

Ovens Murray

Family Violence Partnership

Strategic Plan 2020-2023

FINAL REPORT

(Process and Brief Findings)

September 2020

CONTENTS

1. Ovens Murray-Family Violence Partnership Strategic Plan 2020-2023: SUMMARY
2. Strategic Planning Background
3. Respondents - Summary
4. Findings Data - Summary
 - a. Collaborative Integration and service development
 - i. Overall integration
 - ii. Service development - identified populations and sectors
 - iii. Targeted sector development
 - b. Workforce development
 - c. Evidence and data
 - d. Governance and system leadership
 - e. Lived Experience of family violence – data subset
5. Implementing the Strategic Plan
6. Monitoring and Evaluation
7. Review process

NB: Detailed de-identified data is provided in an *Ovens Murray – Family Violence Partnership – Strategic Planning Appendices* document which is available for limited distribution.

Please contact the Ovens Murray – Family Violence Partnership, Principal Strategic Adviser, Tricia Hazeleger tricia.hazeleger@upperhumeppc.com.au for further details.

Acknowledgements:

Thank you to the people (workers and people with lived experience of family violence) who responded to our strategic planning questions about needs, strategies, priorities and COVID-19.

The Ovens Murray – Family Violence Partnership Strategic Plan 2020-2023 is a stronger guide for our efforts to prevent family violence and keep victims safe and perpetrators accountable as a result of your contributions.

1. STRATEGIC PLAN 2020-2023 - SUMMARY

Purpose: to provide a collaboratively developed three-year plan to guide the actions of the Ovens Murray-Family Violence Partnerships (OM-FVP) towards achieving our common goal of ‘all communities in Ovens Murray living free from Family Violence’

Scope: Ovens Murray catchment – Alpine, Benalla, Indigo, Mansfield, Towong, Wangaratta, Wodonga and border local government areas; family violence prevention, early intervention and crisis response activities.

The Ovens Murray – Family Violence Partnership (hereafter OM-FVP) has undertaken a collaborative process of strategic planning to establish a strong foundation for the work of the OM-FVP and involve people across the prevention – early intervention - crisis response – recovery spectrum of family violence work. The OM-FVP Memorandum of Understanding (2019), ‘Family Violence Regional Integration Project’ report (2018) and Victoria’s ‘Free from Violence’ strategy (2017) provide context for this plan.

Throughout February to June 2020 (during COVID19 restrictions) information was gathered from family violence and support workers and people with lived experience of family violence through face-to-face and online groups, individual interviews and surveys asking three key questions regarding family violence needs, strategies and priorities in the Ovens Murray catchment.

As a result, 153 people contributed to the evidence base for this strategic plan. A thematic analysis of the respondent de-identified data is presented in this summary. The foremost implementation approach we will use to address the identified priorities will be the establishment and support of OM-FVP Executive and Operations – Collaborative Working Groups. These groups will meet regularly and develop annual action plans to address regional priorities and relevant monitoring and evaluation processes.

All endorsed strategic planning documents will be publicly available www.upperhumepcp.com.au.

Regional Priorities	Who is responsible
1. Collaborative Integration and Service Development	
<p>a. <u>Overall system integration</u></p> <ul style="list-style-type: none"> • Improve family violence service information (communities and agencies) • Strengthen cross sector collaboration culture and structures (including Orange Door establishment 2020/21) • Targeted early intervention strategies • Better connection between specialist FV workers and local services <p>b. <u>Service development for identified populations</u></p> <ul style="list-style-type: none"> • Victim – survivors (women unless otherwise stated) • Perpetrators (men unless otherwise stated) • Children (0-12 years) (collaboration - Children and Family Services Alliance) • Young people (12-25 years) (including Adolescents using violence) • Older people (Elder Abuse) • Aboriginal communities (support Ovens Murray Dhek Dja Action Group) • Culturally and Linguistically Diverse communities • LGBTQI people • People with Disabilities • Rural communities • Border (Vic/NSW) communities (collaboration - Border Domestic Violence Network) 	<p>OM-FVP Executive – Working Groups & PSA</p> <p>OM-FVP Operations – Working Groups and existing networks & projects & PSA</p>

<p>c. Targeted sector development</p> <ul style="list-style-type: none"> • Prevention of family violence • Criminal Justice (Courts & Police) • Housing (collaboration - Hume Region Homelessness Network) • Alcohol and Other Drugs (collaboration - AOD/MH/FV project) • Mental Health (collaboration - AOD/MH/FV project) • Family Violence and Disasters (including COVID19) • Financial Support 	<p>OM-FVP Operations Working Groups in collaboration with existing networks and projects & PSA</p>
<p>Indicators: Establishment of Working Groups, Production of Action Plans, Outcomes & Evaluation of Action Plans</p>	
<p>2. Workforce Development and Capacity Building</p>	
<ul style="list-style-type: none"> • Training (including delivery of MARAM Collaborative Practice module) • Recruitment and retention 	<p>OM-FVP Executive and Operations & PSA</p>
<p>Indicators: Delivery of training, Evaluation of training</p>	
<p>3. Evidence and Data</p>	
<ul style="list-style-type: none"> • Data systems to guide strategic improvements <ul style="list-style-type: none"> ○ Monitoring and Evaluation (OM alignment with state-wide framework) 	<p>OM-FVP Executive & PSA</p>
<p>Indicators: Establishment of collaborative data reports and Monitoring & Evaluation processes</p>	
<p>4. Governance and System Leadership</p>	
<ul style="list-style-type: none"> • OM-FVP Executive and Operations meetings • Statewide meetings and partnerships • Finance management • Funding • Involvement of people with Lived Experience of family violence in OM-FVP planning and action 	<p>OM-FVP Executive & PSA</p>
<p>Indicators: Meetings organised, documented and actions implemented in a timely manner; establishment of a governance structure enabling the involvement of people with lived experience of family violence</p>	

The Ovens Murray- Family Violence Partnership Strategic Plan 2020-2023 will be reviewed annually.

2 Background

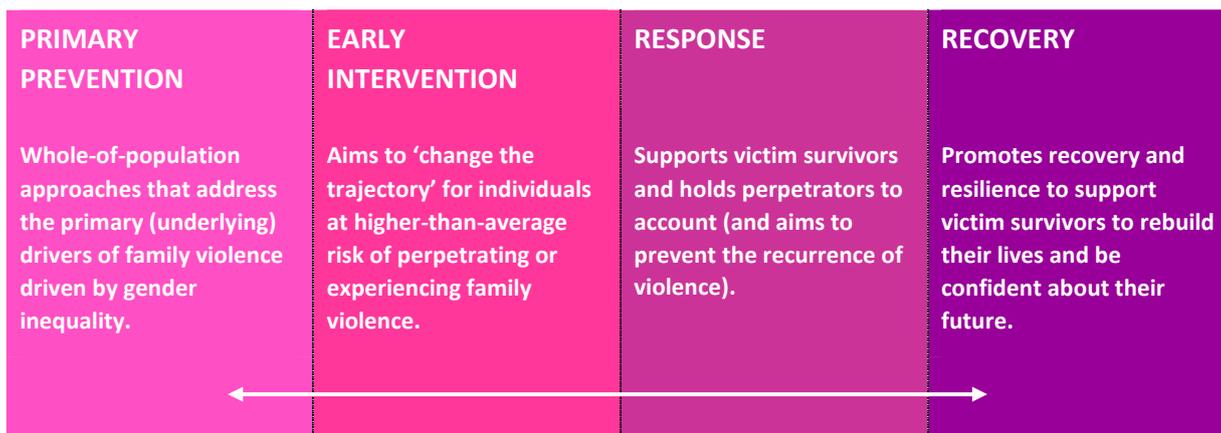
Ovens Murray – Family Violence Partnership Vision

All communities in Ovens Murray live free from Family Violence

The Ovens Murray – Family Violence Partnerships (OM-FVP) is one of 13 Family Violence Regional Integration Committees across Victoria improving the integration of services by ‘identifying and prioritising local regional issues within the Statewide reform framework and developing an agreed Strategic Plan and Action Plan focusing on greater integration of family violence services’ (Guiding Integrated Family Violence Service Reform 2006-2009).

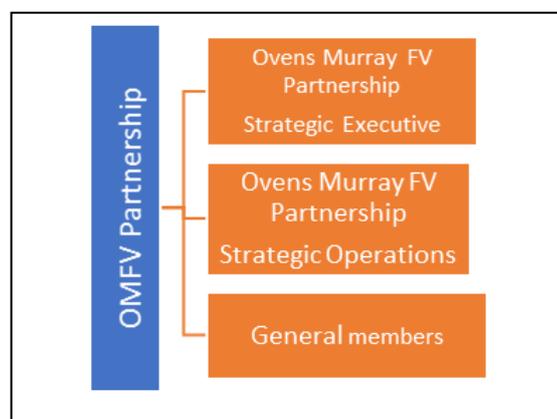
Regional integration committees play a strategic leadership role, building on the foundations of the strong relationships and a more integrated system to drive effective prevention and response to family violence, whilst supporting Victoria’s family violence reforms.

The Ovens Murray Family Violence Partnership is informed by local context. Our strategies are tailored to the Ovens Murray catchment (Local Government Areas of Alpine, Benalla, Indigo, Mansfield, Towong, Wangaratta, Wodonga and cross border areas) of the Hume region and its distinctive population, geography, culture and service system. The Partnership covers all communities that experience family violence utilising the expertise and knowledge of people with lived experience of family violence and professionals responding to family violence across the Ovens Murray.



The Partnership is funded by the Department of Health and Human Services and supported by the Principal Strategic Advisor (PSA). The Partnership is currently auspiced by Upper Hume Primary Care Partnership who employs the PSA.

All community, health and Government members are welcome to join the Partnership which utilises a tiered approach to enable engagement that is appropriate to each member’s commitment to achieving an end to family violence.



The Ovens Murray – Family Violence Partnership (OM-FVP) has undertaken (January – July 2020) a collaborative strategic planning process to guide the work of the Strategic Executive and Strategic Operations committees over the next three years i.e. 2020-2023.

Family Violence Definition

Family and domestic violence is any violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships. This includes not only physical injury but direct or indirect threats, sexual assault, emotional and psychological torment, economic control, damage to property, social isolation and any behaviour which causes a person to live in fear.

The strategic planning process gathered the knowledge and experience of workers and people with lived experience of family violence across our catchment to identify needs, gaps, ideas and opportunities.

Initially place-based cross-sector workshops were organised in each Local Government Area and with targeted agency networks and population groups to gather people's responses to three key questions:

1. What are the current family violence needs, issues and gaps in the Ovens Murray catchment?
2. What ideas, strategies and opportunities could be developed to address family violence needs in the Ovens Murray catchment?
3. What are the three top priority actions for the OM-FVP Strategic Plan?

An online survey asking the three key questions discussed at the forums was also available online.

Due to the impact of COVID-19 restrictions the information gathering approach changed to telephone and Zoom group and individual interviews and a strong focus on promoting the online survey to agencies and communities via networks and community Facebook pages.

All information gathered during the OM FVP Strategic Planning process forums and online survey was collated, themed and reported in a de-identified manner to protect privacy and manage risk.

The detailed de-identified data, Interview Protocol and Survey Monkey are available in the *Ovens Murray – Family Violence Partnership – Strategic Planning Appendices* document which is available by contacting Tricia Hazeleger, Principal Strategic Adviser, OM-FVP E: tricia.hazeleger@upperhumeppc.com.au.

The OM-FVP Strategic Plan has been developed on the basis of the information received from forums in conjunction with Victorian Government strategic priorities and best practice advice to improve family violence prevention and response.

All data from strategic planning groups, interviews and survey monkey was thematically analysed in alignment with the statewide regional integration high level priorities:

1. Collaborative integration and service development
2. Workforce Development
3. Data and evidence base
4. Governance and system leadership

The OM FVP Strategic Executive Committee has discussed and approved the strategic plan 2020-2023 SUMMARY for distribution to the partnership.

3 Respondents - Summary

One hundred and fifty-three (153) people provided their knowledge and experience to help OM-FVP answer the strategic planning questions regarding needs, strategies and priorities; as well as commenting on the impact of COVID-19.

People from all Ovens Murray catchment Local Government Areas responded with the largest number being from Wodonga (45) and the least being from Mansfield (1). Regional workers (43) provided a broader perspective across all areas.

Of the 153 respondents, sixty (60) were people with lived experience. This was a larger number than expected and can be attributed to change in information gathering as a result of COVID-19 given that 48 of the responses from people with lived experience of family violence was through the online survey.

The telephone and Zoom interview methods also changed the nature of information gathered in that a number of people, especially those with lived experience of family violence, took the opportunity to share in-depth information about 'what worked and what could be improved' with the often-stated purpose of helping change things for the better.

There was significant diversity amongst the agency sectors represented and population groups. Responses included workers from prevention, early intervention, crisis response, recovery services and local government, health, multicultural, community, education, women's, neighbourhood house, Aboriginal, family support, youth, schools, police, men's behavioural change, mental health and counselling sectors. People with lived experience were from all local government areas except Mansfield and were largely women. Young people and men were under-represented. People responded as people with lived experience and/or workers from the Aboriginal, culturally and linguistically diverse and LGBTQI+ population groups.

Please see Appendix 3 in the *Ovens Murray – Family Violence Partnership – Strategic Planning Appendices* document for further details.

4. Findings Summary - Introduction

All participants in groups, interviews and surveys were asked to consent to their information be shared with the understanding that all data will be de-identified. A detailed report of all de-identified and themed responses is provided in the *Ovens Murray – Family Violence Partnership – Strategic Planning Appendices* document which is available for limited distribution by contacting Tricia Hazeleger, Principal Strategic Adviser, OM-FVP E: tricia.hazeleger@upperhumepcp.com.au The detailed data appendices will be used by the OM-FVP Collaborative Working Groups to formulate action plans and address identified priorities.

All data has been de-identified by removing or adjusting names, family details, residential and community specifics without changing the significant points and issues being raised by the worker or person with lived experience. De-identification has been checked by the OM-FVP Strategic Planning interviewers/data team and OM-FVP Executive. Direct quotes from Aboriginal and diverse people with lived experience in these brief findings have been double checked with workers from the relevant community or sector. Where this data is not currently available due to the time need to ensure deidentification this is noted in the report.

We have aimed to be 'true' to the information provided by respondents whilst also protecting people's privacy and reducing any risk from making information public. We have understood from many of the women who contributed their experiences that their involvement in this strategic planning consultation is about making sure we all understand the impact of service decisions and that their words can be used to inform advocacy for positive change. We appreciate and honour the courage it has taken to revisit and share the experiences to help us identify priorities and influence OM-FVP actions.

As one of the team said 'we have to be as brave as the women who told their stories'

It is hoped the agency workers reading and using this data will receive this information with the aim of positive change in mind. Workers are often very aware of the deficiencies of services available and the challenges of responding to unmet needs and are committed to making positive improvements and systemic change within the resources – people and funds – available.

If the information provided raises any issues please contact 1800 737 732; or contact OM-FVP to discuss any data details.

How to read this data:

- the data themes align with and support the regional priorities of the Ovens Murray – Family Violence Partnership Strategic Plan 2020-2023 Summary
- people's responses are verbatim and as close to original whilst protecting privacy
- themes have generally been listed in order of the most responses to the least responses and the number of responses noted [# comments] to give you an idea of how many people raised the issue
- in most cases agency names are replaced with [agency] in brackets
- when the language being used in comments is not able to be printed in this report it is replaced with a [general word] in brackets
- for these brief findings one quote has been chosen to represent each issue or theme

4a Findings Summary - Collaborative Integration and service development

All one hundred and fifty-three (153) workers and people with lived experience of family violence responses have been de-identified to protect privacy and manage risk. This report provides brief findings of the number of comments received supported by a representative quote. A full report of all response data (de-identified and themed) is provided in the *Ovens Murray – Family Violence Partnership – Strategic Planning Data Appendices*. Where contributors are both agency workers and people with lived experience of family violence we have separated comments to protect privacy.

i. Overall system integration

- **Improve Family Violence service information (communities and agencies)**

- **32 needs and gaps comments**
- **23 strategies and priorities suggested**

“I wouldn’t have had any idea of where to look for shelters! At that stage I didn’t know what I was experiencing was DV, and wouldn’t even have thought of contacting police... I wouldn’t have known. If you’re not aware it’s FV – when you’re thinking about it in those terms, you’re really limited to know how to access help and what kind to access... I still wouldn’t know where to look, assume there aren’t any... I was too ashamed to talk to anyone at work, and there are now still only 3 people that know I’ve experienced DV. So even now people would ask why I left the relationship and I didn’t know what to say, so I said nothing.”

- **Strengthen cross-sector collaboration culture and structures**

- **19 needs and gaps comments**
- **26 strategies and priorities suggested**

- + Orange Door**

- **4 needs and gaps comments**
- **3 strategies and priorities suggested**

“I feel that there are still too many silos and not enough collaboration. Given that I am a [agency] social worker, there doesn’t feel like there is one place of reference to help me navigate this area, particularly from Emergency Department or when discharge planning from a hospital”

“Wanting a ‘one stop’ do-it-all referral service”

- **Targeted early intervention strategies**

- **10 needs and gaps comments**
- **10 strategies and priorities suggested**

“Strategies for early intervention services—not waiting until high risk”

- **Better connections between specialist family violence workers and local services**

- **5 needs and gaps comments**
- **9 strategies and priorities suggested**

“Better connection of FV specialist workers supporting local service providers (staff)”

ii. Service Development for Identified Populations

All responses have been de-identified to protect privacy and manage risk. This report provides brief findings of the number of comments received from people supported by a representative quote. Where contributors are both agency workers and people with lived experience of family violence we have separated comments to protect privacy.

- **Victim Survivors (women unless otherwise designated)**

- **95 needs and gaps comments**
- **148 strategies and priorities suggested**

“There seems to be a stigma associated with [agency] and the waiting time associated with [agency], the intake system with [agency] is sometimes difficult, although I don’t know how else they can do it; but it takes ages to convince the client that [agency] is the service they need, they get the courage to call only to be told someone will call them back in a few days or whatever - by the time they ring back the client has lost courage and doesn't follow through. Also screening process is intrusive, asking a host of personal questions around the relationship. This can have the client re-live history they would wish to forget. Have attempted to make referral on client’s behalf and never heard back from worker”

- **Perpetrators (men unless otherwise designated)**

- **28 needs and gaps comments**
- **69 strategies and priorities suggested**

“Limited services for respondents to access – i.e. only available program is [perpetrator program] at [agency] which often has long wait times for individuals. Respondents who live in Albury but have IVO matter in Wodonga can’t access [program] at [agency]; Wagga has a good service for male victim support that we don’t have in NSW”

- **Children (0-12 years)**

- **33 needs and gaps comments**
- **39 strategies and priorities suggested**

“Children + young people: healing + interventions to break the cycle”

- **Young People (12-25 years)**

- **27 needs and gaps comments**
- **47 strategies and priorities suggested**

“And then it’s important to recognise the kids of FV. Although they may not have been direct victims themselves, just growing up in that environment... I have a [young adult] child who has only just within the last [while been] diagnosed with [mental health disorder]”

- **Older People (Elder Abuse)**

- **11 needs and gaps comments**
- **18 strategies and priorities suggested**

“Elder abuse is on the increase or perhaps awareness of it—no clear reporting rules and gap in services to help”

- **Aboriginal Communities**

- **35 needs and gaps comments**
- **33 strategies and priorities suggested**

“More Aboriginal cultural safety knowledge is needed to enable local Aboriginal people to be welcome and able to access services”

- **Culturally and Linguistically Diverse Communities**

- **44 needs and gaps comments**
- **32 strategies and priorities suggested**

“For our clients from a CALD background, our experience is that they do not always get the opportunity to use interpreters when dealing with the court and police, resulting in misunderstandings and inaccurate police statements/IVO applications, etc”

- **LGBTQI+ people**

- **9 needs and gaps comments**
- **11 strategies and priorities suggested**

“diversify existing services to support transgender, gay violence”

- **People with Disabilities**

- **4 needs and gaps comments**
- **5 strategies and priorities suggested**

“Especially of concern are woman with disabilities as FV stats are higher. Issues around access to services, transport, medical concerns, carer dependency make it very hard to leave FV. A simple change would be for local service providers to promote venue accessibility options”

- **Rural Communities**

- **57 needs and gaps comments**
- **53 strategies and priorities suggested**

“Safe places for refuge in small communities - safety concerns unique to [rural areas] (e.g. a woman dedicated to leave an abusive partner outside of business hours is limited in her choices / support options. No 24-hour police stations”

- **Border (Victoria & NSW) Communities**

- **15 needs and gaps comments**
- **8 strategies and priorities suggested**

“Issues with cross-border differences in legislation/laws/practices. People living in one state + working/school in another”

iii. Targeted Sector Development

All responses have been de-identified to protect privacy and manage risk. This report provides brief findings in order of the number of comments received from people with lived experience supported by a representative quote. A full report of all response data (de-identified and themed) is provided in the *Ovens Murray – Family Violence Partnership – Strategic Planning Appendices*. Where contributors are both agency workers and people with lived experience of family violence we have separated comments to protect privacy.

- **Criminal Justice (Courts & Police)**

- **68 needs and gaps comments**
- **66 strategies and priorities suggested**

“End result last night started getting threatening phone calls off his mother at 1 am. Phoned police because I’ve got an interim order and hard copy in my hand. Ring police and according to them I don’t have an AVO at all. I read it out word for word, instead of them following it up, they’ve just said go to the court house, in the meantime you’re not protected. I don’t know if I’m protected or not.”

- **Prevention**

- **44 needs and gaps comments**
- **137 strategies and priorities suggested**

“Prevention work needs to increase - a lot of response work is happening (and very much needed), shift of focus to prevention across the community would be of benefit”

- **Housing**

- **24 needs and gaps comments**
- **30 strategies and priorities suggested**

“Housing. Quick smart housing. Whether it’s a hotel for a couple of days, a caravan park. It has to be immediate. You need to think about the animals. If you can’t take your animals you’re not going to go. Especially if the perp[etrator] as threatened harm or is harming your animals. You need to know that whatever you need to take with you to help you get safe, you need to know that.”

- **Mental Health**

- **11 needs and gaps comments**
- **14 strategies and priorities suggested**

“We need more groups. Groups for mental health that are accessible to general public via referrals from workers rather than NDIS. Also, groups for victim survivors to reduce sense of isolation. If some victim survivors had experienced groups prior to COVID-19, I believe their sense of isolation would be reduced.”

- **Financial Support**

- **9 needs and gaps comments**
- **15 strategies and priorities suggested**

“It's fantastic to have programs and grants, etc but women who aren't given immediate assistance have no option but to go back. We need more personal social workers who won't just tell us how to fill in paperwork but will show us how. When I left I had nothing. My bank account had been wiped by [perpetrator], I had children and one requires [regular] medication. If not for the financial support of my friends, I would have had no option but to go back to my abuser. There needs to be instant access to money for those who leave.”

- **Alcohol and Other Drugs**

- **9 needs and gaps comments**
- **7 strategies and priorities suggested**

“I went home and probably got drunk, which is no good for anybody. So, then that's a depressant and it's just a no-good downhill spiral.... I knew I needed help, something different, because I didn't want things to go back to the way they were when I left [town]. So, started the group – and [program] doesn't go long enough ... the [workers] are so knowledgeable ... yeah like things that happen physically, and [worker] just knew, medical and psychological things are so joined, and I don't think people know these things enough because you have to go to different services for different things.”

- **Family Violence and Disasters**

- **5 needs and gaps comments**
- **5 strategies and priorities suggested**

“Community now rebuilding re fire recovery strategy. Isolation re COVID but also a loss of employment due to COVID and bushfire. A rise in unemployment, loss of housing, loss of telecommunications. Gap in service, safety, how to safely reach out to people isolated at home. Aware of the rise in FV as consistent with communities experiencing traumatic events; It also is common that clients are unsure of what support is available to them and even some services are unsure of what support is out there (e.g. financial assistance, support for children, legal assistance, etc).”

4b Findings Summary - Workforce Development

- **Training**
 - **30 needs and gaps comments**
 - **43 strategies and priorities suggested**
- **Recruitment and retention**
 - **9 needs and gaps comments**
 - **4 strategies and priorities suggested**

“We need more regional training”

4c Findings Summary - Evidence and Data

- **Data – needs and services data to guide strategic improvements**
 - **7 needs and gaps comments**
 - **7 strategies and priorities suggested**

“Useful and comprehensive data—readily available”

- **Monitoring and Evaluation**
 - **OM alignment with state-wide RICKIE framework**
 - **1 needs and gaps comment**
 - **4 strategies and priorities suggested**

“Robust evaluation and monitoring of prevention programs in regional/rural areas that aren’t just targeted to large regional centres. Adding to the evidence base”

4d Findings Summary - Governance and System Leadership

- **2 needs and gaps comments**

“Victim Voice is huge. ‘nothing about us without us. ‘So, if we were included a lot more we’d be more inclined to build those relationships to then have the confidence... it’s breaking those cycles”

- **OM-FVP Executive and Operations meetings**
 - **5 strategies and priorities suggested**
- **Statewide meetings and partnerships**
 - **5 strategies and priorities suggested**
- **Finance management**
 - **1 strategy and priority suggested**
- **Funding**
 - **13 strategies and priorities suggested**
- **Involvement of people with Lived Experience of family violence in OM-FVP planning and action**
 - **10 strategies and priorities suggested**

4e. Findings summary – lived experience of family violence (data subset)

Sixty (60) people with lived experience of family violence contributed their knowledge about needs, strategies and priorities. To ensure the experiences and knowledge of people with lived experience are clearly heard this report includes this unique and insightful data focus as a collated subset.

All responses have been de-identified to protect privacy and manage risk. This report provides brief findings in order of the number of comments received from people with lived experience supported by a representative quote. Representative quotes have been checked with community/sector representatives where they have been deemed 'sensitive'. A full report of all response data (de-identified and themed) is provided in the *Ovens Murray – Family Violence Partnership – Strategic Planning Appendices*. Where contributors are both agency workers and people with lived experience of family violence we have separated comments to protect privacy.

- **Services for victim survivors need to be more available and accessible**

- **46 Needs & Gaps comments**
- **59 Strategies & Priorities suggested**

“Rang my social worker today, do not have a place to live. Don’t have a vehicle. I have nothing. So, they were going to organise a vehicle as I can go to doctor’s appointments, etc. They were going to organise that for months, but social worker changed over and I had to contact new one after 3 weeks as no contact. But [worker] said she didn’t know where my case was at, will need to look at my notes, just kept stressing about busyness, and obviously with virus everyone working from home, that’s really inconvenient. Was going to organise counselling over the phone as I’m staying interstate, well I’m still waiting for that, I’ve had no counselling over 3 weeks. [Perpetrator] only just left before Christmas, I’m sitting here dealing with all of this, all very new for me. Trying to cope with all these emotions, so I feel really alone, and yeah, but I’m not blaming them because I know their workload is so huge, and they’re understaffed.”

- **Services and supports for children who are victims of family violence need to increase**

- **19 Needs & Gaps comments**
- **17 Strategies & Priorities suggested**

“Definitely children access to counselling... took 2 years for them to see a counsellor through [children’s service] and it was only for 6 months and then they stop. We’re still in the process of going to court, and court takes longer six months. As time moves on and they grow they’re dealing with different situations and they really need counselling from the beginning. For the children, 6 months is kind of insulting... some of my children just started to tip the surface of what was needed to help them but was devastating as the counsellor had to pull out. Counsellor was explaining to us that there are some counselling services who won’t help children who are still at risk of DV, still having contact with people that perpetrate it, because they need to have their natural way of coping and they don’t want the children to say ‘hey Dad, you can’t hit mum’ or whatever their natural coping methods are. I found that devastating in that if you give a child a voice it puts them in more danger...”

- **Consistent and supportive approach from police is pivotal**
 - **19 Needs & Gaps comments**
 - **15 strategies and priorities suggested**

“Police put me on to CAV straight away, and then CAV put me on to Gateway Health. I was absolutely amazed at the support that was out there; I thought that I was completely alone in what I was going through”

“When one calls 000 for the Police to actually respond as opposed to being told 'there's no-one rostered on in your area and it will be over by the time we get there, so we can't do anything to help you'... When one screams out for help 'anyone please help me' and no one responds... people heard me screaming and asked the next day 'What was going on? We heard the screams...' but not one person came up help... Results of this [particular] evening... concussion for over 3 weeks with even less faith in both the law and the community...”

- **More prevention programs are needed**
 - **13 Needs & Gaps comments**
 - **19 Strategies & Priorities suggested**

“I think gaps are around awareness, that awareness at a number of different levels i.e. what FV is and what is isn't, recognising, giving people ability to recognise what it is, and what to do to respond on those situations: I didn't realise I was experiencing FV until someone told me you are, and then made me get in contact with [agency]. As a regular member of the community, we don't have that knowledge. There's a lot of raising awareness, but education needed”

- **Court support needed for victim survivors**
 - **13 Needs & Gaps comments**
 - **10 Strategies & Priorities suggested**

“From what I've experienced so far in the court system, it was easier for me to take what I could get and not fight for what I needed, because I either didn't have the capacity or strength to stand up in front of a room full of people and talk of my experience and why I wanted an IVO, for example. It was so utterly terrifying that I took the easy way out and settled for less than what I needed at the time e.g. an undertaking rather than a full IVO, because I just didn't have that willingness to talk about my experiences, and it was on me to prove what had happened, and to prove that I was afraid and that I needed the IVO in place for my safety. I think the court system is flawed and that it doesn't help victim survivors, when they're having to talk openly about their experiences to strangers and to a room full of essentially white men who have quite a lot of white privilege. It's difficult to navigate and then to actually be there and doing that is quite difficult as well. I believe there was actually a worker from [agency] the first time who did go to court. The first time I was sitting in a different area so I missed them completely so I was completely on my own. I found communication [difficult] - there was no phone call, no message, no follow-up. They said 'oh we didn't see you, so we didn't get in contact' and the second time I spoke to them a little bit, but they had a room full of people to see and they had to divide their time between all of us and were stretched for time and resources.”

- **Need to get enough family violence information and services messages out there**
 - **12 Needs & Gaps comments**
 - **15 Strategies & Priorities suggested**

“I’d just Googled... I don’t know what I Googled actually... but I’m telling you, when my brain is full, I can’t read. I’m not a stupid person, I don’t have a degree or anything, but I’m not stupid, and I’m telling you, when my brain is really full it’s like you just look at it and go ‘uh’. You can’t fill out forms, you just don’t have capacity anymore. I didn’t have capacity and needed someone to help me steer my bus... just for a little while. I had no friends... I come here for a new life, and I felt like at that time when I first contacted them by phone I had no counsellor, or anything and felt like I was unravelling”

- **It’s not just physical violence that needs to be dealt with in family violence**
 - **9 Needs & Gaps comments**
 - **2 Strategies & Priorities suggested**

“it took me a while to appreciate... emotional abuse. Not until I did the [group] program and sat there and thought ‘oh my God that’s what he did to me, and that as well.’ You know I think it’s such a huge gap that even when you’re living it you don’t even realise you’re living it. I remember turning to my [relative] one day, and my barrister said [perpetrator] was one of the worst people she’d ever met. And I asked my [relative] ‘is he really that bad?’ and he said ‘no he’s not that bad’. And it wasn’t until later I realised it was because we accepted that it was just how he was, and we just accepted that that was OK that he was like. So, I guess it’s getting that understanding on what emotional abuse actually is. If he hit me, those cops would have been there straight away, and I would have been down straight away too.”

- **More housing options are needed**
 - **8 Needs & Gaps comments**
 - **13 Strategies & Priorities suggested**

“Being completely overwhelmed by [my] situation. Took me over 5 months to get into a house, had no car. My children and I were in my mother’s car, I was house sitting and them paying \$\$\$ a week on a single parent payment to stay in a single cabin... I was lucky that I went to see [agency] and someone explained to me about [agency] and those two organisations were helpful to a point. [agency] helped us go to a safe house when we were being stalked and helped set up a safety plan.”

- **Financial support for victim survivors to leave and get back on their feet**
 - **8 Needs & Gaps comments**
 - **8 Strategies & Priorities suggested**

“More access to someone who can guide women through HOW to access funding, etc, be there for the woman to prevent us going back”

- **Confusing messages about alcohol and drugs and family violence**
 - **8 needs & gaps comments**
 - **7 strategies & priorities suggested**

Went to [group] because my husband is an alcoholic, to have an understanding. Basically, got told he's sick, can't help what he does... 'so he doesn't have to be accountable for violence or anything' they were my issues and I had to deal with them, and I had to get myself into the right headspace and understand that my expectations on him were unrealistic. These guys are enablers... they're going to keep being alcoholics because they're not held accountable. They're told they have an addiction and 'you're sick, and until you've got your life on the straight and narrow but whilst you're using it's not your fault because you don't even know you're doing it half the time'. Absolutely, because in AA the person who is being abused is still to blame, and have to accept them for who they are because they can't help it. It made me feel worse about myself, like I've got no right to whinge about anything and I should stand by his side.

"I knew he was on drugs, which—as I've had experience before with a previous DV experience—that changes a person. He was really scary, he was on drugs, not in control of himself but, because it's a small town, it's 'well he's not going to do anything, we don't want to embarrass him at work'—unbelievable how hard it actually was to have the order served. The DV unit did a great job, the judge was amazing... and then it just sat in limbo for about [#] weeks."

- **Better understanding and services for people from Aboriginal communities**
 - **8 needs & gaps comments**
 - **3 strategies & priorities suggested**

"I think it's because... a lot of it is white privileged life that they haven't experienced and they think it's that rare occasion or remote communities that experience that kind of thing. Whereas [in my experience, some] of our community members have been born into FV, brought up in it, and raise their own kids like this. We need to break repeating cycle. That's where we need to educate youth and young ones, not just females, on self-love, self-respect and relationships. And also, um, putting in those boundaries and knowing it's ok to put in boundaries. If someone is not treating you acceptably, even though you might have witnessed that over and over it, doesn't mean it's OK."

- **Family violence services need to be more aware and responsive to multicultural needs**
 - **8 needs & gaps comments**
 - **4 strategies & priorities suggested**

"Support for people and families from CALD backgrounds, understanding of cultural needs and the transition people from different cultures are undertaking when they arrive in Australia."

- **More services needed for LGBTQI people**
 - **8 needs & gaps comments**
 - **4 strategies & priorities suggested**

"I haven't seen any support for members of the LGBTQI community experiencing violence."

- **Improved mental health and family violence help**

- **7 needs & gaps comments**
- **3 strategies & priorities suggested**

“It came to a head when he stole my car the last time. I lost my shit with the counsellor, I wanted to commit suicide. They got the police, I went to the hospital. They were too busy to see me so had to wait for 4 hours. I was over it, so walked home in the rain. Then the hospital phoned to say if I didn’t come back, they would get the police. They didn’t even check on me at the hospital! What were they [doing with me] sitting me in the waiting room? So, I had to go and talk to a mental health doctor and turned around and said ‘you’ve got PTSD, I’ll up your tablet. See you later.’ That pissed me off. And they’ve never checked on me, and that was four years’ ago. So mental health wise, I wouldn’t recommend that”

- **Knowledgeable, supported and trained workforce needed**

- **5 needs & gaps comments**
- **15 strategies & priorities suggested**

“My worker identified as [diversity] and we had a lot of discussions around [diversity] identity and what that looked like in relationships and how being part of the [diverse] community can impact on DV and it was great to have a worker you could relate to and openly talk to, who would understand without googling or checking anything. She just knew. It was amazing working with someone who had that lived experience.”

“Maybe people in different organisations could do with some form of training where it’s not a health setting, more people to be able to confront someone if they have an inkling that something is happening. Just to refer on. I know that there are stickers in public toilets, but maybe at Centrelink, etc more organisations could have training to ask ‘Are you ok?’ and know where to direct people.”

- **Need more group programs for victim survivors**

- **5 needs & gaps comments**
- **9 strategies & priorities suggested**

“So, I got a call from a caseworker who said [group] was starting up, and I was just nervous, petrified to go because I’d never gone to anything like this but I knew I needed help, something different, because I didn’t want things to go back to the way they were when I left [town]. So, started the group – and [group] doesn’t go long enough, it needs to go longer, because it’s so bloody good... because it only goes for 8 weeks but it felt like it should be longer. It took me weeks to get comfortable, safe .. I thought I’d be judged and I wasn’t, and that started to fix and heal a really gaping wound, and I thought there might be hope, so it’s more about the emotional stuff.”

- **Intervention orders need to be for longer time and have real consequences when breached**

- **4 needs & gaps comments**
- **6 strategies & priorities suggested**

“AVOs only last for 12 months, which is ridiculous when perpetrator extremely violent. Perpetrators often breach them and there’s no repercussions and they don’t care. But if they don’t breach them, then you worry about not being able to get the AVO extended after the first 12 months”

- **Men who have experienced family violence need a safe place to go**
 - **4 needs & gaps comments**
 - **2 strategies & priorities suggested**

“Where would I, a man, go if I was in trouble and had no family or friends to call on?”

- **Sending kids back to perpetrators for access is problematic**
 - **4 needs & gaps comments**
 - **1 strategy & priority suggested**

“Inconsistent – everyone makes different decisions on how to interpret info, especially difficult because trying to protect yourself and your kids and are already emotionally drained, so difficult to make sense of it all”

- **More accountability and programs for perpetrators**
 - **3 needs & gaps comments**
 - **9 strategies & priorities suggested**

“there should be consequences for non-attendance, jail or large fine if men don’t complete program”

- **Strategic planning needed**
 - **3 needs & gaps comments**
 - **6 strategies & priorities suggested**

“Think it’s great that more services are trying to look for those voices in their strategic plans and advisory groups... it needs to be across all services rather than a select few.”

- **Broader family services and group programs needed**
 - **3 needs & gaps comments**
 - **4 strategies & priorities suggested**

“not just help for the women who are struggling. I’ve found with the [group] that a lot of the women, including myself, have come from families where they just don’t get it, so perhaps a session like [group] where mum can go or sister can go, or friend can go and can have their own ‘a-ha’ moment: ‘I get it—DV isn’t just broken bones and black eyes.’ To build that safety network at home and have that support, they need to be educated as well”

- **More focus needed on elder abuse including service response**
 - **3 needs & gaps comments**
 - **3 strategies & priorities suggested**

“Clear direction and road mapping information of who you can contact locally and nationally to get immediate support for cases of elder abuse including for at-risk groups include older people with dementia (diagnosed and undiagnosed) or those alone with no support and increased advocacy services, local and on the ground “

- **Need for better family violence support for people with a disability**
 - **3 needs & gaps comments**
 - **0 strategies & priorities suggested**

“Women with disabilities need services [rural township]”

- **Adolescent FV**
 - **1 needs & gaps comment**
 - **4 strategies & priorities suggested**

“My situation a little bit harder as was my grandchildren. He [adolescent perpetrator] was living with me. I sat in a workshop with ladies that had DV in their family and I felt out of place because my story was totally different and their experiences were worse than mine. I said to the group 'I feel like I shouldn't be here', but they said 'no it doesn't matter because you still experienced violence and aggressiveness even though it wasn't a boyfriend or husband'. The group was helpful, my [child] – had to get [child] out of a couple of DV situations and that's why children were like they were.”

- **Cross-border issues**
 - **1 needs and gaps comment**
 - **3 strategies and priorities suggested**

“I actually fled states—went from NSW to Vic as had [accommodation] to go to... I think it's through iPhones that he could track us. People should know that they can be easily found through iPhone. My ex was threatening me, had [weapon] and talking about killing people so I did ring that number that I found on the back of the toilets and spoke to someone and they said my family was in extreme danger and I needed to leave, so I did that. And then went to [another state] and then back here. When I left to [another state] I phoned the police to make sure I wasn't breaching anything and they said that that was fine, but to come and see them when I came back. “So, when I first left, I rang a refuge centre in [country town] NSW and they said ring the police and they'll pick you up. But then, when I called, the police said it just sounded like a normal breakup. It was so deflating and I knew that I was in danger and had to leave, but didn't want to have to explain all of that to the police, and didn't want the police with flashing lights to take us to the refuge for the kids, so I just left it. And that was my first experience with the police. But here there was a DV team, so when I rang they said you're fine to go because [there are] no court orders but come and see us when you're back”

- **Other**
 - **1 needs & gaps comment**
 - **0 strategies & priorities suggested**

“No FV. These questions are not fair. They presume FV is endemic, which it is definitely not.”

- Lived experience of family violence and COVID-19
 - 32 needs & gaps comments
 - 18 strategies & priorities suggested

“Increased interactions could help if someone’s at risk, but then again how do you know who’s at risk? A lot of women don’t speak up. I didn’t until I left. I did hear that women’s shelters have been closed down. I don’t know if that’s true or not, but I heard that rumour as a woman who’s being afflicted in her own home, it would automatically make me think it’s not worth the risk for my baby. When I left I had an [#] month-old I would not have gone into the streets with COVID-19 and no women’s shelter to take me in. I wouldn’t know how to handle that. It’s an absolutely necessity to keep places open for women to go. I wouldn’t even know of any women’s shelters in the local area, I wouldn’t know where to go. There’s just not enough advertising... again, it’s hard to advertise because you don’t want men to know where women are being kept, but there’s no awareness. I wouldn’t have known where to go. I was lucky to have my parents come and get me, but a lot of people don’t have family they can turn to, so I just don’t know how to get that info out.”

5 Implementing the Strategic Plan

The OM-FVP Executive and Operations committees will focus on the Strategic Plan 2020-2023 priorities in meetings to identify and implement agreed strategies.

OM-FVP Working Groups will be established to address strategic priorities, thereby bringing together workers from a broad range of agencies and sectors on a bi-monthly basis to collaboratively work on issues of mutual concern and responsibility.

Working Group Approach

1. Establish OM-FVP Working Group approach, processes and templates
2. At OM-FVP Executive and Operations meetings, confirm collaborative working group focus
3. Develop annual action plans in each Working Group
 - What do we already know?
 - Data – state, regional, local, services
 - Needs/gaps – agencies and lived experience
 - What do we want to do?
 - Identify 2 actions per year from evidence/data (agencies & lived experience)
 - Develop action strategies based on best practice information
 - Scope
 - What funding and resources are there for actions?
 - Monitoring and evaluation
 - Methods
 - Results/outcomes

6 Monitoring and Evaluation

The OM-FVP Strategic Plan 2020-2023 SUMMARY identifies initial indicators for monitoring and evaluation.

The RICKIE (Melbourne University) identifies a statewide need to build the capacity of the family violence funding and service sector to effectively monitor and evaluate services, processes and outcomes.

Monitoring and evaluation will also reflect funding body reporting requirements and statewide evidence and data approaches.

7 Review process

An annual review of the strategic plan will be undertaken through the OM-FVP Executive in collaboration with all members of the partnership.

OM-FVP Strategic Plan 2020-2023: Appendices Report

Data being finalised i.e. compiled and de-identified.

The *Appendices Report* will be available for limited distribution for strategic planning purposes e.g. used to guide OM-FVP Working Groups, agency/sector development and inform statewide advocacy.

To request a copy of the Appendices Report contact Ovens Murray – Family Violence Partnership, Principal Strategic Adviser, Tricia Hazeleger E: tricia.hazeleger@upperhumepcp.com.au

DATA APPENDICES

1. OM-FVP Strategic Planning 2020-2023 Background Information
2. OM-FVP Strategic Planning - Interview Protocol and Survey Monkey
3. OM-FVP Strategic Planning – Data – Table: Respondents
4. OM-FVP Strategic Planning Data - Overall system integration
5. OM-FVP Strategic Planning Data – Service Development for Identified Populations
 - a. Victim Survivors (women unless otherwise designated)
 - b. Perpetrators (men unless otherwise designated)
 - c. Children (0-12 years)
 - d. Young People (12-25 years)
 - e. Older People (Elder Abuse)
 - f. Aboriginal Communities
 - g. Culturally and Linguistically Diverse Communities
 - h. LGBTQI people
 - i. People with Disabilities
 - j. Rural Communities
 - k. Border (Victoria & NSW) Communities
6. OM-FVP Strategic Planning Data – Targeted Sector Development
 - a. Criminal Justice (Courts & Police)
 - b. Prevention
 - c. Housing
 - d. Alcohol and Other Drugs
 - e. Mental Health
 - f. Family Violence and Disasters
 - g. Financial Support Sector
7. OM-FVP Strategic Planning Data – Workforce Development
8. OM-FVP Strategic Planning Data – Evidence and Data
9. OM-FVP Strategic Planning Data – Governance and System Leadership
10. OM-FVP Strategic Planning Data – Lived experience of family violence’ data subset