

TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into capturing data on family violence perpetrators in Victoria

Melbourne—Monday 12 August 2024

MEMBERS

Ella George – Chair

Annabelle Cleeland – Deputy Chair

Chris Couzens

Chris Crewther

Cindy McLeish

Meng Heang Tak

Jackson Taylor

WITNESSES

Dr Nicola Helps, Senior Project Officer, ANROWS;

Jessica Seamer, PhD Candidate, Monash Gender and Family Violence Prevention Centre; and

Professor Silke Meyer (*via videoconference*), Griffith Criminology Institute, Griffith University.

The CHAIR: Good afternoon. My name is Ella George, and I am the Chair of the Legislative Assembly's Legal and Social Issues Committee. We will now resume the public hearings of the Committee's Inquiry into capturing data on family violence perpetrators in Victoria.

I begin by acknowledging the traditional owners of the land on which we are meeting, the Wurundjeri Woi Wurrung people of the Kulin nation, and I pay my respects to their elders past, present and future and extend that respect to First Nations people across Victoria.

I am joined today by my colleagues Jackson Taylor, the Member for Bayswater; Christine Couzens, the Member for Geelong; Annabelle Cleeland, the Member for Euroa and Deputy Chair; Chris Crewther, the Member for Mornington; and Cindy McLeish, the Member for Eildon.

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 any questions taken on notice. Verified transcripts, responses to questions taken on notice and other documents provided during the hearing will be published on the Committee's website.

I am now pleased to welcome Dr Nicola Helps, Senior Project Officer from ANROWS, Jessica Seamer, PhD candidate from the Monash Gender and Family Violence Prevention Centre, and Dr Silke Meyer, professor of social work, Griffith University. Thank you very much for joining us today. I invite you to make an opening statement, and this will be followed by questions from members. Thank you.

Nicola HELPS: Thank you. Do you want to start, Silke, or do you want me to go first? All right, I will jump in. Thank you for the opportunity to appear before the Committee today. My name is Nicola, and I am a Senior Project Officer at ANROWS, but I am here today in my capacity as a former research fellow with the Monash Gender and Family Violence Prevention Centre, where I worked with both Silke and Jess. The submission we provided, as well as any evidence given today, is given independently from my role at ANROWS.

I just want to take this opportunity in the opening statement to reiterate and extend a couple of key messages from our submission. There are lots of opportunities to improve data around use of violence, and as we highlighted in our submission, people who use violence often have co-occurring support needs and contact with a variety of services related to those needs. There are opportunities for greater cross-sector collaboration and to improve identification of use of violence and intervention in a range of settings; however, there are barriers, particularly in terms of resourcing and capacity of those services and of onward referral services.

There is also a wealth of data held by services that work with people who use violence, and this is often collected in the context of risk assessment and case management. The nature and extent of data captured varies significantly between practitioners and service providers, and being able to collect this data and use this data meaningfully does require greater resourcing. There are opportunities to make more of this data and to better recognise the practitioner wisdom and expertise in capturing valuable information about people who use violence.

The final thing I want to say in the context of this opening statement is to speak to the language in the terms of reference around the profile and volume of family violence perpetrators and specifically to add a caution to the pursuit of a perpetrator profile or a perpetrator typology. The risk of this pursuit is that we contribute to stigmatising particular groups as more likely to use violence, which in turn could increase the risk of misidentification within those groups, and that we invisibilise the use of violence by more privileged groups in society. This is not to say that we should not be looking for patterns, but it is important to critically think about which users of violence are brought into scope and to think about who might be overlooked in the framings that we use as well as think about how information on the profile of perpetrators is then used to inform policy and practice. I welcome the opportunity to unpack this further in questions as well.

The CHAIR: Thank you.

Jessica SEAMER: I will go next. Hi. I am Jess Seamer. I am here today as a PhD candidate; I did submit in May. A lot of that research that I did for my thesis was on data at a men's family violence intervention centre. I collected a lot of data from that particular centre, so part of what I am going to talk about today comes from that and my experience doing that. But the other thing is I am also a trainer at No to Violence. Whilst I want to be clear that anything I talk about today is my personal opinion and I am not representing No to Violence, I will be drawing on a lot of what I have gained from that experience, particularly because I am training people in how to use MARAM, the risk assessment tool. I think we have an excellent opportunity to use that tool as a way to capture data, particularly for adults who use violence where they are not necessarily in direct contact with the criminal justice system.

Particularly I am training a lot of people who are in the mental health area, in alcohol and other drugs, in gambling, in housing and in family services. They are coming into contact with people who use violence who may not necessarily be known to the criminal justice system, and they are conducting risk assessments on these people. So I think this is an excellent opportunity to capture some of that data where maybe they are flying under the radar or they are unknown to us in other ways. I think that that is really important, so I am happy to talk about that a bit further as well.

The CHAIR: Thank you.

Silke MEYER: Thank you. Thank you for the opportunity to appear here today. I also want to quickly acknowledge the traditional owners from where I am joining today in Meanjin / Brisbane, from the lands of the Yuggera and the Turrbal people, and pay my respects to elders past, present and emerging. I am a professor of social work with a background in criminology and social work, and I have been conducting domestic violence research over the last 15 years, primarily in Queensland and Victoria. For the purpose of the hearing here today I will primarily draw on over a decade of research with perpetrators, perpetrator intervention—[Zoom dropout]

The CHAIR: We will briefly adjourn this hearing while we reconnect the Zoom. We will be back in a moment.

We will now resume the public hearings of the Committee's Inquiry into capturing data on family violence perpetrators in Victoria, and I will just ask Silke to continue with her opening statement. Thank you.

Silke MEYER: Thank you. Today I will be drawing on my research experience in the men's behaviour change and perpetrator intervention space, primarily in Queensland and Victoria. I think Nicola and Jess have already touched on some of the key opportunities. I just want to add to that some of the key challenges and opportunities that I currently see. There is a lack of an overall prevalence estimate of the nature and extent of the problem of domestic and family violence perpetration more broadly. We obviously have extensive evidence around the nature and prevalence of victimisation experiences—[Zoom dropout]

The CHAIR: Unfortunately, we are just going to adjourn this hearing briefly while we resolve the technical issues.

We will now resume our public hearings into the Committee's Inquiry into capturing data on family violence perpetrators in Victoria. Unfortunately, due to technical difficulties, Dr Silke Meyer is no longer able to join us via Zoom, but we still have Dr Nicola Helps and Jessica Seamer here with us today. Nicola and Jessica, you have both provided opening statements. Is there anything further you would like to say to the Committee before we start questions from members?

Nicola HELPS: I do not think so.

Jessica SEAMER: No, I am okay.

The CHAIR: All right. In that case we will commence our questions. The first question I have relates to what you were saying in your opening statement, Jess, around the use of MARAM outside of the criminal justice system and its role in data collection. Would you like to expand on that a bit further for us?

Jessica SEAMER: Sure. One of the things I have found when I am doing training of participants is they are, in these organisations, very open to using the MARAM risk assessment, but very few of them do currently

when I run the training. So I do think it is a space where we will start to hopefully see that increase more and more, but one of the questions I get is, 'What do I do with it after that?' They can fill out the risk assessment and it can sit in the client's file, or they can proactively share it to the Orange Door—that is another option they have if they have got concern about the risk rating—but essentially that is where it goes, that is where it sits. I do think there is an opportunity, given that we are rolling out across Victoria with lots of key organisations that will come into contact with adults who use family violence, this tool. I think if we had a central point where they could upload the risk assessment tool, that would make a lot of sense to me, not just for data capture but also so that there is a central point so that if another –

What we know is that these individuals will often go to lots of different services for the many complex needs that they have got, so I think if a risk assessment is already sitting there—a MARAM risk assessment—if they have gone to an AOD service and then they are involved in a family service, it would make a lot of sense to me if they were able to access a risk assessment that has already been completed for this individual. We also know patterns are really important—so patterns of behaviour, patterns of violence—so that is all captured. The risk assessment tool is excellent, I think. I think to be able to access that when you are from another organisation and see that would be fantastic. And then obviously it would also have benefits in terms of being able to capture a lot of data on individuals that, as I said before, otherwise may not be. If those sorts of incidents are not reported to the police, then we do not necessarily get to see these individuals.

The CHAIR: We have heard a lot from other witnesses that one of the challenges in this space is that there are multiple databases used, such as IRIS and SHIP, that capture their individual agency's data and help them manage their data. Is that something in your experience you see as being a barrier to, say, sharing that risk-relevant information?

Jessica SEAMER: I guess from my perspective I see that you have got a separate tool here, which is the MARAM tool. I see it as kind of separate to those. Yes, they all use those different databases, so yes, I think it can be a problem, although in my experience what I have heard from participants is now with information sharing it is actually really useful for them. Information sharing is working quite well when it is utilised correctly so they can then share that information and then once they have got that bigger picture of what is going on they are able to see the family, the perpetrator—they can get all of this extra information. So I do not necessarily think that there has to be a barrier in that way in terms of information sharing. I think the barrier more so can be people's understanding of using a family violence information-sharing scheme, utilising these things. But I also think with the MARAM tool itself at the moment, like I said, they are asking, 'What do we do with this?' Well, if you had a central point specifically for those forms, then at the very least you could upload it to a central point where other people could access it. You could dictate what that looks like, what system that is, what you use for that. That goes beyond my technical knowledge of how that would work, but if I was training people and I said, 'The MARAM form then needs to be uploaded to here,' I think it is feasible that people could do that and follow that.

The CHAIR: Okay. Are there any other practical steps that you recommend the Victorian Government undertake to make that happen?

Jessica SEAMER: No. I think do what we are doing, which is insisting that people need the training in how to utilise the tool first and helping organisations to put policies and procedures in place to make sure that their staff can do it, because I think one of the issues is that it can sometimes feel like an additional thing that staff need to do. In the context of AOD, for example, they are already meeting with a client, they are doing lots of other things, and it is another form. They need to make provisions for people once they have met with the client and they have time to fill out the risk assessment. I think that needs to be embedded in more organisations, so there probably needs to be encouragement for that.

The CHAIR: Thank you. Annabelle.

Annabelle CLEELAND: I am going to actually pass it onto Cindy, sorry, because I always hog the microphone.

Cindy McLEISH: Thank you very much. Thank you, guys, for coming in and talking to us and sharing your experience. It is really great listening to people with the sorts of backgrounds that you have. One of the

things that I think Nicola was guarding about before was with the profile data and possibly stigmatising people. When we get these profiles, how do you think they should be used?

Nicola HELPS: That is a good question. We can take a step back first and just speak in a little bit more detail about why it is a problem and then come to that, if that is okay. I think when we think about who comes into scope and who does not come into scope, if we think about any characteristic that might feed into a perpetrator profile, if we think about childhood experiences of DFV or if we think about the intersection of AOD, there will be people who use violence who have those experiences and there will be people who use violence where that is not a factor. That will be true, again, across any element of a perpetrator profile. So, yes, there are patterns and, yes, we should be thinking about those so that we are informing our understanding of pathways into use of violence, and we are using that to inform prevention and intervention efforts. But we do need to be really critically thinking about what we are actually measuring and what is in scope, so what we are stigmatising and whether our focus starts to reflect a hypervigilance around marginalised communities.

When we are thinking about data and we are thinking about patterns and where we might target our efforts, we need to be thinking about the significant unreporting of violence. There is a lot that we do not know. Yes, we see an association with things like AOD, but there is a huge cohort for which we just do not have that knowledge around the unreported violence. There are risks in inferring patterns or extrapolating that beyond the data that we are actually using to inform that, really keeping that unreported violence in scope. Coming to what we do with that information, if we use that information to focus our attention, for example, on people with AOD comorbidity, so if we increase screening and identification in AOD settings at the expense of other settings, we risk misrepresenting the true prevalence of DFV across the community really broadly and we risk exacerbating stigma towards already stigmatised communities. Coming to your question around what that means and what we do, for me, one is that it adds to the importance of things like wider prevalence datasets, so thinking about the conversation we have been having around a national dataset. There are risks with that—that is not a silver bullet—but if it is truly representative and if it is done really well, to me that is going to start to get some of the unreported picture, which we already see from things like the personal safety survey from the victim-survivor perspective, right? That is why we know there are such high rates of unreported, because of those kinds of surveys. So, a national survey, but also things like longitudinal population-based birth cohort studies, which I know came up in the previous session as well.

The second thing I would say is that we need strengths-based and harm minimisation approaches, rather than deficit-focused responses. We need to be thinking about the structural inequities that are at play and making sure that we are not reproducing those. We are thinking about individuals who are using violence and thinking about that response, but we also need to be thinking about perpetration broadly. There are so many structural factors that feed into that.

Cindy McLEISH: Okay. Jessica, you mentioned MARAM and uploading to a central point because there are all of the intersections. What are the main barriers that stop this from happening? I imagine with data sharing there is a lot of sensitivity and too many people have access to too much data.

Jessica SEAMER: There can be, but I would argue that what it says about the information sharing and where a risk is involved it is okay to share the information without consent. I would have thought a risk assessment that has been completed would be acceptable.

Cindy McLEISH: But if all of the data points are not put together, you actually do not see the total risk assessment. Somebody might look at medium risk, but when you add all of these other factors in, actually, you pretty quickly jump into very high risk.

Jessica SEAMER: Yes, well, that is true. That is one of the reasons why, when I am doing the training, we use the Orange Door as the central point. That is where I would be proactively sharing that information for them to then conduct their own risk assessment where they should then be able to look at whatever is available to them to make a determination of risk.

Cindy McLEISH: Just finally, is there data that should be collected through MARAM that is not?

Jessica SEAMER: Great question. I like the MARAM tool. I think it is pretty comprehensive in terms of a lot of what it has got on there, especially if information sharing is done. I am pretty happy with it.

Cindy McLEISH: If you think of anything later, let us know.

Jessica SEAMER: Yes, I will let you know. Let me think about it. But I like it; I think it is pretty good, actually.

Cindy McLEISH: Thank you, Chair.

The CHAIR: Thanks. Jackson.

Jackson TAYLOR: Thank you very much, Chair. Thank you very much both for coming along today and for answering our questions. It was kind of already asked just then, but with your discussion around people using violence and having a greater need for screened identification during contacts with a lot of those different places like healthcare settings and AOD settings, what are the practical ways in which that data could be used to help identify risk and change that algorithm with different individuals?

Nicola HELPS: I guess the first thing to say is that there is a big risk to actually doing the risk assessment—not risk, a big barrier to actually doing the risk assessments in those settings. A big one is time. People do not have the time to sit and go through a risk assessment in the context of a very short GP appointment, for example. There are also barriers. Silke unfortunately dropped off, but Silke led some research that we did looking at screening and risk assessment across a range of settings, and one of the barriers was a perception of it not being core business. One of the things that we often heard was, ‘We’re screening for so many different things. Adding DFV into the mix is too much; it’s beyond what’s practical.’ It is whether or not that is being prioritised within any given service setting. So there are lots of different barriers. I guess on the sharing of the information, if we are not doing the risk assessment in the first place, there are steps to address before. That comes into play as well, I think.

Jessica SEAMER: I would just jump in to say that I think the training is really important—to make sure that if we are going to expect that, then they have to have adequate training on how to have those safe, appropriate conversations, because adults who use violence are extremely adept at manipulating conversations, making professionals hear their narrative and going along with that. So without the appropriate training in how to deal with that and non-collusive practice and those kinds of things, it can be quite dangerous. I think there is merit to it, but I think it needs to be done with—the MARAM exists for that reason. Even GPs, I think they are supposed to do the identification level of MARAM training, which is the lowest level, and I would be wanting to see that increased if that was something we were going to be looking at using.

Jackson TAYLOR: Just to follow up on a different topic, how should long-term and follow-up evaluations of perpetrator interventions, not just men’s behaviour change programs, be conducted?

Jessica SEAMER: They should be asking wherever possible to talk to the partners or ex-partners of the men. That is the best gauge of whether change has happened or whether there is increased safety regardless of, like you said, whether it is men’s behaviour change programs, Caring Dads or whatever the program might be. You would probably want to use Project Mirabal, if you are familiar with that at all. It is a UK project that was done a few years ago, but it is considered the gold standard in terms of the types of questions that should be asked around safety. Failing that, where you cannot speak to partners or ex-partners, that is through partner contact work, then I think you need a holistic approach. You cannot just rely on the men obviously or the adult who uses violence because they are not a great gauge. But you can do holistic things. You can look at completion reports, you can talk to facilitators or the people who ran the programs, those kinds of things. You need to check in multiple times. It needs to not just be 12 months afterwards, but if you can it should be as much as you can afterwards. Harm minimisation tells us with this type of thing that it is often something where relapse happens, especially if a crisis occurs. There are also things like post-program support, which is really important. I think at the moment we are a little bit stuck. They do their 27 weeks or 24 weeks of a program or whatever, and then we are like, ‘Great. See you later.’ But that is not necessarily the best way to tackle this issue. They are likely going to need further support after that.

Nicola HELPS: Just to add as well, longitudinal studies post program are really rare, first of all. Where they do exist there is a tendency to focus on things like recidivism data because it something that we can measure. I think we would both argue that that is incredibly flawed. Recidivism data does not necessarily tell you if someone is continuing to use violence. It only tells you if it is coming to the attention of authorities and if it is being reported. There are lots of reasons. You might have a victim-survivor who has gone through the process

of their partner going through a program and had a really poor experience with that. They might be completely disillusioned by the whole process and even less likely to report again. What that tells you meaningfully is really questionable. And just to reiterate Jess's point, where we do see post-program check-ins or evaluation it is very rare for that to be more than six months post program or 12 months post program. And we know that behaviour change is not a linear process by any means, so that is really limited. We do not really know how well programs are working in that longer sense.

Jessica SEAMER: I saw men where halfway through the program you could say you could see really positive change, and then a break-up would happen a few weeks after or a court hearing would happen and custody of the kids would change, and you saw an entirely different human being right towards the end. How you evaluate that would be really different, so it is an interesting space.

Nicola HELPS: It came up a little bit in the last session as well with something Hayley was saying around those transition periods—transition into parenthood or transition into relationships or relationships ending; all of these kinds of points. Across the life course there are lots of different things that can happen in someone's life post program, and we do not have visibility usually post program at all.

Jackson TAYLOR: Thank you very much for that. Thank you, Chair.

The CHAIR: Thank you. Annabelle.

Annabelle CLEELAND: Thank you. We have heard a lot about the information sharing and data sharing amongst service providers, and I guess this is some of the first we are hearing about the research—sharing data to allow better research. So what are those barriers to accessing? Are you able to access government service provider and criminal data and all of that information to guide your research? And I will also ask: what is the timeline on the data requests until you receive it, and what databases do you use?

Nicola HELPS: For both of us the kinds of data that we have worked with are from men's behaviour change program providers, so I have not worked on anything that has used criminal justice system data, for example. So speaking to that service system data context, there is a real desire for collaboration, I think, in sharing that data and in having the research projects. Obviously, it depends on the relationship that you are building with the service providers. Barriers are limited resources for that data collection. We have just recently finished a project looking at program engagement, attrition and participant engagement strategies, and I think it was eight or nine programs that shared data with us in the context of that study. The variation was huge. Some providers are really well set up to easily extrapolate information and provide it to us. Others we were getting given single PDFs for each participant who was in a program and we were manually doing that, so there is a huge manual process to get that data into any kind of format that you can work with. I do not know if you want to speak to that.

Jessica SEAMER: Yes. For my PhD I was fortunate that the Men's Family Violence Intervention Centre were extremely forthcoming so I got demographic data, I got all the case note data from a cohort of men, mid-review interviews, exit interviews and completion reports—all of it. But then as Nicola said, I was looking at those PDFs and went through that myself in terms of analysing it and I had the luxury of doing it as part of a PhD, so it was a much bigger project. I think one of the biggest issues is that it is siloed, so like Nicola said, I was fortunate that that was an intervention where they were very forthcoming. It is not the same as necessarily the information that other centres collect on men, and they all seem to do it individually without thinking—it is for their own purposes and their own data collection as opposed to anything bigger than that, so if you get someone that comes along like me doing a PhD on it, that is great, you can capture that data, but otherwise it does not necessarily get shared anywhere else unless you are trying to do a research project. It is on the researcher to try and work through it all.

Annabelle CLEELAND: We have heard a lot about—I am not going to do it justice—how data collection is focused on grants or funding, rather than effectiveness. What do you hope—and I would like to ask Silke this as well—would be a recommendation out of all that you are seeing from research and that integration and collection of data? What do you hope we will achieve from this inquiry?

Jessica SEAMER: I will make one point. One thing that I want to say is that, for example, with the intervention centre where I collected data, some of the data I had was the abusive behaviour index. So the men say, 'This is the abusive behaviour I have done when I started, this is the abusive behaviour I've done in the

middle and this is the abusive behaviour I'm doing at the end.' Just analysing that all on its own it looked like these men did lots of abusive behaviour when they started, very little at the midway point and, for almost all of them, no abusive behaviour at the end, according to this index. But looking at the qualitative research—so when I spoke to the facilitators, when I analysed the case notes, just literally the men's own words at the end of their exit interviews—it was very clear that in no way had abuse ended. A lot of the physical and sexual abuse had, but the coercive control and that kind of stuff was still continuing. So one thing I guess I want to say is you absolutely cannot just focus on quantitative data, because it can really muddy the waters and it can give us, in this instance for me, a really concerning picture of success when actually it could not have been further from the truth for the majority of men.

I think that whenever we are talking about data and we are looking at this kind of stuff we just have to be careful. If it is grant funded and someone just looks at that, then they can tick their box and say, 'Yes, this is great,' but we do not actually have a true picture of these individuals at all. I think that is a problem when you think that what we are seeing is that we have got a bunch of men who are then going back out there who are still abusive and are still going to be abusive in a follow-on relationship and we have not actually solved this problem. I think that the qualitative data is really important connected to that. That would be something I would want to come out of this—the value placed on it being also important to get that information, even if it is in the completion report, so we can see what the people who have worked with these people are saying. There is a lot in that as well.

Nicola HELPS: I would just add that there is a tendency to focus on data collection for reporting requirements. So one of those points is attrition data, right? You are often reporting completion rates, but we know that that is not necessarily a meaningful measure of engagement. Someone might be completing the program to meet the compliance requirements; they may not actually be engaging. In the context of the engagement study that we just finished, there were definitely some providers who spoke about how their funding was based on those completions. I know that is not the case across the board and I do not actually know what the breadth of funding models is for programs, but this one provider did speak about that and did talk about how that then has flow-on effects for the fact that it ends up being about getting the person through the program so that they can secure that funding. I guess I would say that funding requirements can really hamper efforts for innovation and efforts to be creative in how you are working with people, so there is a recommendation there around building in flexibility in funding so that you can have innovation in how you are doing the work. But then there are implications from that for reporting requirements as well. If you are going to allow flexibility, you need to have reporting requirements that are also able to be flexible so that you do not end up spending all of these resources reporting something that is not meaningfully telling you about behaviour change.

Annabelle CLEELAND: That is it. I wanted to ask: do you have any experience engaging with the family violence research agenda or Family Safety Victoria's research program?

Nicola HELPS: The study I just mentioned was funded by Family Safety Victoria. That is one of them.

Annabelle CLEELAND: Okay, cool. On that, you both mentioned project Moorabool as well. If you have got any sort of guidance, international research or examples that could be contributing to our research as well, could you provide it to the Secretariat or us? That would be excellent—anything that could guide this. There are two big things, around surveys and a database. To help us would be excellent. I think that is all from me.

The CHAIR: Thanks, Annabelle. Christine.

Chris COUZENS: Thank you. Thank you for your time today and your contribution. We really appreciate it. How can the Victorian Government ensure collaborative and reciprocal partnerships that recognise data sovereignty and centre First Nations people, agency and data needs?

Nicola HELPS: All I would say to that one is that really it is about making sure that Indigenous data sovereignty experts are at the table. There are Indigenous data sovereignty collectives that can be engaged in the conversation, and they should really be driving that direction. I cannot really speak more to it.

Jessica SEAMER: I would probably just second that. The only thing that my research has told me in this space is that it needs to be wherever possible led by First Nations people and, if not, in collaboration with them directly about how it is best to do that.

Chris COUZENS: Okay. And can you expand on the effects of needing to consider who is captured by the data, which users of violence are in scope and what might be overlooked due to the framings used?

Nicola HELPS: Yes. I guess when we think about where we look to screen and identify, if we are looking at mental health settings, if we are looking at AOD settings, we are obviously picking up people that are coming into contact with those settings and we are not coming into contact with people who are not coming into those settings. We have to think about the intersections of marginalisation and stigma. Those in society who might be less likely to need to go to a service are not going to be seen, so I think it ultimately reflects privilege. That is really important to keep at the fore. That is not to say that we should not look at those settings. We know that there are associations, and AOD is one that has been heavily researched, but care needs to be taken with how that is done, the flow-on effects of that and the harms that we might be reproducing as a result of that work.

Jessica SEAMER: Which is why I think GPs do represent a real opportunity that is perhaps a bit more general, in terms of the people that might come into contact. They still might have a good capacity I think to be able to at the very least conduct risk assessments, especially if there is adequate training. I think that there is an opportunity there to try and help to capture. We are aware—I did a research report for the Monash Gender and Family Violence Prevention Centre looking into partner homicide–suicide, and from some of that research it became clear that with a lot of individuals who went on to commit partner homicide–suicide, those perpetrators had said something to people. In some instances that was a GP. In others it was mental health professionals, and in other instances it was friends and family. But it would be an excellent opportunity to be able to reiterate to GPs that if they have got a client that comes in and talks about suicide ideation and these kinds of things, it might be pertinent to consider doing a family violence risk assessment, because we know that that could be something that occurs right before a homicide.

Chris COUZENS: Thank you.

The CHAIR: Okay. Thank you. Chris.

Chris CREWETHER: Thank you, Chair. Thank you very much for your evidence today. Mine is a two-part question. In your opening statement, Dr Helps, you talked about not getting data or being careful about getting data on various groups of perpetrators. I do understand the risk of sometimes underprivileged or susceptible groups being targeted, particularly if that information is made public or is misused, but conversely, if used well and potentially used privately, wouldn't that data also assist in helping target investment and so forth to such groups, and without this data, might the need for targeted investment be missed? Just adding to that as well, how can the Victorian Government also better support the better collection of data on the co-occurrence of sexual violence, child sexual abuse and adolescent use of violence in the context of family violence? That is a two-part question.

Nicola HELPS: I guess to the first point, it is more a risk that you then potentially are misidentifying within that cohort. If you have a hyperfocus on a particular group of people, just continuing with the AOD example, if you are concentrating your efforts in that space and if you are potentially feeding into stereotypes of greater risk within those cohorts, you are going to likely have flow-on effects of things like misidentification. There is a risk of inaccuracy in the data as well. I guess that is maybe the missing piece there.

In terms of co-occurrence, I would say there needs to be far greater collaboration across all of these settings—you know, collaboration between the sexual assault service sector and the DFV sector, the AOD sector and the DFV sector. There is some great collaborative practice already. We have both worked on a program that was focused on comorbidity of AOD and DFV. There is some really cool work, but there is also resistance to some of those collaborative practices, particularly where resources are limited and you are often put in competition—well, it is kind of presented as if you are in competition for limited resources, so there is difficulty there. But I think collaboration across all of the relevant settings is the key to picking up co-occurrence and addressing that.

Jessica SEAMER: Yes. I would just second that and say I think that with child protection there is an opportunity there as well. I think we could have greater oversight in child protection, because it is actually an area that comes up a lot when I am doing training with other areas. Child protection are also doing training in the MARAM space, for example, but it would be great to up that. They are doing identification training. I think they could do that at a higher level as well, because I think that they actually see the intersection of a lot of

things coming in there, particularly with the children that are involved in those situations. I think that it would be good to collaborate further with them and have them trained at a higher level. That would help as well.

Chris CREWETHER: Thank you.

The CHAIR: Great. Thank you. Any further questions from members?

Annabelle CLEELAND: I do not know if I am repeating what Cindy said—sorry. Just regarding the MARAM training, are there any specialist service providers—for instance, schools with teachers, wellbeing officers and things—that do not require training but that should be included?

Jessica SEAMER: I think they could do identification, actually. I think schools, nurses and child care actually can do identification training. It is interesting: identification training numbers are really low, so I think there might be a problem in terms of advertising the need. I actually think we really need people at those levels to do the training, but there is obviously some kind of miscommunication or it is not clear or there is not enough of a push that this is necessary and that it would be really useful for people in those areas to do it. I think that pushing that would be really useful because I think there is a real opportunity there to help people. I also think private psychology is a space that would be worth looking into in terms of training in this area, because otherwise I think there can also be sometimes a risk of collusion if there is not training in how adults who use family violence—again, as I said before—can manipulate situations and can use systems abuse to get things working towards their narratives. That is a group of people where I would love to see them do some MARAM training. But yes, definitely at that identification level, technically schools, child care and GPs can all do it, and I think it would be wonderful if they did.

Annabelle CLEELAND: Sorry, Cindy.

Cindy McLEISH: That is all right. Are there any findings that you have from your PhD that you are prepared to share with us?

Jessica SEAMER: I shared one already—I hope it is okay that I did that—which was, as I said, the abusive behaviour index, where a lot of them had committed lots of abusive behaviour and then it appeared as though it had stopped, and actually that was not the case. Like I said, they do stop the physical violence and the sexual assault seems to diminish, and it is the financial abuse that is the coercive control that continues. We talk a lot about accountability. That is not necessarily what I saw at the end of this. There is a greater awareness; that is what the intervention achieved. The men in this instance were much more aware of what family violence entails. When they begin a lot of them think it is physical violence, and that is it. So they were certainly much more aware and attuned to what we would consider family violence. Does that mean they would change their behaviour? Not necessarily. Do they still have those underlying beliefs and attitudes, which are what made them feel entitled to do what they did in the first instance? In a lot of instances, yes, they still held those. It is positive I think in terms of how it increases their awareness, and it is positive in that I think physical and sexual violence decreases. I think it does not necessarily solve the issue in terms of the sense of entitlement and those really strongly held attitudes and beliefs.

Cindy McLEISH: Just following on from that, we are hearing, and I am certainly hearing, that a lot more younger people are being violent in their homes towards family members, whether that is a sibling or a parent. I am not sure if that is anything around entitlement or underlying values. Have you got any sense about why that might be?

Jessica SEAMER: I have a concern that we are seeing a little bit more polarisation now than we ever have before. It is almost like a kickback from the Me Too-type movement, where you are sort of seeing your Andrew Tate taking, I guess, a lot of popularity, and I think there is a younger cohort of people who are getting drawn into that. I have a concern—and I do not have any research to back this up, but I think that they are watching a lot of that type of thing, that type of rhetoric, and starting to feel a sense of entitlement based on what they are getting from those types of individuals and what they are hearing and then enacting some of that and taking that up.

Cindy McLEISH: He has been recent, though, and this is not a brand new thing.

Jessica SEAMER: No, but I do think it is more –

Cindy McLEISH: I mean, I only heard of him a couple of months ago, so it has not been in the last four or five years.

Jessica SEAMER: There is a guy that was doing his PhD with me who is looking at incels, and some of the groups on Facebook, for example, like the private groups, the language and the things that are being said in those sorts of private spheres is deeply concerning.

Cindy McLEISH: Absolutely.

Jessica SEAMER: And I think it is kind of festering in those places where they then feel safe to be able to, you know, connect in those ways. But I am certainly not an expert in that area.

Nicola HELPS: I might just say, I think that might be one Silke might want to comment on, on notice possibly.

The CHAIR: Thank you. Nicola and Jess, thank you so much for appearing before the Committee today and for the evidence that you have provided us. Thank you as well for the submission that you provided.

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

Witnesses withdrew.