indicators through the census and stuff like that. The atlas is really excellent—the Women's Health Vic atlas is extraordinary, because it has a gendered –

Cindy McLEISH: I had forgotten about that.

Mika PEDIADITIS: Yes. We are actually just about to launch a report on gender inequality in the Grampians region that looks at each of the LGAs and compares them within a certain indicator, whether that be access to child care or rates of part-time work or full-time work by gender, giving a snapshot on industry, transportation—all sorts of things like that—to highlight how diverse the region is and how some of those indicators will always have a relationship with the numbers that you are getting on –

Cindy McLEISH: Are you hearing changes of pattern?

Mika PEDIADITIS: It is getting better. It is getting better in terms of—I should not say it is getting better. I am talking about gender inequality; the violence rates are not, but gender inequality in some areas is getting better—women in leadership, for example. I guess the *Gender Equality Act* has been very profound in terms of that work. In terms of violence, a couple of our LGAs have seen a drop recently. Another one has actually –

Cindy McLEISH: Is that because someone is inside?

Mika PEDIADITIS: Because someone is?

Cindy McLEISH: Inside.

Mika PEDIADITIS: Inside? Maybe—who knows?

Cindy McLEISH: Yes. You do not know.

Mika PEDIADITIS: It is a good point. Then there are others that have now reached the top; three of our LGAs have reached the top 20 highest rates of violence of LGAs in Victoria.

Cindy McLEISH: Do you have Mildura?

Mika PEDIADITIS: No, we do not have Mildura.

Cindy McLEISH: No, you do not go that high.

Mika PEDIADITIS: Yes.

Cindy McLEISH: Thank you very much.

Mika PEDIADITIS: Horsham, Ararat and Northern Grampians.

Cindy McLEISH: Yes. I am just looking at a map now.

Chris CREWETHER: I have got it up. There you go—a convenient website.

Mika PEDIADITIS: Yes, isn't it the best? I love it because it has actually got our bespoke regions.

The CHAIR: Cindy, did you have anything else?

Cindy McLEISH: No, that is all. Thank you, Chair.

The CHAIR: Mika, thank you so much for appearing before the Committee today. We are greatly appreciative of the time you have taken to prepare your evidence, so thank you very much.

Mika PEDIADITIS: Hopefully it has been useful.

The CHAIR: It has been incredibly useful. Thank you.

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

Witness withdrew.