

TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into capturing data on family violence perpetrators in Victoria

Melbourne—Monday 5 August 2024

MEMBERS

Ella George – Chair

Annabelle Cleeland – Deputy Chair

Chris Couzens

Chris Crewther

Cindy McLeish

Meng Heang Tak

Jackson Taylor

WITNESSES

Gillian Clark, Manager, Alcohol and Other Drugs Strategy and Reform, and

Meg Bagnall, Lead, Alcohol and Other Drugs and Family Violence, Victorian Alcohol and Drug Association; and

Bianca Johnston, Family Violence Specialist, and

Dom Ennis, Acting Chief Executive Officer, Youth Support and Advocacy Service.

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

I begin this afternoon by acknowledging the Wurundjeri Woi Wurrung people of the Kulin nation, the traditional owners of the lands on which we meet, 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; Christine Couzens, the Member for Geelong; Annabelle Cleeland, Deputy Chair and Member for Euroa; and Chris Crewther, the Member for Mornington.

Thank you to the witnesses who appeared before the Committee this morning for some incredibly informative discussions. We recognise that evidence to this inquiry may be distressing and urge 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, together with 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.

Now we have a panel on alcohol and other drugs, and we are joined by a number of representatives from across the sector. From the Victorian Alcohol and Drug Foundation we have Meg Bagnall and Gillian Clark, and from the Youth Support and Advocacy Service we have Dom Ennis and Bianca Johnston. Thank you very much for joining us today. I invite you now to make a brief opening statement of 10 minutes, and this will be followed by questions from members. Thank you.

Gillian CLARK: Thank you. My name is Gillian Clark. I am the Manager of AOD Strategy and Reform with VAADA. I would also like to acknowledge the lands of the Wurundjeri people that we are meeting on today and pay my respects to elders past, present and emerging. VAADA, as we are known, the Victorian Alcohol and Drug Association, is a member-based peak body representing organisations that support people who have AOD—drug and alcohol; we call it AOD—needs in Victoria. We work to prevent and reduce those harms and to support the organisations that support them. We really welcome this opportunity to address you today on what we and those we represent consider a really essential interconnection between systems of care. Family violence and alcohol and drugs, specifically around the enhanced understanding of people who use family violence, is something that I think we have just started to explore, and we really have a great opportunity to understand more with things like good data collection. I am sure Meg, Bianca and Dom will talk more about some of the deficits in the AOD sector and what we have done around that.

Meg is our third family violence lead within VAADA. We are really proud to have been partnering in family violence work since the release of the family violence royal commission, because we accept, as do the people that work in our sector, the impact of domestic and family violence and our collective responsibility in reducing that toll. Our partnership work, as we see it, in addressing domestic and family violence has brought us to the position today of being able to begin to, I guess, conceptualise and capture data on individuals that access the drug and alcohol sector and also use domestic and family violence alongside the important work of capturing data on those that are impacted by domestic and family violence—we are, however, only at the beginning of this process—and identify the need and desire for continued partnership in capturing, aligning and adequately responding to any data that is collected.

We know about substance use collectively, and we know that it does not discriminate on age, gender, race or community status. We also know that mental health issues, trauma, poverty, homelessness and a range of other comorbid factors can be both drivers and consequences of substance use. What we need to understand better collectively, and what we have begun to explore, is how and why the use of domestic and family violence follows similar patterns to those that I just described. There are common intersections across a range of patterns, and it is what we can do collectively to minimise substance use as a driver and reduce the need for

individuals in our community to rely on substances following the impact of domestic and family violence in the community to benefit everybody. It has to be that sort of broadbrush approach.

That is my opening statement. Meg is our expert, and I will hand over to her.

Meg BAGNALL: That is a heavy brush to hold—I do not know the saying. Before I begin, I would also like to acknowledge that we are meeting on the unceded lands of the Kulin nation, protected and nurtured by the Wurundjeri people. I have travelled here today from the lands of the Dja Dja Wurrung, and I would like to pay my respects to the leaders and elders of the Djaara and the Wurundjeri peoples, both past and present. I would also like to warmly acknowledge any First Nations peoples present today.

Today, although we discuss family violence, we discuss it at the intersection of substance use. My focus is on the mechanisms of capturing data on people who use family violence and identifying barriers to achieving a comprehensive understanding and evaluation of how our systems recognise and respond to this risk domain. But before we get into the submission, I thought we would provide a brief overview of some of the challenges that our community experience at those intersections. While our review highlights that substance use significantly exacerbates incidents of domestic and family violence, recent insights reveal that substance use, particularly alcohol, is not just a contributing factor but a key driver of family violence. This is crucial for framing our national action plan. However, this is something that we have always recognised and known in the alcohol and drug sector.

Our review highlights that the relationship between substance use and family violence is further complicated by systemic factors, such as oppressive drug policies, which perpetuate stigma and worsen the challenges faced by affected individuals, whether or not they are using or experiencing family violence. When our community seeks support for employment, housing, child and family support, mental health and family violence, substance use often acts as an insurmountable barrier, amplifying harm at both practice and systems levels. We know that co-occurring substance use and mental health heighten the risk of domestic and family violence and its escalation. Individuals with intersecting identities, such as First Nations peoples and folks from within the LGBTQIA+ community, face unique barriers in accessing support. Stigma and discrimination have tangible impacts on outcomes for our community, including people using domestic and family violence. I am going to say this one slowly: people using domestic and family violence are more likely to face charges when their victims are perceived as sober—perceived as sober. However, if victims are perceived as intoxicated, victims themselves are more likely to be connected with mandatory intervention systems. Women experiencing domestic and family violence who use substances are more likely to be turned away from refuge systems and family violence support services. Women who use substances and seek mental health support are more likely to be turned away from mental health treatment and asked to return when they are clean and sober. Similarly, people who use domestic and family violence and substances encounter systemic barriers. The family violence sector may have limitations with accepting warm referrals. This can impact collaborative risk management and ongoing support. Additionally, programs designed to address family violence often have extended waiting periods and may require abstinence from substance use, which can present additional and at times insurmountable barriers for those seeking support. These barriers are significant, especially given the Victorian Royal Commission into Family Violence identified alcohol and drug use as crucial factors in domestic and family violence.

The AOD sector plays a pivotal role in identifying, assessing and responding. Anecdotal evidence shows that our forensic assessments frequently identify risks related to both substance use and current perpetration of domestic and family violence, with 90% of assessments considering these co-occurring risks. While we know that 41% of homicides are perpetrated by someone under the acute influence of substances, we know anecdotally that homicides related to domestic and family violence are often underreported as substance-related deaths. VAADA, supported by our sector, have advocated for including substance use by people experiencing family violence in all MARAM risk assessments, something that is not currently present. This addition has been approved and allows us to effectively assess and respond to this risk domain while understanding how substance use might be exploited in the context of domestic and family violence. I am nearly done. Sorry.

As our understanding of these complexities grows, we are identifying gaps in sector awareness and collective understanding of domestic and family violence risk, including how various systems, behaviours and identities might be exploited. To address these gaps, we are developing resources to help our sector and other sectors identify when substances are weaponised—for example, recognising unsafe injecting practices and identifying financial abuse such as withholding access to alcohol from dependent individuals. Both of these tactics have

fatal consequences and therefore must be universally considered. Systemic challenges such as fragmented data collection, siloed systems and depressive social policies, all of which we will speak on today—and I am sure you have heard a lot about—further complicate the effective management of these risks. The Victorian Auditor-General's Office report highlights inefficiencies and challenges in our internal AOD data collection systems, such as the complexity of the VADC system and insufficient sector consultation. We welcome the opportunity to discuss the intersection of substance use and domestic and family violence, as we see the AOD sector as playing a key role in reducing and eventually eliminating family violence from our social and cultural fabric. I am done.

Dom ENNIS: Thank you, Meg. Over to me.

Meg BAGNALL: Please.

Dom ENNIS: How are you going? My name is Dom Ennis. My pronouns are he/him. I am the Acting CEO at YSAS, Youth Support and Advocacy Service. I would also like to acknowledge that we are on Wurundjeri country, country that was never ceded. I would like to pay my respects to elders past, present and future and pay my respects to any Aboriginal and Torres Strait Islander people here today. I am here with Bianca Johnston, who is our organisational expert, and observing is Steph Cuppari from YSAS as well, our senior safeguarding officer.

YSAS are Australia's largest youth-specific community service organisation. We were created as an organisation originally to deliver effective youth-specific AOD services and be a sector leader. We now also have extensive experience in providing young people, their families and communities with services that also support diversion from the criminal justice system, improve mental health and improve meaningful community participation. In 2018 we began a program of work to really develop a deeper understanding about the complexities, support needs and challenges experienced by young people with co-occurring substance use and family violence experiences. We work at the moment towards really embedding family violence practice into the very bones of what we do in our youth AOD practice and our other work, and we continue to have really strong participation in a variety of family violence focused state government projects as well as independent research and local initiatives. We do have a statement on family violence, which I will not read. But I will say that we uphold a vision of a community where all young people are valued, included and have every opportunity to thrive, and we recognise family violence as a direct form of harm experienced by young people, families and communities which jeopardises this vision.

In our written statement to the inquiry we have also stated that family violence and violence against women are public health crises and should be treated as such, with an investment in evidence-informed intervention supports and services. We do recognise the importance of clear, consistent information about the use of violence to support this, and we welcome the opportunity to contribute to this conversation. We explain that at YSAS we do collect limited data about people who use violence. We use this information at an organisational level to help identify and address client needs and risks. We describe how we are strengthening our data collection to be better able to manage risks, report on the prevalence of family violence use and to understand the characteristics of young people who use family violence. We also explain that currently the major funders of most of our programs, state and federal governments, in the main do not collect from us or do not require us to report on family violence related data and that this is a missed opportunity to shape policy and programs at a sector and state level.

As well as describing our current state, we made a number of recommendations. We recommend that to understand the complexity in youth and adolescent family and intimate partner violence an age-appropriate or developmental lens needs to be applied, as do models that are trauma informed and resilience based. We recommend that consideration is provided to the terminology used to describe young people's use of violence both in support work and data collection and that consistent terminology is adopted in relation to the issue of youth intimate partner violence. We do recommend that a minimum family violence dataset be established by the Victorian government departments and collected in some way across agencies and sectors.

We also recommend that further inquiry and research occur into the issue of substance use coercion. This includes examination into the experiences, risks and characteristics that occur when drugs and alcohol are used to establish or maintain power-and-control dynamics in youth intimate partner violence contexts. I will let you go from there, Bianca. Bianca is our organisational expert.

Bianca JOHNSTON: Thanks, Dom. Hi, everyone. My name is Bianca. I use the pronouns she/her. I would also like to acknowledge that I am here on Wurundjeri country today and pay my respects. I am a criminologist and a qualified social worker. I am currently completing a PhD at Monash University. My PhD is about the distinct and distinctive intimate partner violence experiences of young women. I am employed by YSAS in the organisation's research and practice team, and my role at YSAS is my capacity for being here today. I would like to thank the Legislative Assembly Legal and Social Issues Committee for the opportunity to come and talk today and expand on some of the points made in our submission to the inquiry.

Following on from Dom's presentation, I would like to further share and expand on a few of these points. Our submission provides a recommendation that an age and developmental lens, in addition to a trauma-informed and resilience-based approach, be used to understand and respond to the complexity of youth intimate partner violence. Youth is a period of the human life cycle that occurs between the ages of 10 to 25 years old, and it can be more helpful to see this stage as being transitional rather than what is traditionally seen as being a transition. This highlights that, yes, youth is a passing phase, but it is one that is distinct and unique. There are important development processes and experiences that occur during, and sometimes only during, this period of the human life cycle. At this time a young person is consolidating their childhood experiences but they are also undertaking a range of different departmental tasks and shifts and new experiences. These occur across almost every dimension of their life including socially, physically, cognitively, sexually and morally at the same time that young people are also developing their identity, their sense of meaning about the world and where they fit into it and their hopes and anticipations for adulthood. As a result, youth as a life stage holds many critical intervention points that relate to young people's use of and experiences as victim-survivors of family and intimate partner violence. For this reason our submission recommends an age- and developmentally sensitive, trauma-informed and resilience-focused lens is used for understanding this issue.

Our submission also recommended consistent terminology used to describe the issue of youth intimate partner violence, as touched on by Dom. There is no standard operational definition used widely across Australia in relation to youth intimate partner violence. Youth intimate partner violence, as Dom mentioned, refers to the power and control dynamics that occur within young people's dating and romantic relationships, and although some of the tactics and behaviours might be similar to what is seen in adult family violence discourses, youth intimate partner violence in itself is very distinct. The lack of standard operational definition is a challenge on multiple levels. Firstly, because this issue lacks the power of a name there are concerns of invisibility. This has implications not only for prevalence but also it means there is a lack of language for young people in seeking support, and there is a lack of identifiable language by services. As youth intimate partner violence also has not been traditionally seen as an issue that is distinct from adult family violence, it means that there is a very limited separate dataset available.

I would like to highlight though that young people have complex experiences during the time of youth and adolescence, and they require interventions that are different and distinct from adults. Adult approaches cannot be broad-brush applied in the context of youth. This is because there are important developmental needs and changes as well as the presence of important critical intervention points distinctly within the stage of youth and adolescent development, and they are different to adults at times. For this reason our submission recommends a developmentally geared, trauma-informed and resilience-focused approach to this issue.

We would also like to express the importance of distinct language, as Dom mentioned, such as youth intimate partner violence and young people's use of violence rather than the word 'perpetrator'. This language reflects the complexity of these issues. As outlined in our submission young people can be victim-survivors of adult-instigated family violence as well as users and/or victim-survivors of youth intimate partner violence, and they may use or experience adolescent violence in the home, and all of this can be occurring at the same point in any young person's life. We are aware at YSAS that many young people accessing our youth AOD services may also have substance use issues relevant to their family violence victimisation and use. As outlined in our submission, in recognising this issue YSAS has engaged in a multiyear body of work to build the family and intimate partner violence capacity of the organisation.

Our submission makes a recommendation for further investment into research and inquiry for substance use coercion, which Dom has briefly explained. This is important, because this is an intersection between youth and youth intimate partner violence experiences and also youth substance use, and it can have serious consequences on the health and wellbeing and ongoing trajectory of young people's lives.

Young people require developmentally responsive approaches and language that is sensitive to their needs and experiences and investment in research to help further understand how these intersect with youth. This not only helps support practice and services and data collection but also increases the availability of supports available to young people and their willingness to access them.

I would like to thank the Committee for the opportunity to come and speak today and taking the time to consider the recommendations of our submission.

The CHAIR: Thank you. Firstly, can I just say thank you all for providing those opening comments and also for the time that you have taken to prepare your evidence for today and your submissions. I would like to initially pick up on a theme that, Meg, I think you articulated really well, and something we have heard through our other submissions, which is misidentification of the predominant aggressor, and I am hoping that you could expand a little more on what that means for people who are using alcohol and other drugs.

Meg BAGNALL: Yes. Certainly. I know that Djirra's submission reflected really strongly their concerns around misidentification. With our extraordinary legislative framework that we now have in Victoria misidentification carries additional weight—not only weight associated with all of the feelings of self-worth associated with being believed in your experience of family violence, but it also holds additional information-sharing powers. Individuals who are misidentified as people who use family violence—and we share YSAS's recommendation around terminology, which is that it is really important that we use terms that reflect ability to change rather than profiling individuals, and I am sure that we will get to profiling later—sit within the information-sharing scheme, as I am sure you know, within a separate information pathway. If we identify someone as a user of family violence, we can freely share information around them with other information-sharing entities and risk assessment entities. What that means for misidentification is that, for example, someone who may use alcohol, as a mother, is misidentified as a person using family violence. Child protection will now request information about that individual and the risk associated with that individual, which we are obligated through legislative allowance to share. If that person has been misidentified, then we are sharing information that is not ours to share and we are in breach of our obligations.

So it can be really tricky filtering that information out to the touchpoints that have misidentified. VAADA are working on a project with some of the specialist family violence advisers, some of the extraordinary workers within alcohol and other drugs and mental health, to figure out exactly how different services identify misidentification and how we can overturn it. I know Victoria Police have run a pilot and are working on embedding, hopefully, some changes soon, because it carries such significance. Children can be removed as a result of misidentification. When we think about perceptions of intoxication, perceptions of substance use, automatically the justification of systemic harm is present, and so those individuals are no longer humans worthy of support. Our society supports the stigmatisation within our social frameworks and fabric to say, 'Actually, this person is undertaking something that's harmful for them. They have a choice in this, and so they don't deserve to be supported.' And we see that time and time again, and Dom touched on that as well.

The CHAIR: Great. Would you like to add anything further to that, either Bianca or Dom?

Dom ENNIS: Would you like to?

Bianca JOHNSTON: Yes. Thanks, Meg, for that, and thank you for the question. As we were raising earlier—particularly in terms of youth intimate partner violence but also for young people and the recognition that they are victim-survivors of family and intimate partner violence in their own right—we do see within our cases issues of misidentification, particularly in the case of young people engaging in resistive or retaliative violence against adults who may be using family violence against them or other family members. It comes down a little bit to the positioning of youth within our society and those justice system responses, where young people may not be identified by responding services as being victim-survivors in their own right, or they may not be believed or they may present in a way that does not fit within anticipated victim narratives. As a result they can be misidentified. I just would like to highlight that for a young person, a disclosure of their experiences as a victim-survivor—and perhaps in these situations where there is an escalation—can be a real breach of trust in terms of their future boundaries and their future willingness to access statutory services or supports in situations of family violence. Thank you.

The CHAIR: Thank you. I will hand over to Jackson.

Jackson TAYLOR: Thank you very much, Chair, and thank you all for coming along today and taking time to answer our questions. You talk about the correlation between substance use and family violence, and you discuss this in detail in your submission. What are three—it can be more than three, it can be less than—policy settings within the scope of this inquiry that you would want governments to look into that may reduce the prevalence of family violence, considering this correlation? I hope that question makes sense.

Meg BAGNALL: It does, and there are certainly more than three. Would you like me to start?

Bianca JOHNSTON: Yes, you can.

Meg BAGNALL: I would really love the government to recognise the interrelation of substance use and family violence and acknowledge through research that different genders use substances for different reasons and treatment needs to be available for genders with different approaches. At the moment we have a one-size-fits-all model within alcohol and other drugs, and we know—there is so much research that confirms it—that women and non-binary folk use substances differently to the reasons that men use substances. In Victoria we only have three women-only AOD rehabs—well, one rehab, two withdrawal units. Two of them are only accessible if you have children. New South Wales, for example—we know this through a recent submission we have done to the inquiry into women’s pain—have 11 female-only rehabs. So the first recommendation would be a gendered drug policy certainly within Victoria.

I think the second recommendation would be understanding the importance of intersection of systems and understanding how alcohol and other drugs, mental health, homelessness, family violence, gambling, all of those domains of risk actually intersect within the human experience. We have isolated our responses so completely that an individual has to go to six different sectors and organisations for support for one experience within the human landscape. So I think actually bringing our sectors together, acknowledging that we all have different strengths but that we are all responsible for meeting the needs of the individual in front of us in a compassionate and non-judgemental way is a really strong recommendation from the AOD sector.

Gillian CLARK: I might just add to that and say that we do have an opportunity coming up in Victoria with the beginnings of conversations about development of AOD strategy after a long break. That gives us the opportunity to actually fulfil the need for a gendered response to AOD treatment services and development responses in Victoria. I guess another case in point to the intersections and bringing the systems together is the current mental health reform activity, which we are on the periphery of despite a requirement for integrated AOD in mental health treatment responses. I think taking an approach that is based on social determinants of health, which would certainly help a youth lens as well, is actually tipping the onus of responsibility as well. It is a collective responsibility to address and minimise harms across the whole community, which therefore brings up multiple policy platforms that are going to intersect. From what we were talking about earlier, like if you could have, you know, in all of those high profile co-occurring areas—homelessness, substance use, mental illness—an assurance that at every potential policy area related to government they had to ensure that it aligned with an appropriate family violence framework, it would actually ensure a broad sweep approach that would filter from the very top down to the practice level, which is often what happens, because it comes the other way around; we focus on workforce capability rather than systemic change. Sorry, you were just pointing –

Meg BAGNALL: Yes, sorry: ‘read this while you’re talking’—it is a very difficult task. I just wanted to add as well that family violence is completely absent from the mental health recommendations and royal commission, which is insane really—very bad use of language—just terrible considering that family violence is a legislative response and requirement within mental health and alcohol and other drugs, and its absence actually impacts on the sector’s ability to do its job within its legal frameworks. I will throw to Bianca.

Bianca JOHNSTON: You can go first. I will go next.

Dom ENNIS: Okay. Giving a practical service delivery example about what you have just spoken about, I mentioned at the very beginning that at YSAS we run services based on lots of different funded issues—drug and alcohol, crime prevention, mental health et cetera—and the reason for that is because we started as an alcohol and other drug organisation and our practice framework was so based on the social determinants and holistic models that it was like, ‘Well, this is madness, our practice framework is actually of benefit to young people who are experiencing difficulties and they can come out in lots of different behaviours.’ The challenge, though, that we have is that we have a consistent practice framework across all of the different funded areas of

work that we do; however, we are needing to account that they are funded completely differently—often the same young people—where there is absolutely no integration in how we account for our work, how we are funded for our work et cetera. So I guess there is a lot that could be done in terms of that and even allowing the activities within the funded work, knowing what the longer term outcomes will be and the benefits to the community rather than very narrow outcomes and accounting for funding.

Meg BAGNALL: That was one of our recommendations in our submission—to really explore and possibly remove the DTAUs, which are highly inhibitive to person-centred care.

Bianca JOHNSTON: I would like to share just some opportunities and I guess considerations for services and research. I echo the points raised by Dom and also by Meg and Gillian, particularly about the desiloing of the system, and so some of these experiences could be compartmentalised in that way. I guess, for me, I see there as being a few really important points here. One is in terms of substance use, coercion and young people's experiences and the fact that adolescence and youth is often where we may see the onset of co-occurring issues such as the use of violence or intimate partner violence experiences as well as use of substances. There is enormous opportunity at this point, as we talked about earlier, for critical intervention but also for approaches that focus on resistance, resilience and desistance, so opportunities to engage young people in that change process and stop that trajectory of both pathways. I would also like to echo, in terms of some of the opportunities for support for young people and the integration of family violence approaches that are developmentally sensitive in the recognition that young people are accessing our services for AOD, there is embedment of family violence capability but also a youth-focused lens across policy and research in that space.

Jackson TAYLOR: I had another one, but I will leave it there to allow others. Thank you very much.

The CHAIR: Thank you. Heang.

Meng Heang TAK: Thank you, Chair. Thank you for your presentation. Perhaps part of my question has already been answered. But is data between AOD, mental health and family violence sectors shared efficiently and properly under FVISS, and how could that be improved?

Meg BAGNALL: Great question. The first part of your question: I am not sure it is shared efficiently. I think we are all getting on top of the information-sharing schemes, both FVISS and CISS, and so I think we are all learning what the capabilities of it are. I know that the courts were on a three-week waiting period, so we were waiting for three weeks for information-sharing requests to come back from the courts. That is a good timeframe, really, in the scheme of things. Initially, for the first tranche, or the first rollout of the information-sharing scheme, there were 3,000 professionals prescribed in as information-sharing entities, and then it became 300,000. The sheer number of people requesting and sharing information was so extraordinary that services have taken time to really figure out how to manage all of that.

I think in alcohol and other drugs we do not get enough requests. I think that we certainly have a lot to share. A lot of our requests currently sit, thinking about the maturity model, around engagement—'How is this person engaging?' There is a lot more we can offer than 'How is this person engaging?' We can talk a lot about how substance use might be affecting behaviour or affecting risk and safety. We can talk about patterns of use and how those patterns of use may increase risk at different points in time. We can talk a lot about some of the drivers of substance use if we are able to identify them—lots of work we can do around how we can integrate support cross-sector. I think the efficiency of the scheme at the moment is not where it is going to be in five years, but I think that that is probably to be expected. It is an extraordinary option for us for the first time not to be reliant on self-disclosure and to be able to access information around what interventions exist and then share that information to hold people accountable and in view. It is very powerful, and it has been extraordinarily helpful in our practice.

Gillian CLARK: I think it would be remiss of us not to mention some of the challenges that we face in making that system work meaningfully. The AOD sector's current data collection system has been waiting for a review for multiple years now, because it really is limited in the way that it can provide us with solid information that is actually going to help us review and change where needed. It is really just a number collection system, not reflective –

Meg BAGNALL: To be perfectly candid, we do not really get information back at all as a sector. We feed an enormous amount of information in and we do not get any back. As a sector we have to pay for that

information to come back from the department, so we cannot do a statistical analysis of whether we are identifying family violence or people who use family violence at intake or a comprehensive assessment. We cannot do any of that evaluation because, firstly, we cannot access the data, even if we pay for it, and then we do not have the budget to be able to pay.

Gillian CLARK: I think on top of that is the onus placed on the organisations to actually input that data, and that is a timely process. There is a lot of administration that goes into that, and the funding for organisations is not necessarily reflective of the nature and importance of collecting good data as well as actually using it meaningfully.

Meg BAGNALL: Can I just add to that point, sorry. Every AOD agency across the state uses a different client management system, so in homelessness and family violence we have SHIP. It is all pretty standard. In AOD, every system is different.

Gillian CLARK: And to add to that—you read my mind, Meg—there are also challenges. What we tend to refer to is the postcode-related AOD service provision model in Victoria, which means that each different area you go into will not allow you to access the same range of services. We have a mixture of Commonwealth funding and state funding—a hotchpotch kind of approach—across the state, and that is really challenging when we are trying to implement a statewide framework that is based on information sharing. Because we are both from regional Victoria as well, we know that on the ground people will adapt statewide processes to meet the needs of the community that they work for. Sometimes there are great outcomes from that, but what happens is that you get a localised response to a statewide issue, and the two do not add up. In that regard, there are actually opportunities as part of mental health reform to address that through some of the governance systems that they are setting up locally. If there was a family violence adviser sitting on every regional board as part of mental health reform, you would naturally have that local fit and a local audience to say, ‘Well, this is what we are seeing. How do we actually address that collectively?’

Dom ENNIS: Just to expand a little bit on the scheme, when it was implemented and launched—obviously a fantastic legislative change—it was a lot of training, a lot of information and there was quite a bit of a big bang, so to speak. What you tend to find with schemes like this—in practice we find that it is fairly person dependent. It is not necessarily widely utilised. I think at times it is totally underutilised as a scheme and sometimes overutilised. So one of the tensions our practitioners have—I am talking as well about the child information sharing scheme—is that sometimes requests come for information which are essentially a short cut to saying, ‘Let us know absolutely everything about this young person that we want to know but could not ask otherwise’. It needs continual work et cetera. I was just also going to say when you were talking about VADC that there is a very good VAGO report, which I am sure you have, about the complexities and limitations. As a service provider, we were part of that review and we calculated hundreds of thousands of dollars we had spent, unfunded, over the years just to collect and administer data.

Meg BAGNALL: That we do not see –

Dom ENNIS: That we do not see, hence VAADABase.

Meg BAGNALL: We have developed a possible solution to our data woes which Gillian will speak to—and Chris our CEO is also in the room.

Bianca JOHNSTON: I am happy to hand over for that. The only thing I would say about that too is that in terms of young people, and particularly with youth intimate partner violence and in terms of emerging evidence of substance use and coercion, not all risks are necessarily understood. Like we were saying earlier in terms of language, it may mean that a lot of data is not necessarily captured because the language is not there for a young person context. I will hand back now.

The CHAIR: Thank you. Christine.

Chris COUZENS: Thank you all for coming along today and bringing your expertise to the table. It has been really interesting. I just wanted to pick up on what you said, Meg, about drugs and alcohol being a key driver for family violence. I was listening to the debate the other week around this stuff. A lot of the feedback was around it is now becoming a poor people’s issue, because rich people can afford to buy their way into

private clinics and all those things. Do you think that with a good data collection that would identify exactly what is happening in our communities across the board?

Meg BAGNALL: That is a great question. I think that family violence will be hidden until a massive effort occurs to stop blaming victim-survivors and to actually begin to hold people who use family violence to account. They are not held to account. Our justice system offers no justice to victims of family violence. I think less than 10% of reported sexual assaults actually have charges laid, and then less than 2% cent have a conviction. That is not a justice system. We know predominantly sexual assault occurs within intimate partner and familial relationships. I think we can talk a lot about data offering us an opportunity to profile particular individuals so we can target our responses. Our systems are as much to blame for the perpetration of family violence and empowering the perpetration of family violence as any one individual, in my opinion.

Gillian CLARK: And I think on that note, absolutely, data would help. Nobody is going to say no to that. But I think it is the way that we use it, and that is what Meg is alluding to—not as a punitive measure but as a supportive function. It then, again, goes back to that social determinant of health thinking, which is broadbrush and looking at different drivers, cumulative drivers, and our responses both at the beginning of that driver experience, what brings people to go down that path, but also at the other side of that. I think there are multiple opportunities to reframe the thinking about where substance use plays a role in family violence. The AOD sector have this really unique position where we actually see people at both ends. We work with, whether we collect data on it or not, a lot of people that use family violence, and I think the fact that we have this inadvertent connection with the criminal justice system results in that.

But we also have this opportunity to work with people that have been victim-survivors of family violence. Now, that is really unique. I think the added uniqueness to that is the way that we go about that, which is the non-judgemental, open approach. We are not coming at it from ‘What have you done?’ ‘How did you get here?’ is the question. ‘What brought you here today?’ It is not even how we can help sometimes. It is just ‘Let us understand. Let us help.’ If we put that sort of framing into many responses that the health and wellbeing sector deliver, I think it would shift the dialogue. It would allow people to feel safer, to disclose the results of their substance use too, inadvertently taking away that moral failing concept to more ‘People go through challenges, and sometimes the impacts of that are horrible. We would all acknowledge that but let us all work on that.’ I think there are many opportunities, and even having this discussion today and being at this table is the beginning of those conversations.

Bianca JOHNSTON: I would just add and expand on what has been said. I feel it is very important that many approaches focused on young people are very primary prevention focused, whereas many young people accessing our services are not engaged in school. They may not have stable accommodation. They have long, complicated histories of trauma. I feel that it is very important that responses for youth, in particular youth AOD, move beyond primary prevention to being a primary youth-focused approach.

The second part, to echo what Gillian and Meg say, is that we do have a really great opportunity, particularly in the youth space, to be able to engage young people who may be starting to use forms of family or intimate partner family violence as well as young people who are victim-survivors and with a range of services provided in the youth AOD space and with our various other programs. There are many different ways to be able to intervene early. I do feel a very important area is a focus on strategies of desistance, resilience and change, and that is because of young people’s unique potential and the critical intervention points to be able to change and shift into a different trajectory. That is very important in the data we collect.

Meg BAGNALL: Sorry, I was just going to add that the YSAS funding model also is quite inhibitive, that your age restrictions for who you are funded to support are extraordinarily inhibitive within rural and regional Victoria. YSAS for years, decades, have provided unfunded support to people outside of particular regions and outside of particular ages because of the primary prevention, essentially crisis response—it can also be prevention. But the work that you do is so impactful and important for the community.

Bianca JOHNSTON: And the issues within rural Victoria are very complex and complicated, as you would be aware, and there are many vulnerabilities specifically for young people.

Chris COUZENS: One quick question—I know we are running out of time. In terms of the men’s behavioural program and the need to improve that data collection there, do you think there needs to be youth-specific, First Nations specific and queer-specific data collection to actually make it work?

Meg BAGNALL: Can I go first, because you have got more to say?

Bianca JOHNSTON: Yes, of course.

Meg BAGNALL: Absolutely, yes. It is an extraordinary opportunity to capture data. I think that the qualitative data that Our Watch was speaking about is great. You have got people available who are wanting to talk about their experience of using family violence. It is the perfect place. I think the evidence frameworks that underpin men’s behaviour change could be explored. But I just want to add before I throw to you that we have an AOD-specific men’s behaviour change program in Victoria as well called U-Turn which has really positive evaluations. One of the things we advocate for very strongly, telling whoever will listen, is that we would love to see U-Turn expanded. If we were able to step up, step down AOD treatment and men’s behaviour change engagement the way that U-Turn does, then we would have so much more to offer the people that we see. I will throw to you.

Bianca JOHNSTON: Do you have anything?

Dom ENNIS: I will go after you. You go.

Bianca JOHNSTON: You can go first.

Dom ENNIS: Okay, I will be very brief. You talked about hidden issues, and obviously we all agree there is a great opportunity to collect more data for, in our case, the young people that we work with and see. I just think it is important to note as well, though, that the young people we see are not reflective of the general community. They are young people that have experienced significant disadvantage. So you have one part of the sector and the community collecting a lot of data—these are a very examined group of young people. Often they are well known, like they sniff and there is a charge. I just think we have to be really mindful about that.

Chris COUZENS: Yes, that was the purpose of my question earlier.

Dom ENNIS: Yes. The data across the whole community—how do we get school data and then broader—that is for young people.

Chris COUZENS: Private clinics.

Dom ENNIS: Private clinics et cetera. So I just thought I would mention that because we do have a very examined group of young people. A lot of information is collected about them.

Chris COUZENS: Yes.

Bianca JOHNSTON: I echo that point in terms of a real recognition of the experiences and the complexity of young people’s lives when accessing our services. I just feel in terms of data collection, it is also in the nature and the way that data is collected. Is it collected in a way that is youth focused, in a qualitative way? The ways that it is returned to young people and communities is very important—in a way that is accessible and meaningful to them and cannot necessarily have a deficit or a risk focus but also sees their potential for change and their strengths and resilience. Thank you.

Meg BAGNALL: Can I also add that family violence responses in regional Victoria are really limited for particular populations. We do not have a response to family violence in Loddon for people who identify within the LGBTQA+ community. There is no support available other than through mainstream colonised services. And similarly our alcohol and drug response within community controlled organisations actually report to a different funder, so they are not even captured within VADC data. It is a hodgepodge, yes. But I love your point, Bianca, about who owns the data and how it is returned, and I think we could do so much more with that.

Chris COUZENS: Thank you.

The CHAIR: Annabelle.

Annabelle CLEELAND: Thank you. I am conscious of time, so we might skip through some questions but maybe take it on notice, because we want your answers. And they are comprehensive and intelligent, so I wish you were here for a few more hours, to be honest.

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

Gillian CLARK: Well, I guess from a question-on-notice perspective we are happy to provide more information and a bit of thinking about that step forward.

Meg BAGNALL: What it looks like.

Gillian CLARK: I think when I talk about the beginning of our process, it really is being part of this discussion. It is also about some of the work that Meg has just completed on a specialist project about embedding screening and assessment questions in our tools around people who use family violence as well. We have not had anything to measure before, and they are not actually live yet. That will be something that is a next step—once we actually get those questions in our screening and assessment tools, which is a universal process across the state, there is your data. It is right there. It is already written, but it is not there yet.

I think the other thing is: as many ongoing conversations as possible to look at that driving relationship. I think that is the real foundation here—that we can get data, but again, what do we do with it? What is the loop here? But also: how do we work collectively on the ground to actually respond to the fact that there is that intersection in the first place?

What were you going to say? That is it? Okay.

Annabelle CLEELAND: Dom, did you want to make a comment on that—just as you made some similar comments around your violence database. You made some comments about your trauma-informed and age-appropriate—‘There is minimum data when it comes to a violence database’, I think was your comment. But what we have missed, I think, so far, from some of our contributions is—sorry for saying this the wrong way—about youth perpetrators in the family violence space. We have probably focused a bit more on the men. I think that I understand that they are victims of it as well, and it is very complex and integrated—and often at the same time, I am learning. But when it comes to youth perpetrators—how do you see a statewide database having input when it comes to youth as well as adults?

Dom ENNIS: Again, I will answer briefly—but I will also invite you in—but it is really, at the highest, simplest level, about having lots of different agencies collecting the same information, first of all. So as I said in our submission, we collect information, but it is not the same—it is not required by anyone. So having a really clear dataset that is required to be collected, as Gillian just said, is one way of doing it for intake and different things but then I would also say—you talk about the difference between youth and adults—very specifically having a youth-specific dataset with the right terminology that is reflective of how you describe things at that agent’s age, if that makes sense. Do you want to expand a little bit more on that, Bianca?

Bianca JOHNSTON: I think it would be helpful, if it is okay, because I am also really aware of the time, to take it on notice to be able to provide some feedback. But I just highlight the fact that young people have enormous capacity for change and the importance and the impacts of things such as stigma and shame for them as well. If it is okay, can I –

Annabelle CLEELAND: Absolutely. I would love that. Thank you.

Bianca JOHNSTON: Thank you.

Annabelle CLEELAND: And the Auditor-General’s report and the VAGO data that was mentioned too—I might request that we have that in our hot hands.

Gillian CLARK: Could I just add about VAADABase, which is a specific program that we have referred to in our submission? VAADA have undertaken this work with a range of organisations in the AOD sector to find a solution to the gaps about data collection. It is in its early stages. There is a financial requirement to participate in VAADABase, because it involves an external data collection analyst, but there are many

opportunities for this to grow. What we are currently looking at is: what do we want to measure? It is perfect, and certainly more information and more partnership would be great.

Dom ENNIS: We are part of that.

Gillian CLARK: Well, you are part of that, yes.

Dom ENNIS: We pay a small amount to be part of it, because we see the value in a sector-wide collection of information. As you said, at the moment we are using the existing data through VADC, but the platform is there, so there might be other ways –

Meg BAGNALL: Which includes data on people who use family violence.

Dom ENNIS: Yes.

Annabelle CLEELAND: And who owns that data? VAADA?

Dom ENNIS: Well –

Gillian CLARK: It is complicated.

Dom ENNIS: In fact, this was part of setting it up. In every organisation there are, appropriately, some complex agreements about how the project is managed, because every organisation has their own data, so I cannot see other organisations' data knowing it is their data, but I can see aggregate data and YSAS's. So it is really early days, but it is looking really promising.

Meg BAGNALL: Everyone is very excited about it.

Dom ENNIS: Yes, and the fact that organisations are investing their own money, and VAADA have invested a lot of money, to start it up, because we see—that is the proof in the pudding, the value we see in it, that we are actually putting money into that to say this is really important beyond our own little patch.

Annabelle CLEELAND: With time down to the wire I feel like I am grilling you, but I am sorry. Meg, could I ask just maybe for some insights on notice just homing in a bit more on your regional Vic lens—the barriers, opportunities and challenges? Because I would love to get your perspective on that. It is something I am very passionate about. Where services do not exist, how are they accessing and sharing that information? You also read repeatedly and very slowly in your opening statement about sober versus under the influence. Why is that so important to hit home and get on the record?

Meg BAGNALL: Because I think it speaks to stigma. Any time anyone identifies a person in the community as using substances, their response is different—very different depending on which service you are working with. If it is the police, and the police perceive you—you may not be intoxicated, but if the police perceive you to be intoxicated—your abuser will not face charges. It speaks to intersectional systemic stigma, and fundamentally all of that is driven by the criminalisation of substance use. Fundamentally if we are thinking about the impact of systems and the impact that has on our community, our systems hold power. They hold power in the way that we view who is worthy in society and who is not and repeatedly our community are viewed, harmfully and unjustly, as not worthy, and we know that not to be true.

Annabelle CLEELAND: Thank you.

The CHAIR: Chris. Thank you.

Chris CREWITHER: Thank you. Thank you, Chair. Thanks for your evidence today and your submission. Meg, you mentioned earlier about the Victorian justice system basically giving no justice to victims, and generally it has been pointed out that a major issue is that AOD services have different and fragmented client management and data collection systems. Can you elaborate a bit further on the links between those two, particularly noting, quoting from page 5 of your submission, where you say:

The toll of this fragmentation sits with the individual, which can lead to systemic forced re-traumatisation and ongoing harm. Can you just elaborate a bit further on the links between this fragmentation and the failing justice system?

Meg BAGNALL: Yes, certainly. Our family violence refuge system—in order to be eligible to access our family violence refuge system you need to be at the highest possible level of risk, so your likelihood of being murdered is very likely. Even to access that refuge system you have been in the past, and I have been informed recently again, that you are not able to access this system if you use substances. So women who use substances cannot access refuge when they are at the highest possible risk and the highest likelihood of being murdered by their partner because our cross-sectors hold abstinence policies and hold discriminating views and values around substance use. When we think about a police response to a victim-survivor who is using substances who calls the police and is viewed or perceived by police to be intoxicated, she then becomes the predominant aggressor and is misidentified as the person using family violence. Djirra document in their submission that 58% of women on corrections orders are identified—or misidentified—and are actually victim-survivors of family violence. They have actually progressed through the criminal justice system—through our judicial system—they have been charged with criminal offences, but they were actually the victims of domestic and family violence. Did that answer your question? I could speak about this all day.

Chris CREWITHER: One more question as well: on page 10 of your submission you note that the Victorian mental health client management system—VAADA would like to be actively involved. Does that imply that you are not actively involved? Why is that the case that you are not actively involved?

Meg BAGNALL: We are seeking to be involved. I have had a meeting –

Chris CREWITHER: It seems surprising that you have not been actively involved.

Meg BAGNALL: Yes. I met with the Department of Health. They advised that the new CMS, the new architecture that sits at the back of the mental health system, is going to roll out through mental health locals and then it will roll out through the AOD sector in replacement of VADC, which would be something we would be very happy about as long as we are able to influence the initial architecture. We at VAADA and across the specialist family violence advisory groups, adviser professionals, are the ones that initiated the data points to be added in to VADC initially, and there are so many opportunities for us to really strengthen those data additions to make sure that they are meaningful and that they capture what we want them to capture. Every sector wants to capture different things about different experiences, so we have to be involved at the very start. I met with the Department of Health and since then I have not been able to connect with them. If that system is rolling out through AOD, we have to be a part of that. The AOD sector have to be involved. I know that this is not super relevant, but I think it is a very important saying that we should all say all of the time: ‘Nothing about us without us’.

Chris CREWITHER: Deputy Chair.

Annabelle CLEELAND: Can I just ask, just on your earlier comment about the refuge access, do we know how many of the women who have been murdered in Australia in the last year due to family violence have been a high-risk profile or is this the first time they have entered the thing?

Meg BAGNALL: My understanding is only the services involved with those individuals have access to that information. It is not widely shared. We actually do not have a national database that counts murdered women and children. We do not have a statewide database that counts murdered women and children. The crime stats agency that Our Watch referenced actually only counts statistics for convictions of homicide, so we really have no idea.

Annabelle CLEELAND: And so I guess the supplementary, which I know the answer to, is that we would not know whether it is first-time offending or reported offending or the stage of –

Meg BAGNALL: I think it is extraordinarily unlikely that it would be first-time offending. Anecdotally and through conversations with colleagues, because we are all super passionate about this, it is very rarely first-time offending. There has been contact with different points of different systems. It is a huge shame, as you mentioned, that that is not captured, because that is absolutely where we could do a lot better. It is an opportunity to evaluate our progress, and we are failing our community.

Annabelle CLEELAND: I cannot ask any more questions, but if you had something, Bianca, or if you want to respond too, can you send us too your response, because I feel like we could have spoken for a lot longer.

Bianca JOHNSTON: Yes. Thank you.

The CHAIR: We are, unfortunately, going to have to wrap it up there because we are well and truly out of time. But to Meg, Gillian, Dom and Bianca, thank you so much for appearing before the Committee today and for your very valuable evidence and insights.

We will take a short break now before our next group panel.

Witnesses withdrew.