

16 August 2024

Natasha Stott Despoja AO
Royal Commissioner
Royal Commission into Domestic, Family and Sexual Violence
Submitted online

Dear Royal Commissioner Stott Despoja,

Thank you for the opportunity to provide a submission to South Australia's Royal Commission into Domestic, Family and Sexual Violence.

The Victorian Royal Commission was a key turning point in the response to domestic and family violence (DFV) in Victoria and we trust your investigation will result in recommendations and reforms of equivalent significance.

I am the CEO of Victoria's statewide 24/7, 365 days per year crisis line for DFV and as such have seen first-hand how the reforms in Victoria have been implemented to strengthen the service system. It is from this position that I write and look forward to being able to contribute further to your review, as the inquiry continues.

As the Victorian statewide crisis response, we handle 150,000 calls each year from people seeking information about or protection from DFV and requiring a crisis response. When our Intake and Assessment team respond to a call, we conduct a risk assessment (using the Multi-Agency Risk Assessment and Management [also known as MARAM] framework), to assess level of risk and develop a safety plan to determine next steps.

If, using the MARAM, the person is assessed at imminent risk of harm, they will be supported into crisis accommodation, and, in most cases this will mean bringing the person into protective safe hiding. Due to the high demand for emergency and crisis accommodation in Victoria, this will usually be purchased accommodation (that is, a hotel/motel) On any given night, Safe Steps is supporting around 100 people in emergency purchased accommodation. Between 40% and 50% of those people are children accompanying their parents.

If there is a vacancy in our Safe Steps crisis and emergency accommodation (Virginia's Place (eight residences), Trisha's Place (one residence) and Sanctuary (seven residences)) these options will be used ahead of purchased accommodation. Demand usually outstrips supply.

In our own facilities, we provide wraparound support during a short-term stay. Clients receive specialised family violence case management, and a suite of other services are provided on-site alongside our government and non-government partners.

Safe Steps also manages the statewide refuge bed allocation, through the Family Violence Accommodation Register.

Twenty-three per cent of the people we support are from 64 different language groups. Between 7% and 10% of people contacting us identify as being from LGBTIQ+ community. Thirteen per cent identified as being Aboriginal and/or Torres Strait Islander.

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I want to share some reflections from our perspective of where we are in Victoria, seven years on from our Royal Commission, at a point in time where we are seeing some gaps that have not been filled and some missed opportunities.

Measuring the problem

When a person phones us requiring a risk assessment, we open a Specialist Homelessness Information Platform (SHIP) record. The Safe Steps version of SHIP includes the MARAM.

Both of these processes involve gathering critical information with the caller about their current circumstances, to help determine risk, and demographic and other information for the purposes of understanding the level of risk and required safety plan and case management.

This data is used to report to the Victorian government on throughput and is analysed at a national level by the Australian Institute of Health and Welfare.

The key gap in the use of data to measure the problem and gain insights into our own client group stems from the lack of funding for in-house data analysis. We are unable to use our data for other purpose critical purposes, for example, keeping the perpetrator in view, internal review and evaluation or research and development. There is no funding for individual organisations, or groups of organisations, to use their own data to build an evidence base or identify trends in timely ways.

We have a wealth of data and information about prevalence, type and incidence of family violence, that we are unable to use to its potential.

No wrong door

Safe Steps is supportive of an approach that means that regardless of where a person turns for help, they get help. The Victorian Royal Commission recommended the establishment of “Support and Safety Hubs” across Victoria.

The realisation of the recommendation to establish Support and Safety Hubs was through the establishment of a network of “Orange Doors” intended to provide similar services, albeit in-person, to Safe Steps. Each Orange Door provides intake, risk assessment and safety planning. They are able to refer to specialist family violence and family and child wellbeing services. However, they only operate during business hours and recent promotion of the Orange Doors by the Minister for the Prevention of Family Violence describes the services provided as “non-urgent support”.

There appears to be a lack of centralised coordination resulting in differing responses for people seeking help, depending on where they present. If considering a “no wrong door” approach, we would encourage consideration of two key issues:

1. Consistency of service response
2. Consistency of data collection and monitoring.

A client-centred and trauma-informed approach would provide for simplicity of navigation and integration of information so that the person who has experienced violence is not bearing the burden of finding the right service and having to retell their experience.

While the Victorian government releases an annual service delivery report annually, it is unclear from this report whether The Orange Doors are meeting demand. There is also a governance review of the Orange Doors underway which will provide insights for your consideration.

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Use of Purchased Accommodation

Hotels and motels are used routinely as crisis and emergency accommodation. This is the case in Victoria and in South Australia.

In our experience the people who face the greatest challenges moving from motels onto supported options are those with multiple intersecting needs. This includes, anecdotally, certain groups experiencing the longest wait times for accommodation, as their needs are multiple and complex, and they are viewed as being difficult to accommodate. Some of the reasons, as we understand them, include:

- multiple needs mean they may be perceived disruptive or place other residents at risk (for example, people with alcohol and other drug issues or people with mental illness);
- accommodation is not physically suitable (for example, people with disability); or
- because they are viewed as harder to “move on” because they have limited or no income (for example, people who are on temporary visas).

For these reasons, people with multiple intersecting needs are more often placed in purchased accommodation and stay there longer than other clients. Their needs continue to be unmet in that environment and this can exacerbate isolation, feelings of hopelessness and trauma which may result in mental health decline.

People with disabilities can be in accommodation that is physically unsuitable. People from culturally and linguistically diverse backgrounds can be further isolated by language barriers and lack of access to culturally appropriate support. Aboriginal and Torres Strait Islander people may be placed in accommodation outside the Community, without culturally responsive support, leading to feelings of isolation and disconnection.

Purchased accommodation carries significant risks for victim-survivors, including (but not limited to) limited security (resulting in easier access for perpetrators) and limited support (resulting in higher rates of self-harm and inadequate services for children and young people). Alternatives to hotel/motel accommodation are essential to ensuring people who have experienced DFV, in particular those who face additional barriers, get the support they need when they need it.

An innovative pilot alternative to purchased hotel/motel accommodation is currently being run by Safe Steps. The Sanctuary model pilot has brought together philanthropy, other community services and government, to improve the crisis response for victim survivors. Early findings from the pilot indicate residents of Sanctuary leave our service with more effective supports in place, having experienced a wrap-around service while in crisis accommodation. The pilot is grounded in the concept of providing support both from within and outside Safe Steps. We provide a safe environment (compared with hotels/motels) and a supported response – through bringing together legal, migration, financial, child-focused and health supports to one place. The interim evaluation findings indicate that the model is effective, but resource intensive, as we are appropriately responding to complex needs – who may otherwise be in hotels/motels with limited support, and associated risks.

Since Sanctuary opened, client profiles (see summary page enclosed below titled “Sanctuary Resident Profile”) have included people from culturally and linguistically diverse backgrounds, some of whom have complex visa situations; people with substance use issues; people experiencing mental illness; and people with a disability (including children).

Specifically in relation to children and young people in purchased accommodation, over 40% of Safe Steps clients are children and young people (2022-2023). On any given day, we will respond to calls from as many as 160 adults, almost half of whom have accompanying children. The average number of

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households in hotel/motel accommodation for the 2022-2023 financial year was approximately 100 per night, 40% of whom were of children. Purchased accommodation are particularly difficult environments for children. The need to stay quiet (to be mindful of other guests) and lack of play space can be hard for younger children. Disconnection from social outlets and education, lack of access to child-focused specialist family violence supports and mental health professionals means that young people can feel isolated and trapped. This setting can compound the recent experiences of family violence, embed trauma and slow the recovery process.

Access to appropriate accommodation and supports for adults, children and young people escaping family violence is an investment in the future. Front-ending support to adults, children and young people by providing trauma-informed responses from the outset will disrupt the cycle of violence and stem the intergenerational nature of ongoing trauma and abuse.

Young People

Victoria does not have a family or domestic violence response that can adequately respond to young people (~15-21yo) who are unaccompanied by a protective parent and fleeing DFV. The Victorian Royal Commission recommendations relating to the treatment of children and young people as victim-survivors in their own right is yet to be fully implemented, in our view. Our engagement with young people would suggest a need for consideration of the different needs and preference of children accompanying parents as compared with young people aged 15+ who present independently, seeking help to escape family or domestic and intimate partner violence. This is an area that Safe Steps is focussed on and has initiatives and research underway to address this gap. We would welcome the opportunity to provide further evidence on this.

This snapshot illustrates in Victoria we still have some way to go to fully realise the reforms recommended by the Victorian Royal Commission. I hope this has provided some insights for the South Australian Royal Commission to consider. I would welcome the opportunity to provide further written or oral submissions to the Commission and look forward to ongoing opportunities for consultation.

Yours sincerely

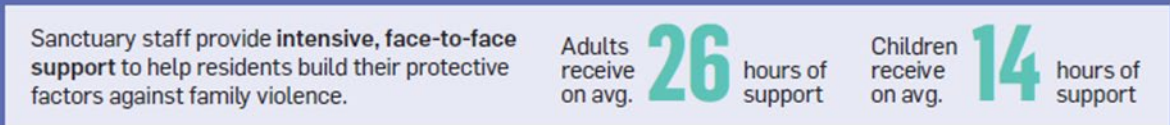
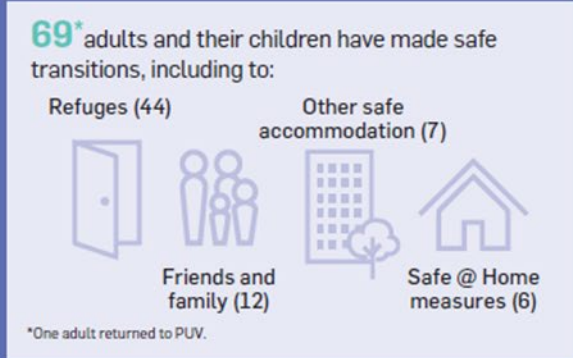


Dr Chelsea Tobin
Chief Executive Officer
Safe Steps Family Violence Response Centre

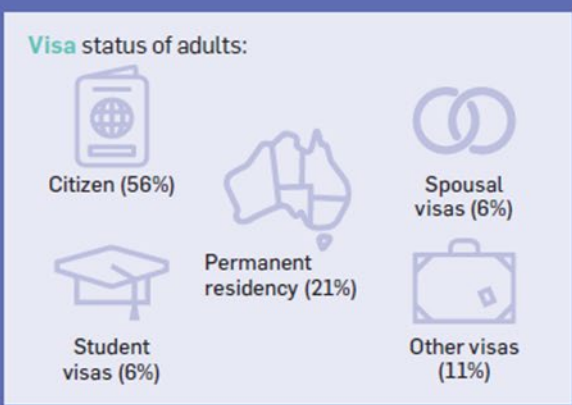
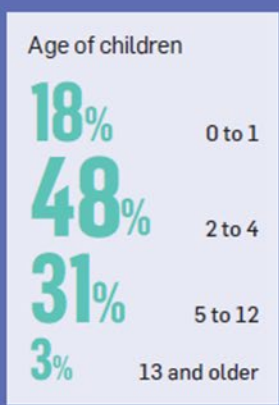
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SANCTUARY RESIDENT PROFILE

IN THE FIRST SIX MONTHS OF OPERATION:



DEMOGRAPHICS



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