

Position Statement
Ending Family Violence in Gippsland

10 April 2019

Family Violence categorises a range of behaviours where one family member has undue power and control over another. This control can be physical, sexual, economic, psychological, and reproductive or any behaviour which causes fear. Women account for 85% of all family violence victims-survivors nationally, with men being the primary perpetrator in 95% of cases.

Family violence costs Australia approximately \$22 billion a year, with Victoria spending \$3.4 billion on service delivery alone. This doesn't take into account the lost wages, hospital, court or correction's costs to the state ([Victorian Government](#)).

Gippsland women are experiencing violence at higher rates than both the state and federal average. Between 2017 and 2018 family violence incidences rose significantly in all Gippsland LGA's, with Latrobe City having the highest number of incidences per capita in the state ([Crime Statistic Data](#)).

Government Area	Number of Incidents in 2018	Increase/Decrease 2017-2018
Latrobe	2682	+8.2%
Baw Baw	814	+4.8%
Bass Coast	479	-11.6%
East Gippsland	1464	+37.1%
South Gippsland	388	+1.0%
Wellington	984	+ 24.9%

Responding quickly and appropriately to incidences of family violence is one of the most pressing health issues in Gippsland.

Commitment to the Fourth Action Plan

In 2009, the Council of Australian Governments (COAG) released its 12 year '*National Plan to Reduce Family Violence against Women and their Children*', which included four action plans, each lasting three years. In 2019 the final phase of the National Plan began. The current government has committed \$328 million to the final action plan. The announcement of \$10 million to be used to provide couples counselling and mediation services goes against evidence-based practice ([ABC, 2019](#)). This is very concerning. We want all government parties to work with specialist family violence services, state governments and victim-survivor groups to use funds in an evidence-based effective manner, supporting the work already being undertaken in this field at a local and state level.

Address Funding Challenges for Rural and Remote Women

Funding for specialist family violence services work on a per-capita basis. This funding mechanism doesn't take into account the distances services need to cover in order to reach

clients which makes service delivery, particularly in areas of Far-East Gippsland, exceptionally difficult. To overcome this we need a new funding model, one that takes into account the distances services need to cover, and the difficulties rural and remote communities have in recruiting and retaining qualified specialist workers. We seek government commitment similar to the [New Zealand Building Financial Capability](#) model which takes into account, rurality, indigeneity, number of people on social benefits and living below the poverty line, and number of unskilled workers when allocating funding for specialist support services such as family violence.

Funding for Rural and Remote Trauma and Recovery Services

The Federal Government does not provide funding for trauma and recovery services for victim-survivors of family violence. Victims-survivors can access the Better Access Program, which assists people with mild to moderate mental health issues to access 10 sessions with a mental health professional. However, a recent study conducted by the Australia National University clearly indicates that this program needs to be extended to a minimum of 20 sessions. Currently you can only access this program if you have a diagnosis of a mental illness. The Medicare Benefits Scheduled Review has recommended that this condition be removed. Women who have experienced family violence need access to trauma informed specialist recovery services, provided by specialist staff.

Women living in rural and remote locations are less able to access services due to shortages of trained workers. We seek commitment to sufficiently fund the Better Access Program to 20 sessions, remove the requirement of having a mental illness diagnosis and provide weighted funding to professionals seeking to practice in rural and remote locations. We also ask that federal government legislate professional registration bodies such as Australian Health Practitioner Regulation Agency require that mental health workers undertake and constantly update training in trauma informed practice, understanding and identifying family violence and safety planning.

Scenario

Jo, a 36 year old woman living with her husband Ryan and two children on a beef farm in Cassilis. Recently a large bushfire came through and many of the livestock had to be put down and the farm lost several pieces of large machinery. Ryan became extremely stressed after the fire and began drinking to excess, spending most nights at a local hotel in Omeo. He regularly drove home drunk.

Jo's husband always controlled the finances. After the fire Ryan started refusing to transfer money into Jo's account, which forced her to go to the relief centre to access emergency food parcels through Gippsland Lakes Community Health in Bairnsdale. This required a three hour round trip. Ryan grew increasingly more suspicious of her time out of the house accusing her of cheating. He stopped putting petrol in her car, essentially trapping her on the property. Jo became increasingly more fearful of Ryan and during a fight about his drink driving he backed her into a corner and slammed his fist through the wall next to her head.

The Omeo Primary School calls Jo with concerns the children are not coming to school with lunch. The worker becomes concerned for Jo's safety and refers her to a family specialist organisation in Bairnsdale, who then refer her to Orbost Regional Health. The Orbost Regional Health worker calls Jo but is unable to go to Omeo until the following week. Jo cannot go to her because she doesn't have access to petrol for her car.

Jo remains in the house until she meets with the worker but by that time the situation has escalated and Jo and the children are placed in refuge in Morwell (3.5h away from the children's school and Jo's supports). Two years later Jo has settled into new permanent accommodation and begins to get back on her feet. She decides to use the Better Access Program to support her children through the trauma they have experienced but there is only one child psychologist in Gippsland and there is an eight month waiting list.