

MEASURING THE TIDES OF VIOLENCE:

Current family violence data for the Western Region of Melbourne

A Research Report by the Western Region Network Against Family Violence and Women's Health West

APPENDICES 2 TO 10

Appendix 2: Deborah Walsh

Deborah Walsh, Social Worker and PhD Researcher at the University of Melbourne and the Royal Women's Hospital, presented some of the preliminary findings of her research into the level, extent and nature of intimate partner violence during pregnancy. Below is an edited extract of Deborah's presentation to the Rising Tides of Violence Forum:

We need to take into account that violence is a violation of human rights and stop seeing a division between private and public violence. If we're able to collapse that private public divide and see violence as a violation of human rights, we would take community and social responsibility for the violence, removing the individual focus away from women and children who are survivors. A problem with the *Crimes Family Violence Act* is that it focuses on the individual, rather than on a community response to violence against women and children. The fundamental human rights include the right to life, the right to liberty, the right to personal, mental and physical integrity, the right not to be subject to torture or cruel, inhuman or degrading punishment.

In terms of the overseas literature bear in mind that physical assault criteria is the measurement criteria used, so even though the statistics are horrendous, they are but a tip of a very, very large iceberg. Overseas research suggests that:

- between 4 and 8 percent, and somewhere up to 21 percent of pregnant women experience violence; that trauma from domestic violence is the leading cause of injury for pregnant women;
- frequent sites of injury include the breast, abdomen and genital areas, and women who experience violence and physical assault during pregnancy are more likely to have multiple trauma sites compared to women who are not pregnant at the time of the assault;
- violence in pregnancy may be more common than pre-eclampsia, gestational diabetes and placenta previa – conditions that women are routinely screened for. So during women's antenatal care they are routinely screened for a range of medical conditions. The researchers are arguing that even if the other screened conditions were combined, domestic violence or intimate partner violence would outstretch them all;



- between 40 and 45 percent of women who experience physical assault will also report experiencing sexual assault. Sexual assault is seriously under-reported;
- In a Canadian study 6.6 percent of women had experienced violence during pregnancy, of these women 64 percent of them recorded an increase in violence during the pregnancy, 78 percent remained with the perpetrator, 67 percent received medical treatment for the violence, and only 1 woman voluntarily told her doctor;
- domestic homicide was found to be the single most significant cause of death by injury for pregnant women. This was a study done in New York State which looked at maternal death rates over a 10 year period. They found that domestic homicide was the single most significant cause of death by injury, greater than car accidents;
- pregnant women who experience violent assault are four times more likely to have miscarriages;
- 16 percent of pregnant women experience violence and women who are physically abused during pregnancy are at an increased risk of substance abuse and deliver low birth rate babies (McFarlane, 1996);
- 10.9 percent of recently pregnant women had experienced violence (Cokkinides1998);
- there is a high risk of infant mortality after a physical assault during pregnancy, remembering that most often physical assault targets the pregnant belly which is most likely to damage the foetus. This particular study found that abdominal trauma from domestic violence during pregnancy had been found to cause foetal fractures, rupture of the uterus, liver or spleen, pelvic fractures and ante-partum haemorrhage.

In terms of Australian studies looking at violence against women during pregnancy, there is not a lot around. The ABS Women's Safety Survey 1996 is a great source of data because it was a national sample. 20 percent of women surveyed who disclosed violence from a previous partner stated that the onset of violence occurred during pregnancy. In looking at a study conducted at the Brisbane Women's Hospital by Webster et al (1996) I wondered how they were able to get so many women to respond to their survey, and discovered that during their anti-natal care the women do a urine sample while at the clinic. So the research team set themselves up in the women's loo, and while the women were giving their urine sample, got them to fill out the survey.

We have done a lot of work to engage men in the process of anti-natal care and delivery, and when we are doing research about domestic violence it's probably the one time we don't want them accompanying their partners while we ask questions. Webster and her colleagues found that women who are or have experienced violence in their pregnancy experience more miscarriage, more neo-natal death overall, have low birth weight infants, suffer more injuries to the abdomen, abuse more substances and have an increase in late trimester bleeding, infection and premature delivery. This particular research was the most thorough



piece of adult research that has been done to date in Australia, and it has actually confirmed a range of overseas studies, but again they use physical assault as the main criteria.

The only other Australian study (Quinliven 2000) reported on a study of adolescent pregnancy and domestic violence conducted in Western Australia.

They found that the young women experiencing violence:

- tended to present later for anti-natal care;
- had more vaginal infections and far more abnormal pap smears than in a control group;
- had low birth weight infants linked to continual high exposure to cortisol. Quinliven has provided a scientifically rigorous answer to the debate about violence and the link to low birth weight infants. The research measured cortisol in both the abused group and the non-abused group of adolescent teenagers. Cortisol is a naturally occurring stress hormone but when it peaks and dissipates naturally it doesn't breach the placenta barrier. However when stress is experienced over a long period of time, cortisol peaks and is maintained over a period of time, and then it breaches the placenta barrier and has been proven now to have grave implications for the developing foetus including inhibiting growth development.
- The babies were also found to have foetal retina and optic nerves affected;
- the thymus was also affected reducing the infants ability to fight infection;
- the babies born in this group had a significantly smaller head circumferences than babies born to the non-abused control group.

Mazza et al (2001) reported on an Australian study exploring life time rates of intimate partner and sexual violence in a group of midlife women aged 50 to 69. The study found that:

- 28.5 percent of women experienced domestic violence during their life time;
- 5.5 percent had experienced severe violence in the past year perpetrated by an intimate partner;
- 11.8 percent of the sample experienced rape or attempted rape between the age of 16 and the time of the study;
- One of the vulnerable times for women experiencing or living with a partner who chooses to use violence is retirement. When the male retires from the workforce the level of surveillance often increases, along with an increase in the level of violence and control;

Violence is a risk factor in women's reproductive health. A number of women reported unwanted or mistimed pregnancies, spontaneous or induced abortions; stillbirth, neo-natal death and premature delivery; vaginal and cervical infections; chronic gynaecological disorders; abdominal breast and genital injuries; and death from injuries.



One of the things reported in 1999 was the overall femicide rates for Australia – about 125 women are murdered across Australia every year, and that is a disturbing statistic. The difficulty with looking at maternal death and whether it is associated with domestic violence and domestic murder, is the fact that we have different reporting standards, and not all women seen by the coroner are actually tested for pregnancy.

The aims of my research are to determine the nature, level and the extent of domestic violence that happens to women during pregnancy; to explore women's perceptions of an appropriate health professional response to disclosures of domestic violence; to develop and contribute to the knowledge base about the incidence of domestic violence in Australia; and contribute to the theoretical knowledge for the development of quality and ethical women-centred work practice in women's health.

The contentious issues around definitions have enormous impact on research methodology. In terms of measuring violence, I'm using what they call the Abusive Behaviour Inventory, or ABI, which covers a broader range of behaviours, including psychological and physical violence. We're asking direct questions about behaviour – whether the behaviour started, increased, decreased or stayed the same during pregnancies. Any measurement tool measures acts, and that is a problem even with the Abusive Behaviour Inventory because it does not describe the context of fear for women. So we've attempted to address this with qualitative data from the women about their experience. Structured interviews have been completed with 400 pregnant women who are 26+ weeks gestation. The sample is stratified to include women who access interpreter services within the hospital.

100 percent of the interviews have been conducted. Preliminary findings are:

- Approximately 25 percent of women have disclosed violence in their current pregnancy:
- three percent of women that have disclosed violence from a previous partner during a previous pregnancy
- women are saying to the researchers they are really grateful to be able to have a space to talk about this because in no other part in their life do they have a window of opportunity
- nobody wants to hear about the past, its over and done with, but for women who've experience it, it isn't over.
- a large percentage of women who have disclosed violence have declined support and referrals for assistance and we're hoping to be able to present some of the hypotheses as to why that might be so.

The reality is that, for many women who experience violence from an intimate partner, if they disclose this to a professional, the only intervention often made available to them is to leave the relationship. We know from experience in the field that violence doesn't always stop when parties separate, we know in a lot of cases violence actually increases and women are put at great risk often when contact handover's happen. We know that McDonald's has made a fortune out of contact handovers, in fact they're considered pseudo contact handover centres.



Separation is one of the most dangerous times for women and children and a number of studies have noted that the risk for a domestic homicide occurs on and around separation. A number of the women I've interviewed have clearly stated that they love their partner and while they do not want to leave they would like the violence to stop. This has also been my experience in working in domestic violence services, that many women only left as a last resort, after physical violence had escalated and they had returned several times.

For me as a practitioner in the field and now a researcher it has been disturbing and confronting to work with the second women partners of the same violent man - a man who has separated and gone on to form a new relationship also marked by violence. This leaves me wondering about the wisdom of only providing limited intervention options for women whose partners choose to use violence, options biased toward supporting women to leave without addressing the perpetrators behaviour – we need both.

Barriers to disclosure for women experiencing domestic violence include:

- the lack of consensus about the definition of violence;
- the fear of public authority for some is greater than their fear of their partner;
- the fear of social pressure that assumes there is no other option but to leave;
- a conscious pro-active choice by some women to stay.

Overall our domestic violence service system is targeted to those who women who leave or who are planning to leave and while these services are absolutely critical, particularly our domestic violence outreach and our women's refuge system, these are clearly not meeting all the needs of women who are experiencing violence from an intimate partner.

Through the research women are saying they are clearly only wanting to disclose in the context that it is confidential and anonymous research, that outside the research interview they are not going to talk to anyone. Instead of an either/or polarised position in terms of systems development, i.e. either a crisis system or another system (which has been the debate overseas) we need to expand our thinking to both/and. We need both. We can do this by being creative and visionary, by developing multi faceted helping systems that will meet a wider range of needs, and coordinated approaches to service system response. We can do this by building on what we have, rather than on developing one type of system at the expense of the other, because if we really and truly listen to women and actually hear what they say, one size in a service system does not fit all. We need to explore the evidence from women themselves, what works for them. I'm looking forward to the release of the 'Recovery from Family Violence Project' because I think this project consulted widely not only with service systems but also with women and it's the women we need to listen to.

So in conclusion, violence against women is a violation of human rights and when a pregnant women is assaulted it is a violation of two people's human rights. Let us stop tolerating a society where these things continue.



Appendix 3: Rhonda Cumberland

Rhonda Cumberland, Coordinator of the Women's Domestic Violence Crisis Service, gave a snap shot of service users during her presentation at the Rising Tides of Violence Forum. Below is an edited extract of her presentation:

We talk to about 30,000 women every year and we know that 30,000 more try to talk to us and we can't pick up the phone; we know that they call at all times of the day but in particular we know that around domestic violence they call at 6 o'clock at night, dinner time, around 11 o'clock going to bed, and around school holidays, times which are, in a cultural sense, a celebration of family. These are times when women are violated and that's when they do turn to services for support. The problem is huge and we have both facets of women's experience coming to the fore, those huge numbers who stay silent and want to manage the problem on their own and huge numbers of women who feel that they must come forward."

"In relation to the question of what is it that would trigger a women to call us, or what might push a women to take the step to call, what we've been doing over the last few months is looking at how women report why it is that they've called. If you do think about women's identities and to some extent women's experience of violence is as varied as she sees herself and as she sees her life circumstances, what is it about what women say about why they made the call?

In 20 percent of the cases women simply say that it was an alcohol or drug issue and not really the violence, but the alcohol or the drugs meant that she was in a situation that was "unpleasant" or she was quite scared. We do know that alcohol and drugs can be talked about by women as excusing their partner's behaviour.

In 20 percent of the cases women said that it was nothing that caused the violence: 'I bought the kids some clothes' or 'I was late coming back' or 'the tea was cold'. We stereotype that one but it's so alive and well – 'the dinner was late' or 'it was cold' or 'he didn't like it'. When we say trivial incidents you could just say 'normal family life'. That is what is triggering extraordinary levels of violence in the home.

We're very interested in the gambling and money type of links to violence in the home, but need to do more in relation to this. Surprisingly, in our data, it wasn't something that featured dramatically. The women did not experience it as a money controlling issue around why they made the call.

10 percent of the women first up identified that they were pregnant and I think that's a huge recognition in women's own minds that pregnancy means that they are unsafe.

The question of women being unsafe when they decided to leave is absolutely true – 30 percent of women are telling us – 'well I've decided to leave' or they have left and therefore 'he's at me' – his punishment of her escalates.

There were not many cases – only 5 percent – where women called because they've been kicked out.



In 20 percent of the cases women talk about calling because they are on their own, they feel on their own, lonely or isolated or totally disconnected from any other family or community life.

One of the biggest categories, in 30 percent of the cases, women just said I live with violence and today I needed to talk to someone, I needed some help. I think it's extraordinary that, to some extent, so many women have come to think that perhaps nothing else can happen for them and that chronically living in violence is just their lot.

In 20 percent of cases the violence occurred in front of other people, not kids, such as supermarkets, or the family was around, at sport centres etc. This contributes to our conclusion that violence in the home is escalating in terms of severity and also in terms of incidence. We have also had women say that even when police were there it didn't affect his behaviour very much, that he certainly wasn't prepared to hide it any more.

In 20 percent of the cases children were violated, not witnesses, they were in it, pushed, dragged out of bed, hit, screamed at, used by the perpetrator to punish her through the kid – kids or pets, that's how it works, in this instance children.

Sexual assault came through around 10 percent of the time – one in ten of the women who called disclosed sexual assault.

A totally overlooked type of violation is the threat to kill. Women live in situations where their life is threatened every day – they just can't anticipate what's going to happen – statements like 'I'm going to kill you', 'I'm going to kill you and the kids'. We don't easily know how to respond to these things but the level of fear that it generates amongst women is an enormous issue and they report it as something that affects them greatly, scares them deeply and changes their life.

The main weapon used in a domestic violence incident is a knife; in the main women are hit, kicked or punched and verbal abuse was recorded in about 30 percent of the cases.

We know women are much more prepared to talk about violence in a past relationship than in a current relationship. We do know that still the silence is breaking but it is hugely difficult for women to actually speak about what it is that's happened to them. Thinking about these issues gives us some ideas about where we need to head: we've got thousands of women reporting, more than we can accommodate, more than we can respond to, and we have thousands of women who don't report it, who feel that they do not want to seek any assistance.

There are a couple of things that have emerged which need to be protected about the Victorian system of service delivery. One is to retain that aspect of women's self control. At the crisis service 80 percent of our referrals are women directly referring themselves or they are referring from another worker. Only 20 percent of women are reporting through the police. In other states of Australia those statistics are turned around- that it's really a police reporting system and women come through and self report from time to time. My hunch is that women feel they are in some control over what's going to happen to them. This is something that we really need to protect and defend especially as we think about changes to service



system and what we should develop in future. It's like a bridge between the thousands of women who don't report and the thousands who do, that says above all else to women that you can stay in control and you can determine what it is that's going to happen.

Some of that is starting to influence the domestic violence field. We are stereotyped as just providing refuge to women, that women have to leave their partner and there certainly were darker days when that was our response, but now it is not what is happening in the refuge system across Victoria. It's not happening because women are telling us in their hundreds that that is not what they want.

There's far more scope now for women to come into accommodation for shorter periods of time as they flee. Fleeing is a very natural response to fear, so women will flee for a period of time, but when they opt for going back or more of a short term intervention I think that our system is pretty well attuned to being able to listen and respond. And so we should. That's what we need to do. Women might just be in accommodation for a short period of time until the intervention order or whatever else is served and then they will go back. There are many variations on the theme. In the past we were a sector built on 'if a woman went back then we'd failed'. I don't think that's a strong part of the service system, if it does exist at all.

Resourcing

We are in crisis in relation to how our service system is resourced and how we are expected to provide services to one in four women in the population, if we do take statistics and the definition of violence in the broader sense, and I certainly think we should. What do we realistically imagine we should be doing with a problem of that dimension? If it were an incidence of cancer we would be dealing with a totally different issue, compared to dealing with family violence. This is because our issue runs counter and is often totally secondary to our social values around the family, so safety will always come second in that equation. Family will always come first and this is in women's minds as well- primarily she identifies herself as a family person, structured and placed in family, and then her safety falls out of that, or is down underneath that. So not only are we dealing with incidence, but we are talking about strong cultural perceptions which take away any kind of recognition of that experience. Given those two, what should our services be doing? How should we be advocating for governments to respond? Is it a government only issue? What about community? What about church? What about cross cultural leadership on this issue? Surely there is no one who can be excluded from finding solutions given the dimension and cultural barriers in regards to women's safety that will always put family before her safety."

Value adding

I use the West to demonstrate more solutions than problems. The great thing about the West is its capacity to go and act. In the domestic violence field, the western region receives the least amount of money for any metropolitan service system and yet the value-add found in the West almost seems to be unlimited. What I mean by value adding is that with so little, the way of working, the particular networks and relationships, it's not just in the ether, it's actually about the way people work, the practices of the west, which seem to be extraordinarily successful. There is so much to learn when you do come to the west. Let me give



you an example: in the West we took out 120 women in the first half of this year, providing alternative accommodation to bring women out of an unsafe family situation at night. So that adds up to about 250 women from the West each year who have been assessed as too unsafe to stay where they are.

Regrettably we can only put back into the West about 100 women each year, so about 150 more have to come out of the West and find accommodation somewhere else. A lot of women want to stay in the west, they don't want to leave, but they have to. This is not a question about how the service system is structured, its simply that there are 2 refuges in the west, there have been for yonks, and there's no suggestion of any change. Those two refuges, when compared to the refuges in the northern, southern and eastern regions, provide more accommodation per funding dollar per woman than in other regions where there is more money. Why is this so? It gets back to the value added nature of how the West operates.

Choice to remain locally

Our role is to make sure that every woman who is violated in the West and wants to stay living in the region should be able to stay, that her kids should be able to go to the same school, that if her mum's around the corner, she should remain near etc. That is the primary goal for the sector for the next 5 years: to make sure that if women opt to stay in their community, they can, especially in the West where we are seeing so many women coming out but not many able to get back— not because services aren't performing beyond expectation, they certainly are, but because there just are not the beds in the west.

If we really look at the system more broadly we have some huge challenges before us. In Victoria we have set up a system whereby country areas subsidise, or accommodate or hide women from the city living in violence. So western women mainly have to go right out of town to the country and often it's just not what they want. Most of the beds and most of the money is in the rural areas. When we thought that all women needed was to be hidden, we developed systems and structures to respond to that need. Now we find women are saying 'I just want the violence to stop, I want to stay in my own community, for my kids to go to their school, and I have other priorities and other concerns'. There are a few challenges for us to respect those choices for women, but until we can be better at providing women with not just what they want, but decent and respectful options in relation to their experiences we are not going to get all those thousands of women who stay silent. That is our challenge.

We've got the big cultural boundaries around valuing family over her safety, and we've got to work on that one. But in our own back yard our challenge is to make absolutely sure that how we provide our own services are more respectful and decent in and genuinely regarding women as survivors of domestic violence. We have to be creative thinkers, we have to be persistent, we can't vote for one government over another, it doesn't work that way. We are riding right down the middle of Liberal and Labour on this issue: they won't de-fund us and they won't increase our money, they let us travel right down the middle road. We're blocked in and we have to think creatively about how we're going to push this political impasse. Let's not under estimate, our challenge is huge.



Appendix 4: Sgt Dagmar Andersen

Sgt Dagmar Andersen, Family Violence Liaison Officer at Footscray Police Station presented and put into context the police data at the “Rising Tides of Violence Forum”. Below is an edited extract of her presentation.

As police we're pretty big players in the field of domestic violence because we respond to situations of family violence when they are at quite an extreme or crisis level and after hours.

First off I want to set the scene. When police attend an incident we complete a Family Violence Report or an L17 form. The attending police complete details on the form which will include: the identification of the parties present; demographic details like date of birth, age, the location of the incident, response times for police, (the time attending and leaving); cause of the incident as perceived or explained to us; the nature of the relationship; any hazard factors present including violence, alcohol, drugs and psych illness, and the action taken by police, whether that's informal referrals for an incident – perhaps there is no criminal offence; or whether that might be a complaint warrant for an Intervention Order; and then referrals that we actually do make.

In matters where we do take out a complaint warrant for Intervention Order, police are obliged by operating procedures designed to guide police practice to make a formal referral to WDVSV. A formal referral is made by faxing a copy of L17 form and we will have a conversation with the aggrieved family member about the referral, what it will hopefully achieve and what services can be offered, and therefore gain their consent for such a referral to be made. We are governed by the Privacy Act and can't release private information without consent. There is an amount of data which all goes onto our LEAP or Law Enforcement Assistance Program system. LEAP is the data base that police retain on just about anything that we do. So it's a marvellous source of information for research purposes and for the police to guide our resourcing and our activities.

Everything on LEAP is defined with certain search fields and the search parameters can be as wide or as short as you want. So from LEAP data (and a family violence incident is regarded as incident data) we can assess what's happened in a given response zone which is a police station area, a municipal boundary. We can ascertain what's happened in a general division which might be as many as three or four police stations or we can get state wide data about what ever is recorded and reported by police. So in that way the LEAP incident reports, the investigation of criminal offences, and information gathered at attendance at family violence incidents can provide us with a remarkable amount of data.

On occasion there will be no unit available to attend a job, or two units will attend the same job, thereby 'swaying' response information to CAD data. Also some jobs are allocated different details because the complainants may supply different address details. CAD data will recall all of the 000 calls can be another source of information about the numbers of jobs which the police will attend which we might call domestics or family violence incidents.



Apparently, police have had a tendency of under-reporting family violence reports (a conclusion raised in 'Violence Against Women: A Way Forward'), and there may be sound reasons. Upon attending a family violence incident, police operating procedures guide practice. When it is immediately clear that a criminal offence has occurred involving an offence against a person, police are then bound to head down a course of action which includes completing reports, arresting a perpetrator of violence, processing that person and considering charging and bailing them. Where there is immediate risk to a family member, police would make out a Complaint and Warrant for an Intervention Order and again bailing them with the conditions of the Intervention Order until the next available court date.

In some circumstances whilst that is an excellent bench-mark course of action to be taken, it is not a course of action which is welcomed or desired by any of the parties involved in the family violence, so police may start heading down a track of attempting to compromise or minimise the incident or go about it in a different way and try to find another solution. In the absence of complainant evidence/statement, there may not be any other primary evidence which police can use to support criminal charges or accurately assess ongoing risk.

The bulk of statistics presented today have come from the family violence reports, These statistics actually relate to family violence reports across the western region. The DHS western region actually cuts across three police divisions. Police districts are based on municipal boundaries with an inspector in charge: there are 2 to 4 municipalities in each police division and there are 2 to 5 divisions in each police region. So the local issues and the allocation of resources is generally up to the inspector in charge of each police district, that is each municipality, and they can allocate resources, priorities and so forth as they see fit, in consultation with the local safety committees. So there may be some real differences in approach or response, or available response and resources from division to division.

For example, within Brimbank we have an incredibly fast growing population base: there are five major housing estates, we have just had a new suburb created within Brimbank so the demographics are quite different to the demographics of the Maribyrnong community. One reason this area may be so highly represented may be related to a population, comprising people under severe financial constraints and are a rising population base of young families. Maribyrnong, which neighbours us and has very similar policing issues in other areas in terms of drug use, drug trafficking and drug involvement, would have less attendance at domestic issues, this could be related to their demographic population base. So a comparison across the whole of the western region may not be as helpful as looking at what is happening in your own municipality because there will be a lot of difference. Wyndham is also within the Western Region and features similar population and demographic features to parts of Brimbank and likewise, responds to similar numbers of family violence incidents.

The number of children listed as an aggrieved family members is 700 across that period, which is a reasonably small proportion, but bear in mind that if a child has been a victim of violence within the family there will be a Department of Human Services protective response in place and therefore the police figures may not accurately reflect child aggrieved family members. The percentage of family violence incidents where one or more children were present (45 percent) is



probably the more interesting figure. The response for children exposed to family violence is something that the police are mindful of. Where there is risk of physical or sexual assault, notification will be done in the shift – it will be done by phone notification followed up by written notification. In an exposure situation where police are present notification will generally occur by fax, with or without consent of the people involved, but should involve some discussion by the police that that is going to happen.

The Violence against Women project was launched as a State Government initiative leading to a huge self analysis by Victoria Police, a critical study as to how we were travelling, what steps we were taking and where our policy was at in comparison with other states and in fact in comparison with models from other jurisdictions overseas. The result has been an ongoing project which is now headed by Commander Gassner. Arising from this review is a likely change of policy and procedures in response to family violence. Victoria Police has made a commitment to continuing review of policing in this area and there are many recommendations described in the booklet 'Violence Against Women: A Way Forward', that would further advance our policing response.

We generally are available for contact if you have issues or if you have things that go a little bit poorly or if you have things that go really well – we love to hear stories so that we can see how people are going within our station, within the area that we supervise.



Appendix 5: Peter Wise

Peter Wise, Senior Registrar at Sunshine Magistrates Court, presented and commented on court data at the “Rising Tides of Violence Forum”. Below is an edited extract of his presentation.

In relation to the increase in police family violence incidents numbers over the past two year period compared to the 6 percent decrease in Intervention Order applications to the Courts, this anomaly may be accounted for because, for women, taking the matter to Court is usually their last port of call. Many report to the police but don't necessarily take it all the way to the court – on a second, third occasion perhaps. I remember a lecture 2 to 3 years ago at which a psychologist stated that women don't usually leave their home till the sixth time; that they go to the police, the police tell them what to do and if it's serious enough the police will take immediate action and issue warrants and send them straight to us – they've got no choice really. However for the less serious ones – if there is such a thing – the police may explain available options, give an appointment notice to the Sunshine Court and they may well dwell on it, think about it, speak to their friends over a cuppa and decide not to take him to court.

Another factor could be that a lot of matters now go to the Children's Court – we have a lot of people into the Magistrate's Court whose main concern is the children – that the father or the stepfather is assaulting or molesting the children. So we initiate the matters at the Sunshine Magistrate's Court including an Interim Intervention Order, if required, and we will adjourn the matter off to the Melbourne Children's Court, so that those things can then be incorporated in the Children's Court. We have jurisdiction in the Children's Court, however we don't have jurisdiction in the Family Division of the Children's Court.

Data from the past few years shows that approximately 80 percent of adult aggrieved family members seeking Intervention Orders are female, and approximately 80 percent of adult defendants of Intervention Orders were male. We have two parts of Intervention Orders at the Sunshine Magistrates Court and all other courts – we have domestic violence, and we have the stalking provision. The majority of those 20 percent of males who apply for Intervention Orders are what we affectionately refer to in the court circles as 'tit for tat' orders. So they are not necessarily males that demand Intervention Orders because they have been assaulted by their spouse, their wife or their daughter. Mind you occasionally we do get the odd one, but not many. The majority are 'tit for tat' orders; when the men are served with the orders by the police, they demand justice, they think they are going to be denied access to the children, they are going to lose their home, they think its an outrage, they don't want their mates down at the pub to find out they've got an Intervention Order, so they come up and say 'I want one against her'. Of course we give them the form and tell them to fill it out, and they come back with some really interesting things in their complaints about the woman that they have just bashed.

Some of the spouse and de-facto relationships have been long term. Staff at Sunshine Magistrates Court often rotate in the Crimes Family Violence section. Young staff, 25 years old, have been absolutely amazed when women, 55 to 60



years old, want a separation from their husband who they've been married to for 40 years. For these young staff, it's just like their mum and dad, they can't believe it, it's a real shock. The applicants speak of, "all the kids are off their hands, they've gone to work and now its time for a break, obviously they didn't want to do it while the kids were at home".

The anomaly of fewer women seeking assistance from the police than the courts goes back to what I said earlier: first of all people probably complain to their friends or family, next step to complain to the police, last step is to go to the court, and that's pretty daunting place to go .

A closer look at Sunshine Court data documents an interesting trend that registrars and clerks of courts have known about for a long time: that is, the sudden surge in the applications for Intervention Orders at two particular times of the year, after Christmas and after Easter. I put that down to two factors: alcohol – in the festive season males tend to indulge a bit, and that's where trouble starts. In addition, Easter and Christmas are times where access and contact with the children is regularly undertaken, and that's a time when problems are encountered. The handing over of children mixed up with a bit of alcohol can cause all sorts of problems.

When the Crimes Family Violence Act first came into operation, I was working in the Preston Magistrates Court and we had a withdrawal/strike out rate of 62 percent. At Heidelberg court we couldn't believe the number of applications that weren't followed through, and quite serious applications too. In 1994 the Sunshine Magistrates Court's struck out/withdrawal rate was about 60 percent. When the Crimes Family Violence program began at Sunshine, the withdrawal rate decreased to around 50 percent, which was due to the fact that applicants had support and were no longer on their own. The fact that the rate is now down to 35 percent is indicative of the great work that all the support agencies now provide to the courts and victims.



Appendix 6: Deb Bryant

Deb Bryant, Manager of the Western Region Centre Against Sexual Assault presented contextual information and data at the Rising Tides of Violence Forum. Below is an edited extract from her presentation.

A number of the Centres Against Sexual Assault across Victoria, which total 15, have Crisis Care Units. We have a protocol with the police, that when a woman or a person – but in most cases for us it's women – is sexually assaulted in Victoria, the police need to take the woman to one of our Units within two hours. I think this protocol is something that the family violence sector certainly envies and is working towards. The Unit offers a woman time to talk with a counsellor about her legal, medical and follow up options, it's best practice in the world in terms of a police and societal response to victim/survivors of sexual assault.”

In relation to our stats from the West, keep in mind that CASA House which is situated in the CBD picks up some of the West (approximately 30 percent of central CASA clients are from the west). During the last financial year (note that we were actually homeless for 6 months) the Crisis Care Unit had 70 presentations. What happens is that the police ring into the after hours service, the Victorian Institute of Forensic Medicine doctors are contacted, and the woman is taken to the Unit.

A doctor and a counsellor are there for her to talk to, and then with the women's permission she has a medical examination. So the police have the evidence, if they need it, should the woman proceed with charges. We had six business hours presentations, 62 after hours and two telephone. We had 68 females presenting and two males. Table 21 [see *Measuring the Tides Report* table 31] shows that between the ages of 20 and 29 years is a time that women are at high risk. In Table 37 [see *Measuring the Tides Report* table 32], we see that 13 perpetrators were ex-partners, three were current partners and – other than the strangers and taxi drivers – everybody else is known to the victim/survivor.”

Our perpetrator analysis [see Table 33] for all our clients in 2000-2001 shows that parents for us are the main perpetrators. As Rhonda [Cumberland from the Women's Domestic Violence Crisis Service] spoke earlier about the sanctity of family over an individual, we see, unfortunately, that family is the most unsafe place for lots of young people. Partner and spouse is also high. Re perpetrator gender, 458 of the records we were able to collect were male, six female, six male and female and 88 unknown. So again, males are the main perpetrators.

In 2001, over 60 percent of victims knew their offender. Our rate, I think, would be slightly higher in terms of presentations in the Crisis Care Unit. The profile of offenders of sexual assault shows that the overwhelming majority are male. In 1991 most adult sexual offenders were aged between 21 and 30, with the highest rate being between 21 and 25. In 1997 the highest rate of male sexual offenders convicted was aged 19.

The ABS Study of Violence undertaken with women over the age of 15 showed that 81 percent of the victims of sexual assault are female, and that those who are single and aged between 18 and 24 years are most at risk. Our general service



user stats [see Table 31] show that although women in any age group may be a victim of sexual assault, the majority fell between the ages of 20-39 years. Anecdotal evidence points to women with intellectual disabilities being significantly over-represented. The highest victimization figures for males is between 0 and 14 years, and for females between 15 and 19 years, which is quite a substantial difference between the males and females.

Our overall statistics for last year show that 21 percent of our clients were adult survivors of sexual assault, 57 percent were survivors of childhood sexual assault and 19 percent were child and adult sexual assault survivors. Last year we saw 802 people in our service, of which 87 percent were female and 12 percent were male, so probably a bit higher than what the surveys are saying in terms of females.

Queensland police department stats in 1998 show that in some communities Indigenous women were 16 to 25 more times likely to be raped than non-Indigenous women.

Clients by local government areas show that the majority, about 220, were from Brimbank [see Table 34]. Keep in mind that CASA House being in the CBD pick up some of the closer Moonee Valley areas but the majority of our work is in Brimbank. We have outreach workers, two workers one day per week out at Wyndham, but I think if we took our service out there we would probably see it somewhere up to the level of Brimbank.



Appendix 7: Chris Jennings

Chris Jennings, Project Worker with the Violence and Disability Project auspiced by the Domestic Violence and Incest Resource Centre, presented a paper at the Rising Tides of Violence Forum. Below is an edited extract of her speech.

What Statistics? There are none

Eighteen per cent of Australians over eighteen have a disability. Just under half of these are women. Most statistics and information from research on disability perpetuate the invisibility of females with disabilities, as these statistics do not disaggregate the information into female/male statistics (Diane Temby, 1996). Any gender analysis of statistics gathered is for the most part non-existent. Gender analysis of disability services is non-existent. All that is seen is DISABILITY, DISABILITY, DISABILITY – not women, not mothers, not lovers.

Women with a disability more often than not live in a state of poverty, dependent on government pensions, are offered limited access to education, lack access to appropriate information on rights, experience a lack of choice in housing and transport, may be dependent on others for self-care, live restricted social lives.

Keran Howe's Women with Disabilities Australia (WWDA) Research paper in 1999 showed that there is no statistical information available in Australia on the rates of violence against women with disabilities, including domestic violence. However, anecdotal evidence from women with disabilities about the incidence of violence has been accumulating, and it is now so compelling it cannot be ignored (Sceriha 1996).

Madge Sceriha writes:

"We must address entrenched attitudes, which reinforce the powerless position of women in our society. And then we must identify that this powerlessness is exacerbated for women with disabilities because of entrenched able-ism in our society. If we start with the notion that woman hating is the basis of gendered violence (see eg: Rowland 1988) and add to it the notion that hatred is the unacknowledged dimension in violence against people with a disability (Waxman 1985) we come up with a lethal cocktail of societal influence that women with disability have to swallow from their earliest awareness of who they are in the scheme of things."
(Sceriha WWDA 1998)

Violence against women with disabilities refers to wide range of abuses, both individual and systemic. Women with disabilities experience many different types of abuse, some of which are unique to women with disabilities. For example, sexual abuse of a woman with a disability may include forced sterilization, forced abortion. Physical abuse may include taking away a woman's wheelchair, or bathing an individual in very hot or cold water, it could involve rearranging the physical environment which then increases risk of personal harm. Not only are women with disabilities at a greater risk for abuse, but also let's not forget that abuse can be the cause of disability.



“Women and girls with disabilities live at the intersection of gender and disability bias. As a consequence, they experience higher rates of violence and lower rates of service access than their non-disabled peers. Indeed, it is not a disability itself that creates vulnerability, but the social and political reaction to disability.” (Fiona Strachan, WWDA 1997)

Violence against women is compounded by society, which disempowers women with disabilities by not providing them with the knowledge, options or opportunities and by all too often condoning the violence. Women with disabilities are often treated as children, devalued, or simply not thought of when programs are designed. The ever-present myth that women with disabilities are asexual in its self renders women more valuable to violence.

Women with disabilities write:

“As disabled women, (and this is true for all women) we must discard this notion of gratitude for any sexual attention. Our fear of being alone supersedes our fear of being assaulted, not because we are stupid or enjoy physical pain. Pain is a feeling, and some women may decide that bad feelings are better than not at all. For others, we try to dissociate ourselves from the parts of our bodies that are being assaulted. Women disabled from birth are very familiar with this tactic, as we have had to shut off our feelings as doctors cut, probed, and generally caused constant pain in the name of “helpers”. Those people also denied us privacy. Our bodies were public and our nakedness was the norm as the medical staff examined us as if we were not human. For women who became disabled later in life, the experience is newer but lack of privilege is the same. Newly disabled women may still cling to the memory of their healthy physical selves. They may choose to react against the discrimination caused by their disability with power and anger: they know what they are missing. For others, there may be sad resignation that this new life is one devoid of many pleasures, including consensual sexuality. They may take on the new role of potential victim because their old behaviours do not apply in the new disabled community. Although they see themselves as whole people, the world does not.

Disabled women have had few healthy sexual models against which to measure ourselves. Because of longing to feel intimacy with another person, we sometimes engage in unhealthy and even lethal activity, rather than shut off from human contact.”

‘Escaping from Abuse: Unique Issues for Women with Disabilities’, Chris Womendez and Karen Schneiderman

The first step in breaking the cycle of violence is actually 'naming the problem'. For many women with disabilities the nature of their disability would make it difficult for them to access anyone outside their environment to seek assistance in disclosing violence. Research suggests it's not always easy for women with disabilities to define their own abuse. Some women with disabilities have spent a lifetime in oppressive and abusive situations, and for this reason may have difficulty understanding what is abusive treatment and what is not. The Violence and



Women with Disabilities Project would suggest that at the bare minimum women with disabilities deserve a community education program, which 'informs' women themselves, the community, workers, carers – names violence against women with disabilities for what it is and encourages everyone to share responsibility for its eradication.

Many women with disabilities have difficulty accessing information because carers, including organisations, act as "gate keepers", or decide on a woman's behalf whether or not she needs information. Women often have limited or no control over what information they need or want to obtain. It may be the perpetrator who is the person who is providing assistance to the woman, and therefore, it is in their best interest to withhold information from that woman. Accept this as fact and it substantiates the need for a well thought out, strategic strategy 'on how we the community get the message out to women with disabilities that the violence perpetrated against them is not OK. We need to creatively address, one, how to advertise information about services, which is accessible and meaningful and, two, how to reach women with varying needs and abilities.

We owe it to women with disabilities to recognize the hugeness of the problem. If sexual assault and family violence organisations were to target the population facing the highest risk of violence and serve them first, that group would be women with disabilities. Despite the high incidence of violence experienced by women with disabilities, services are frequently non-existent, inaccessible or inadequate to meet the needs of these victims/survivors

We need to change the definition of domestic violence. Among women with disabilities, domestic violence can occur between intimate partners just as it does among women without disabilities. However, women with disabilities also face alarming rates of violence from paid and non-paid carers. To effectively provide services to this marginalised group of women, we must recognise that the perpetrators are not just intimate partners, but may also include those who provide personal care. This directly affects how we look at eligibility for services and develop prevention strategies.

We need to facilitate an ongoing dialog between family violence programs and disability programs. If the problem of violence against women with disabilities is to be addressed, there must be collaboration. Much more work must be done to increase the awareness of providers of disability-related services so that they can recognise abuse among their clients and make appropriate referrals to family violence programs. Correspondingly, much more work must be done to increase the capacity of family violence programs to serve women with all types of disabilities.

We need to learn more about interventions that are effective for women with disabilities. For example few of the strategies listed in classic safety plans are possible for women who must depend on their abuser to get them out of bed in the morning, dress them, and feed them or reliant on transport that even when booked in advance may arrive three hours late. What are the alternatives? We need to find out.



Women with disabilities have repeatedly reported that so often services do not have the time or patience to work with them about disclosure of violence or in providing them with information about their rights.

There is a dearth of organised, systematically retrievable statistical information about Australian women with disabilities. In our current climate statistics is the language of persuasion and tends to be heard by the decision-makers more than reports based on anecdotal evidence. Women with disabilities need your support to get issues affecting their lives on the agenda. Services must be designed and delivered taking into account the diverse needs and experiences of all women.



Appendix 8: Sarah Wheat

Sarah Wheat, Project Worker with the Western Women's Domestic Violence Support Network , spoke about the Network's 2002 Research project investigating Intervention Orders, including legal and police responses to domestic violence in Brimbank at the Rising Tides of Violence Forum.

Why did we decide to look at Intervention Orders? Two issues: the rarity of women obtaining Sole Occupancy/ Exclusion Orders, which allow women to have the perpetrator removed from the home irrespective of whether his name is on the lease or he's a co-owner. The other issue was the number of women who complained of police inaction on breaches. Twelve women were interviewed and women were sourced from the Western Region Intervention Order project at the Sunshine Magistrates Court where a Western Women's worker and a community lawyer support women in obtaining Intervention Orders.

An Intervention Order is a civil proceeding and it's not the only legal response to domestic violence. The twelve women I interviewed all had police contact and all applied for Intervention Orders. Not one of these women received any contact from police about criminal proceedings for her partner. Through an Intervention Order a women asks the court for protection against future violence. It's not an opportunity to discuss or investigate past violence. This is very confusing for a lot of women who attend court, because a lot would like a cultural recognition that they have had violence perpetrated against them. An Intervention Order is judged on the balance of probabilities: the Magistrate is deciding whether there will be a probability of future violence. The Act asks that in case of a women who has been assaulted, or her property damaged, whether this is likely to happen again; or where she has been threatened, whether she is likely to be threatened again; or where she has been harassed or molested or where someone has behaved in an offensive manner, whether this is likely to occur again. The Order provides more scope for a broad understanding of domestic violence, harassing, molesting or offensive behaviour, in providing protection in the future in the way a criminal proceeding doesn't. So the act provides more scope for including behaviour that we would recognise as domestic violence, but perhaps wouldn't be recognised under the criminal law. Women going to court for an Intervention Order often do not understand that this is not a criminal proceeding and that partners will not be charged and will not receive a record if there is an Intervention Order in place. How does a magistrate judge if violence is likely to continue in the future? – If there has been a history of violence? – What the partner or ex-partner's behaviour has been since the separation? – If there's continued contact between the partners? – If there have been threats? – If there are children involved? – And if the violence is escalating?

Issues Emerging – Safety

A big issue that emerged in terms of women's experience at court was the lack of understanding about how trauma affected women's ability to communicate and to absorb information. When women decided to apply for an Intervention Order they weighed up their own safety, on one hand, and the potential escalation of violence. One of the women interviewed said:



“you are too scared to get the police onto them because you don’t know how they will react, if they will come and shoot you or burn the house down or something like that, you are just so afraid to take action. I was frightened he’d lose it, he’s got really unpredictable behaviour, so you have to think carefully what action you should take to keep yourself safe and him at a level where he isn’t going to crack and not going to lose it. Every action I took I knew there would be a consequence.”

So safety emerges as a massive issue for women. Applying for an Intervention Order asks women to be in a building, a room, a corridor with someone who has attacked them or has been consistently violent for an extended period of time. If domestic violence is about power and control and the biggest rule is not to tell anyone, then asking for an Intervention Order has to be breaking the biggest rule. Another woman spoke about:

‘shaking like a leaf just knowing he was there and having to face him again. When they called my name my legs started going and I could hardly walk. I was sitting in court, he was moving around, moving his feet, the looks, all the intimidation going on, the head going every time I spoke. In his eyes he had a certain look, he was letting me know before it even started, he was letting me know – your feelings are like walking on egg shells again’.

So giving evidence for women can be like coming out about domestic violence.

Alienation from community

I wish I could explain to you what it is like for women to walk into a Magistrates Court and be given a form where they are supposed to detail a life time, or 10 years, of violence and control, where the Registrar is going to try to fit the story into six lines on a computer screen to go before a Magistrate. That’s the basis for asking protection. Giving evidence in court, for a women from a culturally and linguistically diverse background, can mean risking the loss of their whole community:

“his brothers and nieces were there, I felt ill. It was terrible for me to say what happened to me. After I felt like the whole community could see what happened to me, I felt embarrassed in front of all those people. The second time I felt like giving up because only I knew what happened. It was a very bad day for me as I was humiliated by him in front of my sister in law – I couldn’t tell them in full about the oral sex. They asked me if my husband told me something about his brother, and his brother lived next door to me, I couldn’t tell the judge. He told me that his brother hit his wife in her face, how do you think I could tell them.”

Exclusion Orders emerged from the project as a major theme and issue. A lot of people don’t understand what the Act actually says: that a magistrate can exclude a defendant from the home, taking into account, as a parallel concern, the women’s safety. The Magistrate must however consider the accommodation needs of all people living in the residence. Often women weren’t told about an exclusion order and weren’t given this option. Of the twelve women I interviewed only one of



them had received a Sole Occupancy or Exclusion Order. This issue is important because of women's homelessness and the difficulty of finding housing after leaving their home because of the danger they are in. This is not an option for all women because for some it's incredibly dangerous to stay in their home. One woman in the study said that she would have liked to have been given that option even if it meant she might be killed.

The Act asks Magistrates to put women's safety first and this is often judged by physical violence. How do we define a woman's safety and how do we define whether her safety is at risk? Is emotional and psychological violence enough to remove the perpetrator from his home and do we consider that kind of violence a serious risk to women's safety?

In relation to police response to family violence the central thing emerging from the project was how crucial the police role was. Whether, from the women's perspective, the police response was positive or negative, the amount of time taken to talk about how important the police were, was a really strong theme. The next biggest issue emerging was the lack of police action, not only around criminal proceedings but around breaches, and the way police differentiate between a serious breach and a less serious breach or a violent breach. We need to help police understand how to decide what a domestic violence situation is.

What helps women: The project showed that the situation worked for women when police and courts took women's safety seriously, when individuals acted with patience and respect, when all professionals explained the process and their roles, and when women were given options and clear information. To improve the situation we need to understand how the system, the act and the operating procedures are supposed to work so we can advocate on behalf of women. We also need to understand each others roles and perspectives and start working towards some common outcomes. We need to give clear information to women about the Act and about options open to them.

The project has successfully built relationships with the police and Sunshine Court. The response from the police in Brimbank, who operate out of Sunshine and Keilor Downs Stations, has been very positive. Sunshine Court have also been extremely helpful in the project. We're responding to police interest in an after hours phone referral support service in Brimbank and we're working with Sunshine Court to allocate specific days to hear crimes family violence matters and to continue our role as support workers at the Magistrates Court.

I want to finish by giving an example of how the system can work for women. The organisations involved at the Sunshine Magistrates Court are the Footscray Legal Service, the Brimbank Community Legal Service and the city-based Women's Legal Service, providing a solicitor and support worker. A member from Keilor Downs Police Station had attended an incident the night before in Keilor Downs where there had been a domestic violence situation and he had begun the process of taking out a complaint and warrant on behalf of the woman, which involves the member requesting support for an Intervention Order because he or she considers that the woman's safety is at risk. The member attended the incident at 2 o'clock in the morning and had driven the woman to the Sunshine Magistrate's Court the next day to make sure she could be present. The defendant, her partner, was



bailed and was also in attendance. When I approached the woman she was confused, expecting that her partner would be charged with assault. She didn't understand that it was a civil proceeding. She said: *"I don't want him to have any record, I love him, I don't want anything to happen to him, I just want the violence to stop"*. Her face was taped up, she had a shattered eye socket, her jaw had been wired, and she had two toddlers with her. Her partner was also present. I explained that she could have an order to prevent him from harassing, assaulting and molesting her but would at the same time allow her to still continue living with him and to have contact with him. So it's really important that she gets clear information about options. The woman, the member and I spoke together about her options, about her safety, about how she thought her partner would respond, and her fears about whether this order would cause the violence to escalate. The member explained to her that he didn't need her consent to take out this order, that he thought her safety was at risk and that he was going to do it whether she liked it or not. In court the magistrate talked to her and to her partner and she received an order preventing him from assaulting, harassing and molesting her but allowed them to still maintain the relationship. When we came out of court she was really happy as she was able to maintain her relationship, but had been given some very important messages.

I think it's an excellent outcome because that this woman's experience with the police and the Sunshine Magistrates Court was an extremely positive one, and she is more likely to go back in the future and ask for help. She knows that the services exist and she knows that she can return and have her order varied. She is treated with respect and has been given some clear information about her options. With that clear information she was able to make a decision that suited her and orders can be tailored in this way if women have this information. The most important message that she received was that the police, the magistrate, the registrars and myself did not think that family violence was okay, we did not think that it was her fault and we thought that her partner had acted in a way that we disapproved of. This is the most important message, so if that woman reaches a point where she wants to leave or change the relationship she has been given a clear message that there's people out there who disapprove of what's happening to her and that there's options available to her in the future. She was also given access as a referral path to Western Women's. It's an excellent example of the ways we can provide women with the options and can work together to achieve the best outcome.



Appendix 9: Jenny

Jenny, the Children's Support Worker at Women's Health West provided background information and data relating to child victims and witnesses of family violence at the "Rising Tides of Violence" Forum. Below is an edited abridged version of her presentation:

There has been increasing interest in the impact of family violence on children. Only recently have government policies and legislation considered children as victims of family violence. The fact that family violence is now considered a form of child abuse in Victoria indicates that the legal system and policy makers are beginning to take the issue more seriously. This is not to say that the rights of children have been met across the system.

Children are not counted as separate clients, therefore statistics do not account for children as service users. Children most often rely on caretakers, service providers or other professionals to link them up with services.

One of the urgent reasons for focusing on children in family violence is the disturbing research produced by researchers such as Dr Bruce Perry and Dr Bessel Van der Klerk which has focused on how early childhood experiences of family violence can have both social and developmental impacts. Historically, children were often overlooked in family violence research, as the common belief in society had been that, "they are just too young to be affected" or "too young to understand" – a lack of recognition that violence is interrelated and impacts on the whole family.

According to Perry (2000), when a child has experienced repetitive significant trauma the brain will store these trauma signals. The brain will refer to these memories, which will in turn affect how the child perceives the world. This is how the child makes sense of what is happening. Children require a safe environment for cognitive growth and creativity. We can no longer view children as innocent bystanders, nor expect children to adjust and still function as healthy individuals. We need to continue taking a stance and one of the steps is to begin collating data. The number of children affected is increasing and there is even a greater need for preventative work. Children need not only to be heard but also counted.



Appendix 10: Judith Arnott

Judith was married to a man who was extremely violent for 43 years. She describes living in fear every day. At the time of her 60th birthday, things began to change for her.

Judith was born in 1935 and was the twelfth of thirteen children. From the age of seven she was sexually molested by her brother. He was fourteen at the time. Judith didn't tell her mother because he threatened her.

"My brother was mum's pet, I knew nobody would believe me, I didn't talk about it for 53 years", Judith said. The abuse would occur when her mother was out of the house shopping in the afternoon. When Judith wasn't in school, usually in school holidays, her brother would slip home from work. The abuse continued until she was 12. It stopped only when her brother, then 19, left home. "I hated my life at home. I was frightened of my brother. My mother didn't like me taking girlfriends home. My parents would argue and scream all night. My father was the sort of person who if he said black was white, you'd better believe him", she said.

Then she met the man she married. "I went home with Laurie on my 17th birthday in August 1952. I married on the 31st of December the same year, two months pregnant. Laurie told me that he loved me and never in my life had I been told that. On my wedding day my father was so drunk, my brother, the one who molested me, drove me to the church. I was glad to leave the family but I was jumping out of the frying pan into the fire".

The man that she married was later described by her son as a "violent sadist".

Judith's story is a catalogue of horrors. "I lived with my husband for 43 years", said Judith, "And I lived in fear everyday".

"When we married we had nothing", Judith explained. She said that her husband took jobs as an agricultural worker and they lived in many different rural locations".

"My first child was born two months before my 18th birthday, and my second child was born just after I was 19. Up until I had Terry – my first child, Laurie wasn't too bad, although I got a few hidings and he spoke to me like a dog".

After she became pregnant with her second child the violence escalated. Her husband always had a gun or guns in and around the house. The guns were a constant reminder of the danger she lived in. He shot at her, menaced her with a shotgun and on two occasions fired weapons at his children. One of the worst beatings she received at his hands was the butt of the shotgun.

When she was six months pregnant with her second child she asked him not to go out of the house adding that he need not bother coming back if he did leave the house. He did come back that night. After he had finished with her she was bruised from shoulders to buttocks and was unable to get out of bed for several days.

Her brother-in-law came to visit and saw the bruising. Judith explained that he was shocked and said he told her husband that he can't treat her like that. According to Judith, her husband replied that she was his property and he could treat her any way he wanted.



After Judith's second son was born, her husband took a job on a property in Gippsland. The house they lived in had no electricity, no telephone, and was 30 miles out of town. Judith was 19 and had two little babies. Again there was a quarrel about his leaving her alone for an all night drinking session with a local rabbit trapper. When he came home he bashed her so badly that her nose was bashed and her face covered in bruises. The next morning he took her to a doctor and on the way threatened to kill her if she told the doctor what had happened. Judith's husband constantly threatened to kill their children or other people and Judith feared not only for her own life but also for the lives of others. She had seen him point guns at people and physically attack others. She had no reason to doubt that he meant what he said.

On the next occasion when her nose was broken again, the doctor said it was too badly broken to fix completely. As a result of that assault, Judith permanently lost her sense of smell and was disfigured for 40 years until she found a specialist who was able to repair the damage. These events in the first 3 years of her marriage began the reign of terror that continued throughout their married life.

Violence was frequent and became routine. In addition, the mental abuse was extreme. She says her husband would continually refer to her as a "sl*t" and a "wh*re". He would take her out with blood streaming down her face and say to the children "Look how ugly your mother is".

On many occasions physical violence would be followed by rape. Sexual humiliation and degradation characterised their sex life. Judith's husband seemed to view his wife as something he could use and misuse in any way he pleased and told her she was there to provide him with any sexual act he chose to demand, at any time and in any circumstances. Neither her pain nor her disgust provided any deterrent to him.

One of the consequences was Judith's almost constant vaginal and urinary tract infections. Another was the psychological damage that she has suffered. "My bones will heal, but what he has done to my mind and my sexuality will always be with me", she said.

As the boys grew he began beating them. "By the time I was 20 I thought everybody lived the way we did. In the end it was anything for peace", said Judith.

Her husband Laurie didn't work from 1974 onwards. "He worked for 21 years of a 43 year marriage", she said. From then on she was the one who went out to work. In the mid 1980's, Laurie was diagnosed with heart disease, but this did not stop his physical violence. While they waited in Geelong for his admission to hospital to have open heart surgery he tried to stab her. Very shortly after surgery he attacked her and tried to strangle her because he thought she was not operating the ride-on mower properly.

That night Judith left her home and spent 3 weeks in Melbourne, staying at a cheap hotel. She knew she needed help, but didn't know where to go. She rang Lifeline, but couldn't open up about her situation. Eventually she returned to her marriage.

In 1995 Laurie needed to be in Geelong for further treatment for his cardiac condition. Judith was with him. It seemed his condition only made him more demanding. This was the year of Judith's 60th birthday and a time when things began to change for her.

"I met a lady who had years ago lived near us and our children grew up together", Judith said. "They knew Laurie because he worked in youth clubs training boys wrestling and



boxing. This woman said to me, 'you're not still with Laurie?' and I said, 'Yes'. Then she said, 'After what he's done?' And I said something like, 'Well I suppose he hasn't been all that good'. But I thought to myself, 'I've never said anything to anybody about what he did.' Then the woman said, 'But he broke Russell's arm'. I said, 'No, Terry broke Russell's arm'. She replied, 'You've got a lot to learn haven't you'."

Judy later found out what her old friend said was true. Laurie had set the two boys up in a boxing match. When they grew tired of it and wanted to stop he had picked up a piece of wood, hit Russell with it and broke his arm. He then forced Terry to take the blame.

Knowing that Laurie did this was just too much for Judith. Although she knew that he beat them and terrorised them and that Terry, her oldest son hated his father and blamed him for the continuing depression his young brother suffered, she now realised that she had not known the full extent of the abuse the boys had suffered.

Soon after this Judith saw an advertisement in a local newspaper. There was to be a public forum on family violence. She told Laurie she was going to go and did, even though he insisted on coming with her. "I learned two words that night, 'perpetrator' and 'paedophile'. Those things weren't heard of in my day", Judith said.

Judith did attend two sessions with a counsellor she was referred to by the organisers of the forum. "I was still in denial. I didn't know how to approach it. And unless you get asked the right questions, you won't be able to approach it" she said. Her husband stayed outside pacing the footpath during Judith's counselling session.

At her final session, Judith said the counsellor told her, "You're husband is one of the most pathetic people I have ever seen".

On the 27th March 1996, almost a year later, Judith went to a domestic violence outreach service. She talked to the support worker. "I said to them, 'please don't tell me I have to leave him. He'll kill me. He'll kill everyone'", Judith said. "The support worker said, 'I won't tell you to leave him, but I will tell you that you are not responsible for his actions'".

For Judith that opened the floodgates. She began to talk about her life and she continued to see the support worker, who remains to this day her support worker. Two months later she finally left her husband Laurie.

In 1999 her sons, grown men, joined Judith in laying charges against their father, charges for which he was convicted. Judith said that although she saw him give the boys terrible beatings, there were things she didn't know about, including many of the events that formed the substance of the charges. The charges went back to 1954.

"We were all trained to keep secrets and the secrets we kept poisoned us", she said.

For subjecting his family to decades of abuse, he was sentenced to 35 months of imprisonment. He served 15 months and was then released on parole.

Since leaving Laurie, Judith has sought out her brother and confronted him with her anger and the misery he caused her by his sexual abuse of her as a child.

Since the court case, where the charges against her husband for physical abuse were heard, Judith has learned that rape within marriage is illegal. "I didn't know that!" she



said. "I thought if they were married to you they could do what they liked". She now intends to seek legal redress for the sexual abuse she suffered in her marriage.

Judith says she feels as if she has been abused all her life, but now she will not be silenced. She speaks out against violence whenever she has the opportunity and she insisted that her real name be used in this account of her life. She's a member of the Performing Older Women's Circus and the Women's Circus. She enjoys her relationship with her sons. She believes knowledge of available help is vital if women are to get away from situations of abuse.

