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# **Strengthening Victoria's Victim Support System: Victim Services Review**

**Final Report**

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**Centre for Innovative Justice**  
November 2020

## Acknowledgements

First and foremost, the Centre for Innovative Justice wishes to thank the victims of crime who participated in the review and who generously shared their time and experiences, even as many of them continued to manage the profound impacts of crime victimisation.

We would also like to thank the many practitioners and professionals who contributed their time and practice experience and who sought to give voice to the experiences of victims of crime with whom they work with on a daily basis. This included advocating on behalf of the most vulnerable victims of crime who are often failed by the system.

Similarly, the Centre for Innovative Justice wishes to thank the many senior leaders across a range of statutory and social service sectors, who drew on their extensive expertise in system reform to identify factors which are fundamental to effective and lasting change.

The insights of these practitioners and system leaders, along with those shared by victims of crime themselves, have directly informed the findings and recommendations outlined in this report.

Finally, the Centre for Innovative Justice thanks the Victim Services, Support and Reform branch of Victoria's Department of Justice and Community Safety for commissioning this work and for ensuring that victims' voices were always at its core.

## Terminology

This report aims to use the term 'victim of crime' throughout to recognise that the experience of crime victimisation does not define a person as a victim beyond that context. Where the term 'victim' is used alone, it is because it is otherwise evident from the text that the authors are referring specifically to crime victimisation.

The authors further recognise that many individuals who have experienced crime, including specific crime types such as family violence and sexual assault, prefer the term 'victim survivor' or 'survivor'.

In using the terms 'victim of crime' or 'victim', the authors are in no way intending to diminish the strength, identity or diversity of people who experience crime or other forms of harm.

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# Contents

Acronyms .....	7
Executive summary.....	9
1 Introduction and context .....	20
1.1 Project background.....	20
1.2 Project purpose and scope .....	24
1.2.1 Stage 1 of the Review .....	25
1.2.2 Stage 2 of the review.....	25
1.3 Purpose and structure of this report .....	26
1.3.1 Structure of this report.....	27
2 Investing in victims of crime .....	28
2.1 Overview of Victoria's current victim services system .....	28
2.2 Victims' experiences of the current system .....	32
2.3 Why invest in victims of crime? .....	41
2.3.1 Clear limitations of the current system .....	41
2.3.2 Need to uphold victims' rights .....	46
2.3.3 Role of victims of crime in the functioning of the criminal justice system .....	47
2.3.4 Reducing socioeconomic impacts of victimisation.....	48
2.3.5 Disrupting cycles of harm and victimisation .....	49
3 An enhanced system response for victims of crime .....	52
3.1 Overview of the future system response .....	53
3.1.1 The proposed service model .....	55
3.1.2 Model principles .....	58
3.1.3 Service model logic and outcomes.....	64
3.1.4 The role and purpose of the Victim Support Agency.....	67
3.1.5 Case studies.....	67
3.2 Access .....	70
3.2.1 Current state.....	70

3.2.2	Case for change .....	76
3.2.3	Future design .....	77
3.3	Victim Support Centre (VSC).....	82
3.3.1	Current state.....	82
3.3.2	Case for change .....	85
3.3.3	Future design .....	88
3.4	Victim Support & Recovery Program (VSRP).....	109
3.4.1	Current state.....	109
3.4.2	Case for change .....	114
3.4.3	Future design .....	118
3.5	Specialist Service for Bereaved Families (SSBF).....	138
3.5.1	Current state.....	138
3.5.2	Case for change .....	139
3.5.3	Future design .....	142
3.6	Victims Legal Advice Service (VLAS).....	147
3.6.1	Current state.....	147
3.6.2	Case for change .....	148
3.6.3	Future design .....	150
3.7	Critical incident response .....	156
3.7.1	Current state.....	156
3.7.2	Case for change .....	156
3.7.3	Future design .....	158
3.8	How the new Victim Support System is experienced .....	161
3.9	Fundamental requirements.....	166
3.9.1	Governance .....	166
3.9.2	Workforce .....	168
3.9.3	IT infrastructure .....	174
3.9.4	Integration .....	177

3.9.5	Engagement and communications .....	183
3.9.6	Quality control .....	185
3.10	Service delivery considerations .....	189
3.10.1	Practice Framework .....	189
3.10.2	Accessibility .....	190
3.10.3	Cultural safety .....	190
3.10.4	Work environment .....	191
3.10.5	Commissioning .....	192
3.11	High-level staging of implementation .....	194
4	Conclusion .....	196
Appendix A: Summary of service-specific findings .....		197
Appendix B: Key agencies .....		216
Appendix C: Needs of victims of crime .....		221

## Acronyms

Term	Definition
ABI	Acquired Brain Injury
ACCO	Aboriginal Community Controlled Organisations
AEP	Aboriginal Engagement Practitioner
AOD	Alcohol and Other Drugs
CALD	Culturally and Linguistically Diverse
CASA	Centres Against Sexual Assault
CfE	Centre for Excellence
CIJ	Centre for Innovative Justice
CISS	Child Information Sharing Scheme
CLC	Community Legal Centre
CRM	Customer Relationship Management
CWS	Child Witness Service
DHHS	Department of Health and Human Services
DJCS	Department of Justice and Community Safety
FAS	Financial Assistance Scheme
FSP	Flexible Support Package
FVISS	Family Violence Information Sharing Scheme
FVRJ Service	Family Violence Restorative Justice Service
GP	General Practitioner
ICT	Information and Communications Technology
IPP	Intermediaries Pilot Program
IT	Information Technology
IVSSGG	Integrated Victim Support System Governance Group
KEW	Koori Engagement Worker
KPI	Key Performance Indicator

LGBTI	Lesbian, gay, bisexual, transgender and intersex
MARAM	Multiagency Risk Assessment and Management
MDC	Multidisciplinary Centres
MOU	Memorandum of Understanding
NDIS	National Disability Insurance Scheme
OPP	Office of Public Prosecution
PCQF	Prisoner Compensation Quarantine Fund
PTSD	Post-Traumatic Stress Disorder
RCFV	Royal Commission into Family Violence
RCIRCSA	Royal Commission into Institutional Responses to Child Sexual Abuse
SOCIT	Sexual Offences and Child Abuse Investigative Team
SSBF	Specialist Service for Bereaved Families
TAC	Transport Accident Commission
VAGO	Victorian Auditor-General's Office
VAP	Victims Assistance Program
VLA	Victoria Legal Aid
VLAS	Victims Legal Advice Service
VLRC	Victorian Law Reform Commission
VOCAT	Victims of Crime Assistance Tribunal
VPeR	Victoria Police e-Referral
VSA	Victim Support Agency
VSP	Victim Support Practitioner
VSRP	Victim Support and Recovery Program
VSSR	Victim Services, Support and Reform
VWAS	Victims and Witness Assistance Service
YJGC Victim Support	Victim Support for Youth Justice Group Conferencing



## Executive summary

Victorians want victims of crime to be supported and their needs to be met. In the past, the community may have assumed that these needs related only to the outcome of a prosecution process, with policy and public focus directed largely at sentencing as a result. More recently, however, we have come to understand that victims' needs are varied, and their experiences diverse. Support for victims of crime, therefore, is about responding to the full range of these experiences and staying beside victims of crime every step of the way.

Efforts to recognise victims' needs and experiences more effectively have resulted in a combination of legislative and service reform over recent decades. Key elements of this reform have included the establishment of Victoria's *Victims' Charter Act 2006* (the Victims' Charter) in 2006 and the Victims of Crime Commissioner in 2014. It has also included the recent appointment of Victoria's first, and Australia's only, Minister for Victim Support – a clear signal that effective and meaningful support for victims of crime is a core component of Victoria's justice system. Formal acknowledgement of the impacts of victimisations also occurs through the provision of state-funded financial assistance, which is currently undergoing its own redesign and reform process to improve access and flexibility.

Just as vital as financial assistance and legislative recognition of rights, is a model of victim services that can actively support victims of crime, connecting them with the right assistance at the right time and empowering them to make informed decisions. From 2004 the responsibility for services to support victims of crime has sat with Victim Services, Support and Reform (VSSR) – a business unit within the Department of Justice and Community Safety (DJCS) that directly delivers and commissions a range of services for victims of crime and, more broadly, coordinates the Victorian Government's policy response to victims of crime, including system reform.

Since its establishment, VSSR has grown rapidly, with its budget increasing from \$8.2 million in 2004-05 to \$30 million in 2017-18. Over this period, VSSR's suite of services has also expanded significantly to provide a range of core and pilot programs to victims and witnesses:

- Victims of Crime Helpline (the Helpline) – a phone-based service which is available to all victims of crime and which provides information, advice, psychological first aid and referrals.
- Victims Assistance Program (VAP) – a service delivered by community services organisations across Victoria which provides a range of supports, including case coordination, assistance to navigate criminal justice processes, and practical support.
- Victims Register – which provides eligible victims with certain types of information about the offender in their matter and facilitates the participation of victims of crime in parole and post-sentence supervision decision making processes.
- Restorative Justice Services – which include Victim Support for Youth Justice Group Conferencing (YJGC Victim Support) and the Family Violence Restorative Justice Service (FVRJ Service).
- Vulnerable Witness Services – which include the Child Witness Service (CWS) and Intermediaries Pilot Program (IPP).

- Trauma Clean – which assists with clean up after a violent crime against the person or suicide has taken place.

In addition to these services, VSSR is responsible for policy development and strategy in relation to victims of crime; oversight of the operation of the National Redress Scheme within Victoria; Asset Confiscation Operations; notifying relevant victims of crime when a prisoner is paid compensation that has been quarantined under the Prisoner Compensation Quarantine Fund (PCQF); secretariat support for the Victims of Crime Consultative Committee; and special projects, including the design of the new Financial Assistance Scheme (FAS).

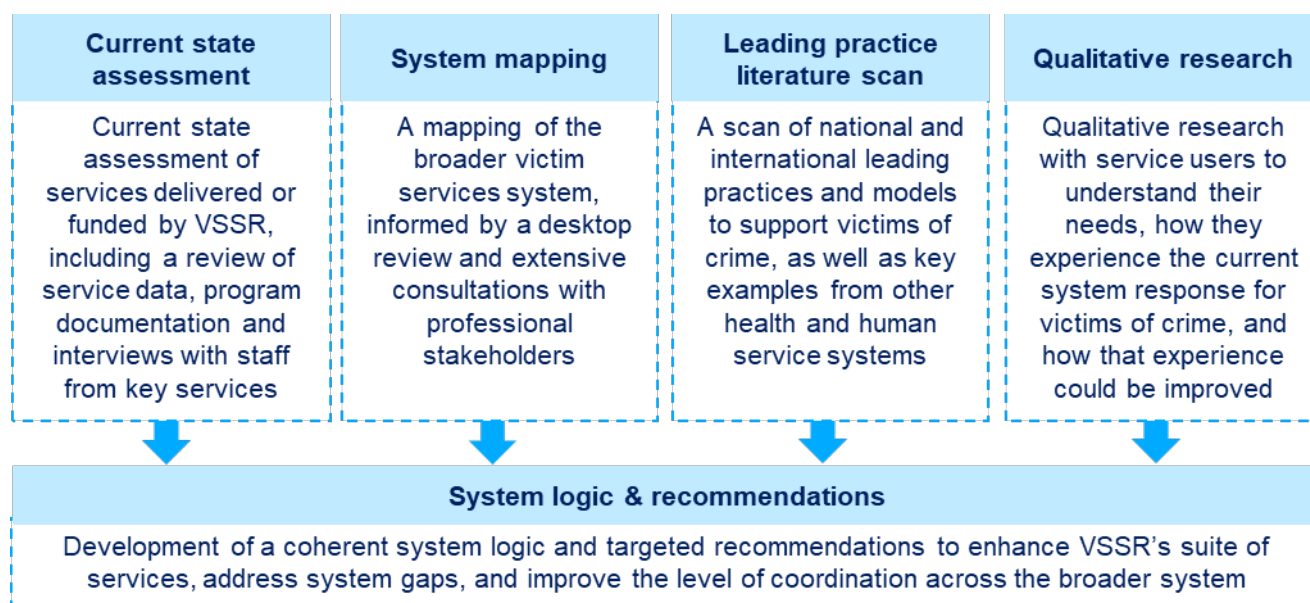
The broad architecture of VSSR's services – that is, a single 'gateway' to information, connected to ongoing support and case management in local communities, and complemented by a suite of services to address specific needs of victims and witnesses of crime – compares favourably with interstate and international models of victim support. These services were developed, however, at a time when our understanding of certain types of crime, as well as of the needs of victims of crime more generally, was not as well developed as it has become. Similarly, the link between victimisation and trajectories into further harm, including contact with the criminal justice system, was not as well understood.

In response to these developments, VSSR recognised that a robust review of services responding to victims of crime was both vital and long overdue. This was not only to ensure that the service model meets original expectations but also that it keeps pace with the varied ways in which Victorians are impacted by crime – our knowledge of which will continue to evolve. Accordingly, VSSR commissioned the Centre for Innovative Justice (CIJ) at RMIT University to conduct a two-stage review and redesign of victim services to ensure a future service model that is aligned to, and keeps pace with, contemporary knowledge and leading practice in victim support.

## Understanding the current system (Stage 1)

Stage 1 of the review commenced in February 2019 and concluded in September 2019. Stage 1 included an inward focus on the services delivered or funded by VSSR, as well as an outward focus on the broader system (see Figure 1). It included, most crucially, interviews with 37 victims of crime and consultation with Victoria's Victims of Crime Consultative Committee, as well as workshops, interviews and focus groups with over 100 professional stakeholders. These activities were complemented by a scan of leading practice literature, as well as desktop research to understand the current victim services ecosystem in Victoria.

Figure 1: Stage 1: Review Process



Source: Centre for Innovative Justice.

At the end of the first stage of the review, the review team had developed a robust understanding of the existing system of supports for victims of crime, including strengths and limitations of individual services and the broader system.

Immediately apparent as a strength of VSSR's services was the existence of a highly committed workforce, as well as good practices across the VSSR workforce in terms of identifying the need for, and referring between, individual services. The review found that this level of dedication had enabled services to continue functioning without a resourcing profile or capability framework that was matched to contemporary need.

The review also found a strong and generally effective pathway into victim services via the Victoria Police e-Referral (VPeR) system which resulted in many victims of crime - and certainly victims of the most significant crime types - being referred into services at the earliest possible time.

The key limitation identified was that the current model operates largely as a 'throughput' from the Helpline to the network of VAP providers, with little opportunity to differentiate responses based on level of need. In some instances, this volume meant that VAPs had limited capacity to provide more intensive and holistic support to those clients who needed it. Other limitations identified included:

- under-representation of certain cohorts within the VSSR service data, despite those cohorts being known to experience victimisation at higher rates than the general population, indicating a need to develop a range of access points that recognise the barriers to reporting that are faced by some communities within Victoria and by victims of certain crime types;
- low visibility and awareness of VSSR's services across the broader system;
- missed opportunities to strengthen integration with the broader system, including through diversified access pathways;

- a focus on outputs rather than outcomes that is not consistent with contemporary approaches in service delivery and commissioning;
- out-dated Information Technology (IT) infrastructure that is preventing VSSR from engaging in more sophisticated monitoring, continuous improvement and quality control;
- a degree of variation across the VAP network, which meant that victims of crime at times received a different level and scope of service depending on their geographic location; and
- a need for increased specialisation in some areas, including, most crucially, the response to males identified by police as victims of family violence, which is widely recognised within the family violence sector as highly complex work which has the potential to increase risk to victims of family violence – both men, women and children – if not done well.

More broadly, the review found that the current model is premised on an understanding of crime as an isolated or confined experience from which victims of crime are well equipped to recover; that victims experience crime with few pre-existing issues; and that victims of crime are always able to identify and articulate what they need from the system. This contrasts with what we now know from wider reviews and inquiries, as well as from the CIJ's research - that experiences of victimisation are complex, varied and are not necessarily predicted by crime type.

In considering the broader system, the review also found that, while victim-specific services tended to be victims' primary source of support, victims of crime necessarily interact with a variety of services and agencies. These can include mainstream services such as mental health, disability and child and family services; justice system agencies such as Courts and Victoria Police; and other agencies such as Centrelink, the National Disability Insurance Agency (NDIA) and State Trustees.

These services and agencies tend to have varying levels of capability to identify and respond to experiences of victimisation. Yet, for victims of crime, they can have a significant impact on how the 'system' is experienced. A negative experience with police or at court, or the withdrawal of Centrelink benefits while unable to work due to physical or psychological injuries sustained during a crime, had the potential to make victims of crime feel unseen and unsupported by the service system overall. This indicated a need to build the capacity of the broader system to understand and respond to victims of crime as well.

## **Needs and experiences of victims of crime**

The primary inputs for this first stage of the review were accounts from victims of crime themselves. These accounts indicated that a 'one-size-fits-all' response does not meet victims' needs. Interviews with 37 adult victims of a wide variety of crimes – ranging from aggravated burglary, through physical and sexual assault to the homicide of a family member – revealed that even people who were relatively well resourced were confused about what supports were available; found the system difficult to navigate; and found it difficult to identify, let alone advocate for, the support they needed. Victims of crime who did not speak English as a first language found the system almost impossible to understand, with some newly arrived migrants assuming that they were not eligible for services.

Equally, victims of all types of crime and from a wide range of backgrounds found it difficult to distinguish between the various services with which they had interacted, simply describing them all universally as 'victim support'. Victims of crime indicated that they needed ongoing access to a single point of contact to be able to identify and engage with relevant supports as their needs changed over time. Victims of crime also generously shared deeply personal examples in which their needs were not met and had instead escalated as their lives had unravelled. This signalled that more proactive and holistic support may have prevented a trajectory into further harm, as well as prevented additional pressure on the wider service system.

Those who had extensive contact with an identifiable VAP worker, either in person or over the phone, found this contact invaluable. Support they had received through their VAP worker included information and assistance with tasks associated with criminal justice and financial assistance processes, as well as, in some cases, assistance with wider needs which had arisen because of the crime. In these contexts, it appeared that victims of crime depended on their local VAP worker to assist them with various legal issues associated with their experience of crime, although many victims of crime nominated that what they had really needed was access to independent legal advice.

For over half of the victims of crime interviewed, however, support had not been sufficient to meet their needs. These victims of crime – including some families bereaved by homicide – had received only cursory contact and interaction from services and remained confused about the types of service responses available to them. Victims of crime who had this experience often told us that they had simply wanted to know that their experience was recognised and that they would be 'remembered' – that there was a system which had an eye on their journey towards recovery and would 'check in' with them to support them to take the next step. This was particularly the case where there was ultimately no criminal trial process associated with their case.<sup>1</sup>

Victims of crime who had experienced long-term offending in relation to childhood sexual abuse or family violence, and who had not been able to access support through relevant specialist services, equally struggled to access appropriate support from generalist victims of crime services. This signalled the need for much stronger connections with, and referrals between, victim services and other specialist responses within the family violence and sexual assault sectors. Further, the need to address the impacts of crime on wider family networks was a significant theme, with adult victims of crime describing profound impacts on their capacity to parent.

Vital to note, of course, victims of crime interviewed as part of the review were those who were, at least formally, connected with supports. The recruitment process identified many other victims of crime who were initially linked in with the Helpline and VAP network but had never engaged with services due to complex needs or other barriers to access. This suggested that those who would perhaps benefit most from support are not receiving it and did not have the opportunity to contribute to this review.

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<sup>1</sup> Victims of crime had no criminal trial process for a range of reasons, including where the offender had died or had been determined unfit to stand trial.

## Designing an enhanced system response (Stage 2)

Overall, the first stage of the review identified that not all victims of crime are accessing victim services and that, where they are linked in, the response they receive is not always matched to their level of need. It also found that, where support was not available or able to be accessed, the impacts of crime victimisation could become protracted or escalate.

From a value for money perspective, the review also found that the one-size-fits-all approach of the current system fails to account for the capacity of many victims of crime - including victims of violent crime against the person - to self-manage, with the right supports around them to provide information, system navigation and to identify changes in risk and need. With these findings in mind, the second stage of the review aimed to develop a new service model which reflected and responded to what victims of crime said that they want and need following their experience of crime.

At the same time, both the CIJ and VSSR were cognisant that victims of crime interact with many other services and agencies with varying levels of capacity to identify and respond to experiences of victimisation. As noted above, these wider interactions can significantly impact victims' overall experience of the service system and even re-traumatise victims of crime. It was important, therefore, that any reforms to the way victim services are delivered in Victoria also aimed to improve the way victims of crime experience these wide service interactions, as well as their capacity to navigate the broader service system.

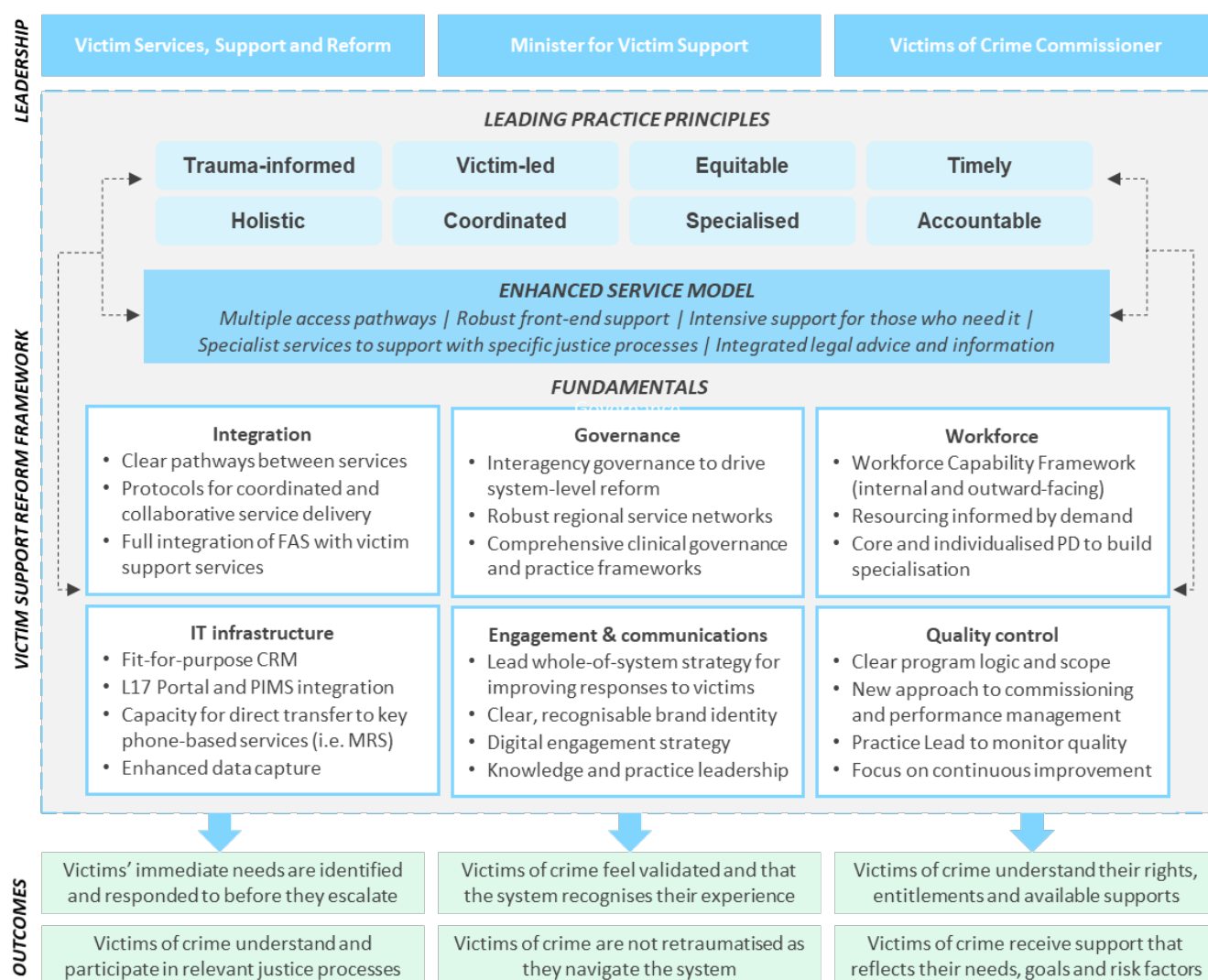
The CIJ, therefore, took a two-pronged approach to establishing a more coherent and effective Victim Support System, comprising:

- Core service model - First, the CIJ developed a new service model which brings together VSSR's core services into a single, cohesive and integrated model through which clients can step as their needs change over time. A specific goal of the new service model was that it would act as the lynchpin of the system by increasing the capacity of each service to support victims of crime as they navigate the broader system.
- System leadership and capacity building - Second, the CIJ identified several fundamentals that needed to be in place to support the transition to the new model. These included workforce capability, IT infrastructure, robust governance and improved integration across services. While these fundamental requirements directly support delivery of the proposed service model by VSSR, they also have a deliberate outward focus by improving knowledge, consistency and capacity to identify and respond to victims of crime across the service system.

In this way, the proposed service model and the accompanying fundamentals work together to strengthen the overall system response. This includes by actively supporting victims of crime to navigate the broader service system, as well as driving direct improvements in knowledge, practice and processes across that system (see Figure 2).



Figure 2: Approach to building a more coherent and coordinated Victim Support System



Source: Centre for Innovative Justice.

The design process in this second stage was informed by consultations with senior stakeholders experienced in system reform; site visits and consultations with practitioners working in multidisciplinary contexts; and a series of workshops with VSSR in which strategic priorities were defined, options considered, and assumptions for demand modelling tested. Demand modelling and costing in the second stage, which informed the proposed service model, was undertaken by a subcontracted provider that worked alongside the CIJ team throughout the design process.

## The proposed service model<sup>2</sup>

The future service model is designed to act as the lynchpin of the Victim Support System, actively navigating victims of crime through the criminal justice and broader service system; providing tailored information and advice; and proactively checking in to identify where victims' needs have changed. The model is deeply informed by understandings of trauma and the impact that this can have on individuals and families. The model also actively seeks to reduce the potential for *re-traumatisation* as victims of crime move through the system by walking with them side-by-side, using effective case coordination, advocacy and information provision to 'smooth' their path through the system.

A key finding of the research with victims of crime was that individuals and families impacted by crime have varying levels of need and capacity to self-manage. This could be influenced by the nature of the crime experienced; pre-existing vulnerabilities, including trauma histories and previous experiences of victimisation; and the presence of informal supports, although their needs and capacity were typically a product of all three factors.

This finding indicated a need to provide more intensive support to those who require it, as well as an opportunity to develop a lower-intensity, lower-cost support option for those with greater capacity to self-manage, thereby increasing overall sustainability. The service model is, therefore, based on a tiered approach to support provision, which is to be delivered through three core services:

- An integrated, phone-based **Victim Support Centre (VSC)** that provides an intake function for victims of crime who are being referred into victim services, as well as a core response to victims of crime against the person which includes comprehensive and ongoing risk and needs assessment; information and advice; psychological first aid; warm referrals to a range of services; case coordination; and proactive, phone-based outreach to remind clients that they are supported and to identify changes in support needs. The VSC also incorporates a specialist team to respond to L17s for male victims of family violence, the Victims Register, and will play a key role in coordination and oversight of critical incident responses.
- A more intensive, case management model, similar to the current VAP but with significantly enhanced capacity to address a range of client needs, including where those needs are multiple and complex. This service – called the **Victim Support and Recovery Program (VSRP)** - will be delivered through a network of community-based agencies across the state and will be fully integrated with the VSC so that it can act as a step-up service response, with clients being supported to step back down into less intensive VSC support as they progress through their recovery journey.

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<sup>2</sup> The proposed service model outlines a core response to victims of crime, delivered through a continuum of services with progressively greater capacity to provide intensive support, and fully integrated so that victims of crime can step-down as their support needs decrease. As such, it does not include services provided to victims and witnesses of crime in specific circumstances, such as Restorative Justice Services and Vulnerable Witness Services.



- A **Specialist Service for Bereaved Families (SSBF)** which replicates the single worker model of the VSRP but allows for an even higher intensity and duration of service provision in recognition of the significant practical and therapeutic needs of families bereaved by homicide. Importantly, the SSBF response is delivered jointly by the VSRP and VSC – with VSRP services in the family's community providing direct support and case management, while the VSC provides back-end support and oversight, coordinating the team around the family (including where individual family members are supported by different VSRP providers) and liaising with key government agencies such as Victoria Police and the Coroners Court to streamline processes and provide families with a single source of information.

It was also a key finding of the review that victims of crime wanted, but had no source of, dedicated and comprehensive legal advice. The review also identified that victims of crime often had a range of unmet legal needs beyond the criminal justice process, which could escalate if not addressed.

The proposed service model, therefore, includes a new **Victims Legal Advice Service (VLAS)** which leverages existing publicly funded legal services through a co-location model, and will provide victims of crime with tailored legal information and advice, referrals and discrete task assistance. The specialised nature of this service will also ensure that victims of crime receive legal support from lawyers with an understanding of the needs and experiences of victims of crime, and the application of trauma-informed approaches to legal practice.

Finally, the service model contemplates the increase in frequency and scale of critical incidents within Victoria and considers how the three core services described above – that is, the VSC, VSRP and SSBF - can provide surge capacity in critical incidents to deliver specialised support to victims of crime in these contexts and ensure that Victoria's whole-of-government response to critical incidents is informed by an understanding of victims' needs.

### **Fundamental requirements for a coordinated system**

The proposed service model is intended to be fully integrated so that, even as clients 'step through' the model, they experience it as a single, seamless service. It will also have significantly enhanced capacity to provide proactive support, identifying victims' needs before they escalate or become protracted. The delivery of this type of model will require several fundamental enablers to be in place, including critical uplift of IT infrastructure from the current state; a renewed focus on a highly skilled and professionalised workforce; and a robust approach to quality control and continuous improvement to ensure the delivery of consistent, high-quality services.

Fundamental enablers identified through the review will also have an important 'outward' focus – increasing the capacity for coordinated responses across the broader system and ensuring that all services and agencies which interact with victims of crime have a foundational understanding of the needs of victims of crime and know how to link them in with specialist victim support. System-level governance arrangements; a strategic approach to engagement and communications to ensure strong awareness of the availability and scope of specialist victim services; and integration with key external services, including sexual assault and family violence services, will all contribute to a more coordinated and cohesive system response to victims of crime.

## Integrating victim services and financial assistance

Currently, financial assistance for victims of crime is provided via the Victims of Crime Assistance Tribunal (VOCAT), which operates from all locations of the Magistrates' Court of Victoria (MCV). In 2016, the Government asked the VLRC to review the operation and effectiveness of the *Victims of Crime Assistance Act 1996* in relation to victim survivors of family violence. In 2017, these terms of reference were expanded to review the provision of state-funded financial assistance for *all* victims of crime. The VLRC report made 100 recommendations in total, including that a new administrative model of financial assistance be established to replace the current quasi-judicial model. This work is well underway and is led by VSSR.

The Government will be considering options for FAS reform and the outcomes of the Victim Services Review concurrently. This presents a rare opportunity to draw these two major reforms together and to integrate financial assistance into the broader service response to victims of crime.

In interviews with victims of crime, the current review identified multiple ways in which integration between the FAS and broader victim services could improve the experience of victims of crime. This included establishing robust referral pathways between financial assistance and broader support; considering the potential role of victim services in assisting victims of crime with financial assistance applications, with or without additional legal advice; and using a shared Customer Relationship Management (CRM) system so that victims of crime can minimise the re-telling of their story and are supported at each step by staff with a deep understanding of their needs and experiences. Given the clear synergies between these two reforms, this report has identified throughout where there are opportunities for integration.

## Impacts of the proposed system on demand and costs

Victoria's response to victims of crime has received little investment or policy attention in the decades since it was established. While there has rightly been a strong focus and huge investment in improving how the system prevents and responds to family violence and sexual assault, 'generalist' victim services have not received the focus they need or deserve, despite responding to a high volume of clients, many of whom have significant support needs. The review indicated that an enhanced response to victims of crime – one that both increases accessibility so that more victims of crime are able to access support and aims to deliver more tailored support that reflects the breadth and depth of clients' needs – requires investment.

The proposed reforms are expected to drive an approximate doubling of victims of crime accessing support over a four-year horizon, increasing from approximately 21,000 clients (current) to 47,000 clients by Year 4. Projected demand is based on overall growth in population and incidents of crime in Victoria, as well as stronger referral pathways and visibility of victim services enabling a greater proportion of victims of crime to be linked in with the support they need.

This increase in demand is matched by an approximate doubling of investment in direct service delivery over the same period, despite a significant uplift in the depth and breadth of service provision. This is achieved through the tiered model, which matches response to need so that more clients can be supported through the lower-cost phone-based service, with only those with the greatest level of need referred on for intensive case management support.

## Conclusion

Victorians expect that, when a person experiences a violent or high-impact crime, they will receive recognition, compassion and support from the state in order to recover. At the same time, emerging evidence indicates that many individuals and families who initially present to the system in the context of crime victimisation - and whose needs and trauma go unaddressed – often go on to have contact with some of the most high-cost interventions, including child protection and the criminal justice system.

This suggests that investing in victims of crime is not only a vital mechanism for increasing feelings of community safety and trust in government but can actually result in savings to government over time. These savings are achieved by diverting individuals and families from trajectories of harm, including repeat victimisation and offending, which incur significant costs if they are not stemmed through the provision of appropriate and timely support.

Currently, services for victims of crime in Victoria have a number of considerable strengths and are founded on a strong overarching model that is consistent with approaches in other jurisdictions. A lack of investment and attention, however, has meant that these services have not kept pace with evolving understandings of victimisation and trauma, nor with the increasing complexity of needs with which victims of crime increasingly present across the service system.

The reformed service model and fundamentals proposed here represent a renewed focus on these needs – a recognition that victims of crime deserve more comprehensive, tailored and timely assistance. The reforms proposed also aim to improve understanding of crime victimisation across all client-facing and criminal justice services, sending the strong and unequivocal message to all Victorians that, if they experience crime, they can be sure of being remembered and of receiving genuine support.

# 1 Introduction and context

This section outlines the project background and developments giving rise to the victim services review; the scope and objectives of the project; and the purpose and structure of this report.

## 1.1 Project background

VSSR sits within DJCS and is responsible for the delivery and reform of services to victims of crime, as well as coordinating a whole of government approach to responding to victims of crime. Since its establishment in 2004, VSSR has grown rapidly, with its budget increasing from \$8.2 million in 2004-05 to \$30 million in 2017-18. Over this period, VSSR's suite of services has expanded significantly to include a highly dedicated and internally integrated workforce servicing:

- the Helpline – a phone-based service available to all victims of crime which provides information, advice, psychological first aid and referrals;
- the VAP - delivered by community services organisation across Victoria and provides a range of supports, including case coordination, assistance to navigate criminal justice processes, and practical support, including brokerage;
- the Victims Register – provides eligible victims of crime with certain types of information about the offender in their matter, and facilitates the participation of victims of crime in parole and post-sentence supervision decision making processes;
- YJGC Victim Support – supports victims of crime to participate in restorative justice processes in relation to youth offenders, including support, pre-, during and post-conference;
- the CWS – provides specialised court support to children who have experienced or witnesses specific crime types, with a view to minimising re-traumatisation as a result of giving evidence and facilitating the provision of quality evidence;
- the IPP – matches intermediaries with child witnesses and witnesses with a cognitive impairment for the purposes of assessing and responding to individual communication needs while giving evidence;
- the FVRJ Service – a restorative justice model which seeks to offer victim survivors of family violence an alternative to criminal justice processes; and
- Trauma Clean – which assists with clean up after a violent crime against the person or suicide has taken place.

It also provides a vital response to victims of crime related mass critical incidents in Victoria, although this work is not funded and so is currently being delivered in an ad hoc manner based on goodwill and the availability of resources.

Beyond direct service delivery, VSSR is responsible for policy development and strategy in relation to victims of crime; oversight of the operation of the National Redress Scheme within Victoria; Asset Confiscation Operations; notifying relevant victims of crime when a prisoner is paid compensation that has been quarantined under the PCQF; secretariat support for the Victims of Crime Consultative Committee; and special projects, including the design of the new FAS, although these functions were not within scope of the current review.

In addition to the services provided by VSSR, Victoria has a blend of services and agencies which work with and support victims of crime. These can be government or non-government, specialist or generalist, and may support different 'types' of victims based on the nature of crime experienced or other characteristics. Victims of crime are core business for some services while, for others, support for victims of crime is just one aspect of what they do. This can mean that victims of crime interact with a highly variable range of responses. This in turn contribute to victims of crime feeling 'let down' by the system, struggling to find and access the supports they need, or needing to tell their story repeatedly. For some victims of crime, it may mean they disengage from, or are never linked into, the supports they need. The review sought, therefore, to understand and respond to these challenges.

## **Evolving understandings of victims' needs and experiences**

In the decades since the core elements of Victoria's response to victims of crime were established, understandings of victimisation and trauma have evolved considerably.

Recent reviews and inquiries have provided rich insights into the experiences of victims of crime; the breadth and depth of needs that can arise through victimisation; and the re-traumatisation that victims of crime can experience when systems fail to respond. This includes the Victorian Law Reform Commission's (VLRC) *Review of the Victims of Crime Assistance Act* and the VLRC's *Review of the role of victims in the criminal trial process*; Victoria's *Royal Commission into Family Violence* (RCFV); and the *Royal Commission into Institutional Responses to Child Sexual Abuse* (RCIRCSA).

Through these and similar reviews, along with a growing evidence base, we now know that:

- The way in which a person responds to the experience of victimisation can depend on personal factors - such as age, gender, abilities, health, ethnicity, culture, socioeconomic status, social networks and previous experiences and interaction with the justice system; the type and seriousness of the crime;<sup>3</sup> and the nature of the victim's relationship with the offender.<sup>4</sup>

<sup>3</sup> It is important to note that the impact of a crime on a person does not necessarily correspond to the 'seriousness' of the crime based solely on crime type. See also Elaine Wedlock and Jacki Tapley, 'What Works in Supporting Victims of Crime: A Rapid Evidence Assessment (Victims' Commissioner and University of Portsmouth, 2016) 8.

<sup>4</sup> Victorian Law Reform Commission, *Review of the Victims of Crime Assistance Act 1996*, Report No 38 (2018) ('*Review of the Victims of Crime Assistance Act 2018*').

- Most people have an emotional reaction to victimisation, with increased stress and persisting psychological, social and physical effects associated with more serious or violent offences.<sup>5</sup>
- Effects of victimisation can be wide-ranging – for example, the RCIRCSA found that victims of child sexual abuse experienced impacts in multiple spheres, such as mental health, physical health, including substance misuse; interpersonal relationships, including difficulties with trust and intimacy; connection to culture, spirituality and religious involvement; sexual identity, gender identity and sexual behaviour; and education, employment and economic security.<sup>6</sup>
- While the effects of property crimes are typically not as severe and long-lasting as violent personal crimes, victims of property crime can nevertheless suffer emotional, psychological and physical health effects, sometimes to a severe degree.<sup>7</sup>
- Emerging crime types, such as online fraud, can have “a devastating impact on victims and their families”.<sup>8</sup> For example, victims of online fraud often experience significant emotional and psychological impacts, with feelings of shame, distress, sadness and anger often reported, as well as loss of trust in others.<sup>9</sup> A 2016 Australian study reported that multiple online fraud victims indicated that they had seriously contemplated suicide as a result of their victimisation.<sup>10</sup>
- Many victims of crime never report to police<sup>11</sup> with under-reporting even more pronounced for specific cohorts and types of offences. For example, some studies indicate that as many as 90 per cent of Aboriginal women do not disclose experiences of violence.<sup>12</sup>
- The effect of crime victimisation can compound, as well as be compounded by, pre-existing vulnerabilities in those already experiencing disadvantage or marginalisation, such as refugees, women escaping family violence, Aboriginal and Torres Strait Islander peoples, and people with disabilities.<sup>13</sup>

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<sup>5</sup> Victorian Law Reform Commission, *The Role of Victims of Crime in the Criminal Trial Process*, Report No 34 (2016) (*'The Role of Victims of Crime in the Criminal Trial Process 2016'*).

<sup>6</sup> *Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report: Impacts* (2017) (*'RCIRCSA 2017'*).

<sup>7</sup> *'The Role of Victims of Crime in the Criminal Trial Process 2016'* (n 5).

<sup>8</sup> Mark Button et al, *The human cost of fraud: A vox populi* (London: Centre for Counter Fraud Studies & MacIntyre Hudson, 2010).

<sup>9</sup> Australian Institute of Criminology 'The reporting experiences and support needs of victims of online fraud' (2016).

<sup>10</sup> Ibid 5.

<sup>11</sup> For example, ABS data for the 2017-18 period found that 52 per cent of people who experienced physical assault had the most recent incident reported to police; 38 per cent of people who experienced face-to-face threatened assault had the most recent incident reported to police; and, 27 per cent of people who experienced non face-to-face threatened assault had the most recent incident reported to the police.

<sup>12</sup> Australian Institute of Criminology, 'Non-disclosure of violence in Australian Indigenous communities' (2011).

<sup>13</sup> *The Role of Victims of Crime in the Criminal Trial Process 2016* (n 5).



- Prior experiences of victimisation – for example, childhood sexual abuse and childhood physical abuse – can be predictive of secondary victimisation, which in turn compounds and exacerbates the impact of crime in a multiplicative way.<sup>14</sup>
- The link between victimisation and offending is one of the strongest empirical associations in criminological literature. A 2012 review of the literature on the 'victim-offender overlap' identified studies reporting that more than half of victims of crime become offenders and vice versa.<sup>15</sup>
- The link between victimisation and offending can be even more pronounced for some crime types and cohorts. For example, a 2014 literature review of the profile and needs of incarcerated women noted high rates of histories of childhood victimisation (particularly sexual abuse) and subsequent victimisation as adolescents and adults (including sexual assault and family violence). Similarly, an Australian study found that victims of child sexual abuse were "almost five times more likely to be charged with an offence than their peers in the general population".<sup>16</sup>

A core challenge for any system aiming to support victims of crime is, therefore, to ensure that it has the capacity to accommodate the diverse experiences of victimisation. Equally, the system must identify and respond effectively to the support needs that arise for any one individual or family, including where these needs are multiple and complex, and where these experiences may occur in the context of a range of broader circumstances and a wider service interaction.

### A changing human services landscape

In addition to our evolving understanding of victims' needs, recent reviews have driven change across the service system. This includes significant investment and sweeping reforms of responses to family violence; the establishment of a National Redress Scheme for victims of historical institutional childhood sexual abuse; legislative changes to enhance the role of victims of crime in criminal trial processes; and the ongoing development and future implementation of a new FAS for victims of crime.

In human services more broadly, a shift is occurring towards more individualised, user-led service responses. Improved integration across services and systems to reflect the multiple, complex needs with which individuals and families often present is now an increasing focus of human service system design. This includes current work occurring within DJCS and the Department of Health and Human Services (DHHS) which examines the prevalence and trajectories of complex, common clients and seeks to enable more person-centric service delivery, including for individuals and families whose needs cut across multiple sectors and systems (see section 2.3.5).

<sup>14</sup> See, e.g., Kristen Walter et al, 'The Role of Protective Self-Cognitions in the Relationship Between Childhood Trauma and Later Resource Loss' (2010) *Journal of Traumatic Stress* 23(2).

<sup>15</sup> Wesley G Jennings, Anthony R. Piqero and Jennifer M Reingle, 'On the overlap between victimisation and offending: A review of the literature' (2012) *Aggression and Violent Behaviour* 17.

<sup>16</sup> 'RCIRCSA 2017' (n 6) citing James Ogloff et al *Child sexual abuse and subsequent offending and victimisation: A 45-year follow-up study* (Australian Institute of Criminology, Canberra, 2012).

The key features of this reform include implementing integrated service delivery; integrated governance based on shared outcomes; and reform to system enablers to allow flexible funding models, information sharing and workforce development.

Investment approaches have further recognised that effective, targeted, early interventions can improve medium and longer-term outcomes for vulnerable individuals and families. Improved outcomes can in turn reduce the use of acute or resource-intensive service responses over the lifecycle, increasing productivity, and ultimately resulting in cost savings to government. Key enablers of these approaches include evidence-based design, rigorous monitoring and outcomes measurement, data-sharing and predictive analytics.

Recognising that changes in the broader system have resulted in a changed service landscape, VSSR engaged the CIJ to undertake a review and redesign of Victoria's victim services. As indicated above, in commissioning the review, VSSR also recognised the need to align victim services system with contemporary understandings of victimisation and trauma and leading practice in victim services delivery, as well as with emerging trends in human and social services more generally. The purpose and scope of the review is detailed in section 1.2 (below).

## 1.2 Project purpose and scope

In January 2019, VSSR commissioned the CIJ to undertake a review of Victoria's victim services. This review was to include both an inward focus on the services for which VSSR is directly responsible, as well as an outward focus on other agencies and services that respond to victims of crime, and ostensibly make up the system which provides services and support to victims. The aim of the review was to understand the current system response available to victims of crime in Victoria, including how it is experienced by victims of crime, and to develop a future service model and system that is more effective, equitable, efficient and aligned with contemporary best practice.

The CIJ conceptualised the 'victim services system' broadly to incorporate any service or agency with which a victim may be required to interact due to needs arising from their experience of victimisation. This included specialised services for victims of specific crime types such as family violence and sexual assault, specialist trauma services, and a range of universal services. It also included Commonwealth agencies such as Centrelink, Medicare and the National Disability Insurance Agency, which can be key in enabling victims of crime to access social security and other critical entitlements (see section 2.1 for an overview of the service system). This broad conceptualisation was reflected in the stakeholder engagement approach, which included over 130 practitioners and professionals from across the service system.

The central focus of the review, however, was on the client-facing services provided by VSSR, including the extent to which these integrate or effectively interface with the broader system, as well as how they can support victims of crime to have positive interactions with the broader system. It also considered the role of VSSR in providing leadership and victim-centric expertise to enhance the capacity of the broader service system to respond to victims of crime.



### 1.2.1 Stage 1 of the Review

Stage 1 of the review ran from February 2019 to September 2019 and was focused on building a deep understanding of the current service response for victims of crime, with a particular focus on the extent to which services are coordinated and experienced seamlessly by victims of crime. This stage of the review comprised:

- a current state assessment of the suite of services currently delivered or funded by VSSR, including a review of key program documentation and interviews with managers and practitioners of key services;
- mapping of the broader victim services system, including police responses, specialist family violence services, specialist sexual assault services, courts and tribunals, specialist services providing support to specific populations and other generalist community services, with the mapping exercise informed by a desktop review and extensive consultations with over 130 professional stakeholders from the broader service system;
- qualitative research with 37 victims of crime from different regions across Victoria who had experienced a wide range of different crime types to understand their needs, how they currently experience the service system, and how that experience could be improved;
- consultations with the Victims of Crime Consultative Committee; and
- development of a high-level system logic and recommendations to inform detailed design work in Stage 2.

In-depth interviews with victims of crime were conducted by an experienced research team, with recruitment undertaken by VAP practitioners with visibility of victims' circumstances at that time, as well as specific support or communication needs. Debriefing was also offered proactively to all participants, with those participants who did require debriefing nominating to receive that support from their existing VAP caseworker. All participants were reimbursed for their time, although repeatedly the research team heard that the driver for participating in the review for many participants was their desire to ensure that the system worked better for other victims of crime.

At the end of the first stage of the review, the review team had developed a robust understanding of the existing system of supports for victims of crime, including strengths and limitations of individual services and the system as a whole (a summary of service-specific findings from Stage 1 of the review is included as **Appendix A**). The primary input for this first stage were the rich accounts of victims of crime themselves, which complemented and at times ran counter to what the review team found in program documents and data.

### 1.2.2 Stage 2 of the review

The second stage of the review was forward-looking. It aimed to design a new service model and system response for victims of crime which retains the considerable strengths of the current system, while significantly increasing its capacity to respond in a timely and trauma-informed way.

This involved the development of a detailed service model, building on national and international best practice; insights from practitioners and experts in system reform; and what victims of crime told us they needed to manage the impacts of crime and work towards recovery.

In addition, Stage 2 involved service demand modelling to estimate future demand for core services under the redesigned victims support service system, in aggregate and within different elements of the system, in order to develop an estimate of future requirements. The demand modelling was based on current service use across existing services, forecast population and demographic changes, as well as changes to service components under the new model.

The demand modelling involved completion of the following steps:

- Analysis of current and historic service provision, including the nature of support provided and the context, needs and background of individuals receiving services.
- Development of an estimate of the total number of victims of crime who are currently eligible for victim support services (based on publicly available data sets).
- Projecting future demand based on population growth, projected incidents and nature of crime, and the anticipated increase in the likelihood of eligible victims electing to access services and support, due to improved system design, changes in eligibility criteria, clearer referral pathways and promotion of the services and supports available.
- Estimating the proportion of eligible victims of crime who will be referred to different components of the redesigned service model and the duration and intensity of the services and support provided, based on the severity of offences and assessment of diverse needs.

The modelling focused primarily on the demand for core services within the proposed model, but also considered the extent to which there would be a change in the utilisation of other services delivered by VSSR, including services for vulnerable witnesses and restorative justice services.

The results of the modelling were used to inform resource and funding requirements, as well as to inform governance arrangements and ensure system design was fit for purpose. Service demand modelling was undertaken by a subcontracted provider that worked alongside the CIJ team throughout the design process.

### **1.3 Purpose and structure of this report**

This report synthesises the findings of Stage 1 and 2 of the review, presenting a case for reform of victim services in Victoria to ensure that victims of crime are supported to manage the effects of crime, participate meaningfully in justice processes, and recover from their experience. This includes an effective and integrated victim support service model, as well as a broader system that is coordinated, equitable and flexible enough to respond to a range of circumstances and needs.

The report therefore details the future design of a core service model through which victims of crime will be supported to navigate the broader system. It also explores fundamental strategies and enablers to improve knowledge, skills and practices across the broader system so that, no matter what part of the system to which a victim of crime presents, they can have their experience recognised and be linked in with the right support.

The design is informed by the needs and experiences of victims of crime themselves, insights from professional stakeholders, and leading practice in Australia and internationally.

### 1.3.1 Structure of this report

The structure of this report is as follows:

- **Section 1 (Introduction and context)** – outlines the project background, scope and methodology.
- **Section 2 (Investing in victims of crime)** – provides an overview of the findings of the review, including how victims of crime experience the current service system, and the rationale for investing in improved service responses for victims of crime.
- **Section 3 (An enhanced system response for victims of crime)** – sets out the principles underpinning the proposed service model; the fundamental requirements of any reform; and outlines the current state, case for change and detailed future design of each element of the service model.
- **Section 4 (Conclusion)** – summarises the need for greater investment in supports for victims of crime.
- **Appendix A** – provides a high-level summary of review findings in relation to specific VSSR services, which informed design of the proposed model and broader reforms.
- **Appendix B** – provides a high-level summary of key Victorian government agencies who deliver, fund or otherwise support service responses to victims of crime.
- **Appendix C** - provides an overview of key evidence relating to the needs of victims of crime, including the needs of specific cohorts.

## 2 Investing in victims of crime

The following section provides a high-level overview of the current system response for victims of crime in Victoria; how that response is experienced by victims of crime; and why greater investment in services for victims of crime is needed.

### 2.1 Overview of Victoria's current victim services system

VSSR has overarching responsibility for the delivery and reform of services for victims of crime, as well as coordinating a whole-of-government response to victims of crime. VSSR's role is complemented by the existence of a separate Victims of Crime Commissioner, established in 2015 to drive improvements in services and systems for victims of crime across government, non-government service providers and the justice system. As of late 2018, Victoria also has a dedicated Minister for Victim Support, whose broader justice portfolio includes Crime Prevention, Corrections and Youth Justice, ensuring that the views and experiences of victims of crime are central to the development of policy within Victoria's justice system.

Responses to victims of crime in Victoria, including the services and supports provided by VSSR, are underpinned by the Victims' Charter, although other legislation also provides for some victims' entitlements. VOCAT, which is expected to transition to an administrative model scheme post-2021 through the FAS, is also a central component of Victoria's response to victims of crime.

While VSSR provides several core services for victims of crime - such as the Helpline, VAP, Victims Register, Restorative Justice Services and Vulnerable Witness Services - victims' rights and services in Victoria are delivered and funded through multiple agencies and intersect with a range of policy areas. These include criminal justice and law enforcement, health and social services, and national policy responses to historical institutional childhood sexual abuse. A summary of key government agencies which play a part in responding to victims of crime is provided at **Appendix B**, with further detail on the broader victim services system provided below.

#### Defining the victim services and support 'system'

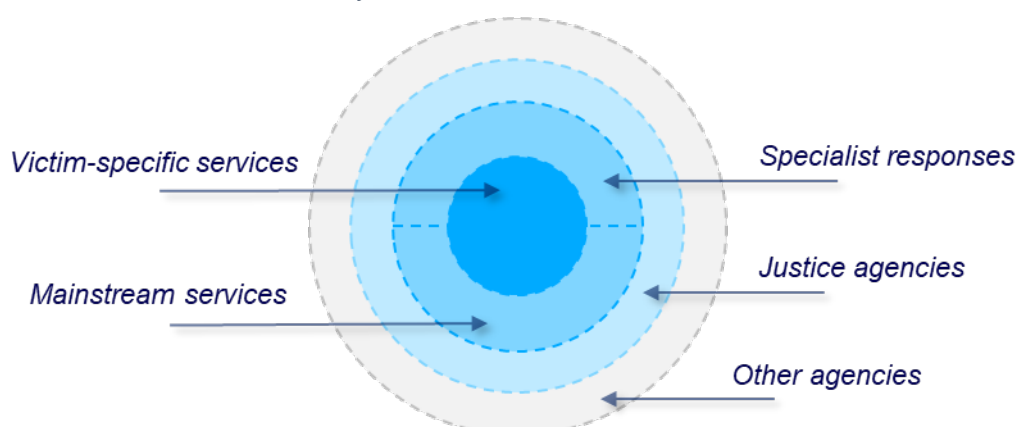
Victim services in Victoria comprise a range of government and non-government services. They include specialist (for example, sexual assault and family violence services) and generalist services (for example, the VAP and Helpline). Victim services may support different 'types' of victims based on the nature of the crime they have experienced, as well as other characteristics such as age, sexuality, and ethnicity. Some services provide state-wide coverage (for example, the VAP, The Orange Door, Centres Against Sexual Assault (CASAs) and phone-based services), while others are only able to provide limited coverage and support to non-metro areas (for example, the Office of Public Prosecution's (OPP's) Victims and Witness Assistance Service (VWAS) and the CWS).


Recognising that people who have experienced crime may need to access a broad range of services, the review identified that the services and agencies that victims of crime want or need to access can be grouped into five broad categories, those being:

- services specifically designed for victims and witnesses of crime;
- specialised responses for victims of crime provided by agencies or services with a broader remit;
- mainstream services accessed by victims of crime;
- justice system agencies; and
- other agencies that interact with, but whose primary service focus is not, victims of crime.

These five groups of services can be conceptualised as concentric circles (see Figure 3), with the inner circle representing services for whom victims of crime and vulnerable witnesses are their core business and therefore provide a highly specialised and trauma-informed response. The level of specialisation and understanding of victims' needs and experiences decreases as the circles move outward, so that the outermost circle represents those services that have limited capacity to recognise and respond to victims of crime because it is not a specific focus of their service design.

Figure 3: Overview of the victim services ecosystem



Element	Features	Examples
 <b>Victim-specific Services</b>	<ul style="list-style-type: none"> <li>○ Services that are designed and delivered specifically for victims of crime and vulnerable witnesses.</li> <li>○ Generally delivered by staff with a strong understanding of trauma and the impact of crime victimisation.</li> </ul>	<ul style="list-style-type: none"> <li>○ VSSR services and programs</li> <li>○ CASAs</li> <li>○ The Orange Door and specialist family violence services</li> <li>○ Specialist trauma recovery programs</li> <li>○ National Redress Scheme</li> </ul>

Element	Features	Examples
 <p><b>Specialised response within other agencies</b></p>	<ul style="list-style-type: none"> <li>○ Specialist services, or services that are likely to frequently support victims of crime, that sit within agencies with a broader remit than solely supporting or working with victims of crime.</li> <li>○ May be delivered by staff who have a level of specialisation in working with victims of crime, but the overarching agency is not designed with victims of crime in mind and may have competing goals, priorities and practice frameworks.</li> </ul>	<ul style="list-style-type: none"> <li>○ Specialist teams within Victoria Police</li> <li>○ VWAS (OPP)</li> <li>○ VOCAT</li> <li>○ Family Violence Applicant Practitioners (Magistrates' and Children's Courts)</li> <li>○ Court Network</li> <li>○ Transport Accident Commission (TAC)</li> <li>○ WorkSafe</li> <li>○ Family Liaison Officers (Coroners Court)</li> <li>○ Child Protection (when victim is a child or young person)</li> </ul>
 <p><b>Mainstream services</b></p>	<ul style="list-style-type: none"> <li>○ Services designed and delivered to support a range of people within the community.</li> <li>○ Typically delivered by staff with experience working with vulnerable cohorts and people who have experienced trauma.</li> <li>○ Victims of crime may have a strong and trusted relationship with these services that pre-dates their experience of victimisation.</li> <li>○ Extent to which these services understand and respond appropriately to crime victimisation is variable, as will be knowledge of supports and entitlements available to victims of crime.</li> </ul>	<ul style="list-style-type: none"> <li>○ Legal services, including VLA, CLCs and private practitioners</li> <li>○ Counselling services</li> <li>○ Youth support and advocacy</li> <li>○ Mental health and alcohol and other drug (AOD) services</li> <li>○ Housing and homelessness services</li> <li>○ Financial counselling</li> <li>○ Child and family services</li> <li>○ Migration support</li> <li>○ Health services, including hospitals</li> <li>○ Disability services</li> <li>○ Local council services</li> </ul>

Element	Features	Examples
 <p><b>Justice system agencies</b></p>	<ul style="list-style-type: none"> <li>Extent to which these agencies interact with victims of crime is varied, with some being focused almost exclusively on offenders.</li> <li>Many of these agencies play a central role in how victims of crime experience the justice system and the extent to which they feel heard, recognised and respected at different points in the process.</li> <li>Even where agencies work primarily with offenders, evidence shows that many people in touch with the criminal justice system have also experienced crime.</li> </ul>	<ul style="list-style-type: none"> <li>Victoria Police</li> <li>Courts (Supreme Court, County Court, Children's Court, Magistrates' Court and Coroner's Court)</li> <li>OPP</li> <li>Adult Parole Board</li> <li>Post Sentence Authority</li> <li>Corrections Victoria</li> <li>Youth Justice</li> <li>Youth Parole Board</li> </ul>
 <p><b>Other agencies that interact with victims of crime</b></p>	<ul style="list-style-type: none"> <li>Interact with a range of people and are unlikely to recognise individual clients as victims of crime.</li> <li>Can be central to a victim's capacity to access the supports they need.</li> <li>Research indicates that interactions with these agencies can be retraumatising for victims of crime where they do not recognise experiences of victimisation.</li> </ul>	<ul style="list-style-type: none"> <li>National Disability Insurance Agency (NDIA)</li> <li>State Trustees</li> <li>Centrelink</li> <li>Medicare</li> <li>Office of Housing</li> <li>Child Protection (in cases where a protective parent has been a victim of crime).</li> </ul>

Source: Centre for Innovative Justice.

The extent to which the services and agencies outlined in Figure 3 understand themselves to be 'victim services' is highly variable. Some services are not specifically designed or delivered for victims of crime, while others – such as Victoria Police or the courts – may not consider themselves to be 'services' at all. However, research indicates that victims of crime tend to perceive all the services and agencies with which they interact as contributing to the 'system response' that they receive following an experience of crime. As such, from a victim's perspective, all these services can be understood as forming part of the *victim services system*.



## Is the current system working?

The current system includes a range of critical core services, including the VAP and Helpline, that provide victims of crime with information; support participation in criminal justice processes; and leverage the broader service system through advice, referrals and case coordination to access a network of universal and specialist services in their community. These include services relating to health, mental health, migration, employment, family therapy and legal support.

At the same time, interviews with victims of crime demonstrated that, too often, the system does not work for individuals and families. While some victims of crime reflected positively on the support they had received, the review team encountered others who were ostensibly linked in with the system and receiving support, yet their engagement had been minimal and did not correspond with the extent of their need.

The research also highlighted that referrals and coordination between services and agencies are not always effective, and in some instances are not occurring at all – for example, there is currently no process for referring VOCAT users into broader support. This can result in a lack of continuity between services; service provision that does not reflect an individual or family's breadth and depth of need; and some victims of crime falling through the cracks completely. Section 2.2 outlines how the current system is experienced by victims of crime.

## 2.2 Victims' experiences of the current system

As part of the review, a team of experienced CIJ researchers conducted 37 in-depth interviews with adult victims of crime from the nine VAP regions across Victoria. All victims of crime interviewed except one had experienced a violent crime against the person and the sample included primary, secondary and related victims. Although their experiences were highly varied, several common themes emerged in relation to how victims of crime experience the service system.

### *Victims of crime often do not differentiate between services*

Victims of crime often cannot differentiate between the various services and agencies with which they interact in the aftermath of a crime. Victims of crime frequently described support they had received without being able to identify who had provided it or how that service knew that they needed support. Others would use the name of an individual worker who they felt had supported them well, without necessarily knowing with which service or organisation the worker was affiliated.

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*“Some ladies came from [the provider]. They brought food and some plates and crockery and things. Now that you ask, though, I don't know how they knew I needed help. They just turned up.”*

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Importantly, *all* the services and agencies with which victims of crime interacted with made up the *system response to their experience of crime*. This means that agencies for which victims of crime are not core business (such as Centrelink, Office of Housing and State Trustees) can significantly impact the extent to which victims of crime feel recognised, validated and supported by the system, particularly where interactions with those agencies are not supported through effective case coordination or advocacy.

### ***Victims of crime need a timely response***

Most victims of crime received a timely response and were linked into appropriate services within four to five days of experiencing a crime (with some linked in as quickly as the following day). Depending on the nature of the crime experienced, however, some had urgent needs that were not able to be addressed immediately. These often included practical and safety needs - such as where a crime meant that a victim could not immediately return to their home or where the offender posed an ongoing risk. Other immediate needs included information and psychological first aid; taxi vouchers and transport; support to coordinate and attend medical appointments; and childcare.

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*"I stayed at my mum's the time that it happened... I wasn't allowed back to the house for a couple of days until all the fingerprinting and that was done, but [the] thing that I was concerned about is, if I didn't have any relatives or any friends to go stay with, and I had no money, what was I supposed to do? Sleep in the car? ... I just thought that there should have been instant support for you."*

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Where victims of crime were not able to work because of the crime, it was important to instigate rapid processes to access interim VOCAT payments or support through Centrelink. Some victims of crime also wished that they had been linked into crisis counselling straight after the event.

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*"Probably the optimal outcome for me would have been if that police officer could have said to me on the day, here is the number of someone who can do a crisis session for you today, a psychologist who you can speak to today and sit down and have a conversation with. That would have been an optimal outcome for me."*

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The research also identified some victims of crime who were not linked into the system for a long time after the crime. For example, one victim of crime was not linked into a VAP until they experienced a second, unrelated assault a significant period after the original offence had occurred. When asked if they accessed any supports at all following the initial offence, they replied:

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*"No. I really wish I had. I am seeing the psychologist now and the situation is worse now. I am addicted to bad things now and my habits have changed, I don't look after myself anymore. I wish I'd had support, especially when I was very depressed in the beginning. No one referred me or reached me."*

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Another victim of crime interviewed had self-referred to the VAP after the court process had resolved. This victim's recovery had been significantly hampered by a lack of both formal and informal supports, and her youngest child was also reportedly demonstrating signs of significant stress and anxiety. Due to the delay in referral, this victim of crime was not supported through the criminal justice process and had a very limited understanding of what had happened and what her rights were in terms of participation. This lack of support was further compounded by her personal circumstances as a single parent and migrant with very limited English.

### ***Victims of crime want information provision that is individualised***

Victims of crime frequently described feeling overwhelmed, not knowing what to expect, and not knowing what their entitlements might be. Several victims of crime, as well as practitioners, noted that "most people do not think about being a victim of crime until they actually are", with people who have experienced a crime then faced with the challenge of trying to absorb large amounts of new information, often at a time when they are significantly distressed and traumatised.

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*"That was probably the most frustrating bit, understanding that process for someone that never had to be in that situation before. And understanding who to call and who was responsible for what. The police were good in terms of pointing us in the right direction, but there wasn't a one stop shop. So yes, information, I think, was the biggest thing."*

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Victims of crime also indicated that they did not appreciate the provision of generic information, particularly when they were feeling overwhelmed. Rather, they wanted information that was relevant to their specific needs and circumstances at a specific moment in time. This could include information relating to the criminal justice process; information about services and supports that were available; and information about their rights and entitlements. The latter included entitlements that are not specific to victims of crime, such as childcare subsidies. Several participants also noted that they were not able to identify or articulate their needs. As such, comprehensive needs assessment was identified as a prerequisite for the effective provision of information.

In addition to receiving the right information at the right time, participants wanted the way in which information was provided to match their individual needs and preferences. This included:

- following up the verbal provision of information with relevant written materials;
- signposting where victims of crime can seek additional information;
- ensuring that victims of crime know who to contact if they have further questions, or proactively reaching out to ensure that information was understood; and
- asking victims of crime if they are comfortable receiving information over the phone or would prefer a face-to-face appointment.

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*"[My] head was still a little bit unclear; it took me a while to get right. It was too much stuff; I wasn't really getting any of it really. So, then she sent me a package of information which she promised to do on the phone, you know, 'Don't worry, you don't have to remember all of this, I'll send you a package...'. And again, the package just looked like a lot of stuff. It, it just all felt like somebody referring me to somebody referring me to somebody referring me to somebody."*

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The provision of information emerged in the review as a key factor in enabling victims of crime to regain a sense of agency and to self-manage their support needs over time.

### ***Victims of crime want support that is proactive and trauma-informed***

A central challenge in relation to current services for victims of crime is that they rely heavily on victims of crime to self-advocate. This is in part due to the level of demand faced by the system, which prevents more proactive engagement. However, it is also linked to the view among some practitioners that 'victim-led' services should be responding solely to what a client says they want and need and providing responses that are actively initiated by the client. This conception of 'victim-led', however, can be at odds with contemporary understandings of the impact of trauma, as well as the accounts of many of the victims of crime who participated in this research and who described feeling like they were "at breakdown point", "drowning" and "blindfolded".

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*"I can understand how people who are victims have things happen and it can just destroy their life. Because to actually get through it and get the help you need and all of that, the onus is really on you to seek that help and find ways of getting it for the most part, rather than it coming to you. You've really got to put your hand up and jump up and down a bit to get what you need."*

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Many victims of crime declined support because, at the time they were contacted, they were not able to discern what was being offered or how it matched their needs. Some did not engage because they could not leave the house to visit a service at the time they were contacted, either because of physical injuries impacting their mobility; fear of encountering their offender; or general fear of being in public spaces. One participant, who had been contacted by the VAP immediately following the crime but who had declined service because his physical injuries prevented him from attending the VAP premises, realised through participation in the research that he needed counselling and subsequently sought support from the VAP. This highlighted the need to provide windows to support at different points in a victim's journey, as well as to consider how support can be extended to those victims of crime who are unable to attend a service in person.

Others described engaging with the system early, but then feeling that the onus was on them to seek support when their circumstances changed.

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*"It was very informative up-front, but the wheels came off over time. The way the last conversation went was 'Ok you don't need us?', 'OK, I guess I don't.'... Then when I found out that there is another [court matter] in October I thought, 'Oh do I call them back? I'll just deal with it.'"*

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Where victims of crime did have a caseworker who proactively checked in with them, this made a big difference to their perception of the service system. Participants described feeling supported, and that their experience and the harm that they had suffered was being recognised and validated by the service system. It also reminded them that they could reach out to their caseworker if they needed to talk or identified a change in their support needs. Victims of crime who did not receive this type of proactive support volunteered that a regular 'check-in' would have reminded them that someone had an eye on their welfare and that additional help was available when they were not coping.

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*"You definitely want someone just touching base with you. What you want to hear is that somebody just... is I guess... someone somewhere has an eye to your wellbeing."*

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Regular check-ins also provided caseworkers with an opportunity to review and work towards clients' recovery goals. For example, a victim of a significant assault described how, during a phone-based check-in by his caseworker, she asked whether he was feeling ready to return to work. The caseworker then supported him to secure a volunteer position to rebuild his confidence and job readiness after a long period out of the workforce.

Importantly, for many victims of crime interviewed, proactive phone-based support was enough to meet their needs. While some participants had a preference or need for face-to-face contact, others did not need this beyond an initial face-to-face appointment or did not need it at all.

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*"[It] was just nice to speak to an independent person about what had happened. At the time none of those other court proceedings had happened so I was at the point of, 'OK, we're alive, it could have been a lot worse, thank you for calling and checking up on me, that's really good, is there anything I need to do next, otherwise that's fine."*

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### **Victims of crime want a single point of contact**

Victims of crime wanted a single point of contact to help them navigate the system, although this did not always need to be an individual worker. Rather, they wanted to know that there was one 'place' which would provide them with the information which was relevant to them at the time; holistically assess and respond to their needs; and would not require them to re-tell their story. Drawing a parallel to her own profession, one victim described this need as:

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*"Like a 'project manager' in a way. That's my job, I'm a project a manager in construction, so why can't there be a project manager, like a social worker... You've got different people needing different things, but it's just a matter of, if someone needs counselling then you've got someone on hand, or you can [send them] to this place for counselling. Or if you need free food, then this is where the food vans are..."*

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Another victim of crime observed that many of the supports that victims of crime may need are already provided through the broader system – for example, mental health care plans, childcare subsidies, Employee Assistance Program (EAP) counselling and school counsellors for children and young people – and that what they needed was someone to flag the availability of those supports and, ideally, facilitate access.

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*"None of it is anything special. It's all available to everybody if they need it. But we didn't know it was there because we never needed it before... You don't need to be trawling around on the web trying to find out support services for victims."*

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It was important to victims of crime that the primary services with which they were engaged responded to their needs holistically, rather than being confined to needs relating to the criminal justice process. Some described losing their housing; being unable to work; or disengaging from study and required support to address these impacts. Practitioners similarly noted that, in the case of loss of housing or income, these impacts often needed to be addressed *before* a victim of crime could meaningfully engage with other supports, such as counselling.

Interviews with victims of crime also signalled the need for follow-ups to ensure that referrals had been effective. In relation to key victim supports, such as counsellors and lawyers to make applications to VOCAT, participants felt let-down when the referral did not result in a timely, quality service by an appropriately skilled practitioner. Several victims of crime gave examples of being provided a list of counsellors and encountering long waitlists; an unwillingness on the part of some counsellors to take on VOCAT clients due to lower rates and delays in receiving payment; and, in one case, a psychologist who disclosed that they had no background in trauma. Some victims of crime also needed to be prompted to make and attend their appointment, particularly if they were struggling to cope or were socially isolated. Where ineffective referrals were made and not followed up, the needs of participants often went unmet.

In this way, the review heard that the need for a single point of contact was not just about having one place where a victim of crime can go for support but having a single service or organisation that actively 'holds' the victim of crime; monitors their support needs; and ensures that the system is responding effectively. Where participants did not have an effective, single point of contact, they tended to experience a series of disconnected interactions, rather than a system response. It also undermined the extent to which victims of crime felt supported by the system as a whole.

### ***Victims of crime want to know what is happening with their case***

Receiving updates on their case was very important to victims of crime. Some reported having a very proactive police informant (this was particularly true for participants in regional areas), while others felt that they were constantly chasing Victoria Police for information.

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*"[I would have benefitted from] more communication about where it's at. Rather than someone that – I hate the word 'victim' but – the person that's not the perpetrator has to make those calls to see what stages things are at, so you know you're safe... [I wanted to know] whether he'd been served. Whether he'd been put in prison. Whether he was secure away from my location."*

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For some victims of crime, their VAP worker took over liaising with Victoria Police on their behalf once they were linked in with that service. While this did not always mean that information was provided more quickly – with VAP workers experiencing the same structural barriers to accessing case information that victims experience - it removed the burden from victims of crime themselves.

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*"[My VAP worker]...was the backbone, getting that information from Victoria Police. I would call [police] and try to obtain some information, they wouldn't tell me anything..."*

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### **Victims of crime want support to navigate legal issues**

Victims of crime signalled an acute need for specialist legal support. Several victims of crime stated that they did not understand what was happening with the criminal justice process or what their rights were in relation to participation, including making a Victim Impact Statement.

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*"I'm not a court person, I'm an average everyday person. If you're going to use court jargon with me, I'm going to be like, "Talk English". I was sitting there in court half the time on Google trying to find out what things mean."*

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Even where they had a source of legal advice and information, such as an OPP solicitor or police prosecutor, victims of crime understood that lawyer was not representing them. This resulted in them feeling uncertain about the quality of that advice – instead, they wanted to receive it from someone whose sole role in the process was to protect and advocate for their rights and interests. Lack of information in relation to the criminal justice process had a negative impact on victims' perceptions of fairness, legitimacy and the extent to which they felt recognised or heard in the process.

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*"I really do not know and I did not understand why information has to be kept from me... I feel that the system is completely wrong, and I feel that it's more there for the perpetrator."*

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The other most common legal need was assistance with the VOCAT process. Several victims of crime were dissatisfied with the quality of private VOCAT legal practitioners. Further, because VOCAT funds practitioners to assist with VOCAT applications only, they did not advise on broader entitlements, including other avenues for seeking restitution or compensation.

The absence of dedicated and holistic legal support also meant that broader legal 'issue-spotting' did not occur, despite victims of crime expressing a range of legal needs arising from their experience of crime. This included legal advice and support in relation to child protection matters; family violence; migration; workplace rights; debt recovery and rights under the *Victims' Charter*. This was in fact one of the strongest themes to emerge from the CIJ's research with victims of crime.

### *Families are not well-supported*

The research highlighted that the impacts of crime are often not confined to the individual victim and that there is a need, in some cases, to work with the whole family. This includes ongoing individual assessments of family members to understand the extent to which they may be impacted by their loved one's experience of victimisation over time.

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*"I think there is merit in being able to have something where a family can go there and talk to [a support worker]... Because the effects of what happened and what transpired is... It doesn't only affect one family member; it affects the whole family."*

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The research identified several concerning examples in which services had failed to recognise and respond to the needs of victims' families, including:

- children and young people who witnessed a crime against their parent and were not receiving support, despite exhibiting signs of trauma and significant distress;
- adult victims of crime whose capacity to care for their children was significantly impacted by their own experience of victimisation, including one case in which the adolescent child of a victim of crime had subsequently begun to use violence against them; and
- adult victims of non-family violence related crime who appeared to have started using controlling tactics against their family members following the crime.

For several victims of crime, their family members had needed to take on substantial caregiving duties. This typically impacted adult family members (most often spouses), although for one single parent, her adolescent children had assumed responsibility for caring for her.

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*"My [adolescent] children have become my carers as a result of the crime and that's not fair on their development."*

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Interviews with victims of crime, as well as consultations with practitioners, also highlighted the limitations of victim services where a crime is perpetrated by one family member against another. This was especially true where adult children experiencing mental health issues or substance dependence perpetrated a violent offence against a parent. In these circumstances, practitioners needed – but did not have – the flexibility to work with the whole family to address ongoing safety concerns and reduce the risk of further victimisation.



Overall the research revealed substantial complexity across family circumstances. This included examples of male victims of single incidents of crime, either perpetrated by their former partners or by other people, who then disclosed during their interviews that they had been the respondent to multiple Family Violence Intervention Orders (FVIOs) in the past. This signalled the urgent need for whole of family risk assessments and a robust framework for responding to individuals who may be both victims of single incidents of crime, as well as perpetrators within a wider context.

## 2.3 Why invest in victims of crime?

As illustrated by the experiences of victims of crime who participated in the research, the review found that victims of crime often do not receive a coordinated and coherent system response. Rather, they tend to have multiple, often disparate interactions, the quality of which can be highly variable based on the individual organisation, or even the individual worker, among other factors. Where victims of crime did access the supports they needed, it was often through good fortune, rather than the existence of an effective and coordinated *system*.

The review also found that, while the basic contours of the current response for victims of crime - that is, core services such as the Helpline and VAP, complemented by a suite of other specialised services for victims and witnesses of crime to address specific needs, with additional support delivered through referral pathways into mainstream services - reflect contemporary approaches to supporting victims of crime, clear opportunities exist to make the system more effective, efficient and equitable, and to position Victoria as a leader in victim support.

Further, the review indicated an unequivocal case for investment in victim support - not only from the crucial perspective of victims' rights and recovery, but from the perspective of fiscal responsibility. This is because evidence suggests that the delivery of appropriate and effective support to victims of crime can support the functioning of the criminal justice system; mitigate the socioeconomic impacts of victimisation; and disrupt cycles of disadvantage and harm. Importantly, in the context of rising prison numbers, this harm includes a significant risk of potential future offending.

### 2.3.1 Clear limitations of the current system

Generalist services for victims of crime in Victoria have not received the same level of investment and policy attention as other specialist service responses for victims of specific crime types, such as family violence and sexual assault. Equally, the service models on which these generalist services are based rely on the expectation that:

- only victims of violent crime against the person require support;
- even where victims experience a violent crime, it is typically an isolated incident of crime that gives rise to clear and discrete support needs; and
- victims of crime known to have quite complex support needs, such as victims of family violence and sexual assault, are supported by specialist, rather than generalist, services.

In contrast to this expectation, the review found the following:

- Victims of crime types other than violent crime against the person can present with significant trauma and require an appropriate, coordinated and specialised response. This response should address the impacts of crime and reduce the risk of re-traumatisation as they move through the criminal justice and broader service system.
- Where victims had experienced an isolated incident of crime, it often still occurred in the context of significant vulnerability and complexity. These pre-existing factors exacerbated the impacts of victimisation and increased the level of support required to successfully navigate the system and work towards recovery.
- Due to demand pressures on other parts of the system, as well as the focus of some specialist services being on providing a crisis response, generalist victim services are working with victims of crime who may have experienced periods of sustained offending and be highly traumatised as a result. This includes historical victims of family violence and child sexual abuse who have not been able to access specialist support services.

These scenarios speak to a far more complex set of factors impacting the way in which people experience and respond to victimisation and have clear implications for the design of a strengthened system response. This includes:

- how the system is accessed;
- the nature, depth and breadth of core services;
- how core services are delivered; and
- how core services for victims of crime should generally interface with other services, including specialist services such as family violence and sexual assault, mainstream services and justice system agencies.

In addition to this overarching finding, the review identified specific limitations of the current system, summarised in Table 1 (service-specific limitations and opportunities for improvement are outlined at **Appendix A**)

Table 1: Key limitations of the current victim services system

Limitation	Opportunity	Impact on victims of crime
Responses to victims of crime are delivered through a range of services and agencies, including victim-specific services; specialist responses within non-victim-specific agencies; universal services; criminal justice agencies; and services and agencies with which victims of crime interact. This results in victims of crime interacting with a range of services with varying levels of capacity to recognise and response to the experience of victimisation.	Establish and support the achievement of minimum levels of capacity and capability across all services that work with victims of crime, supported by strong system leadership and practice development.	Victims of crime feel recognised, and receive appropriate support, as they move through the service system.
Legacy IT systems do not support seamless, coordinated and suitably individualised service delivery. Limited data capture also makes it difficult to understand the trajectories of victims of crime, including those who fall into common client groups, and to develop targeted, data-informed service responses.	Invest in a fit-for-purpose CRM that can track outcomes and client journeys, and support coordinated and proactive service delivery.	Victims of crime experience the system seamlessly and are no longer required to re-tell their story.  Targeted service responses can be developed and implemented over time, including for complex cohorts.
Current access pathways are over-reliant on police referrals (VPeRs), despite clear evidence that certain cohorts and victims of specific crime types are less likely to report to police.	Establish a wider range of access pathways, including through additional structured referral pathways, improved interfaces between VSSR services and other key victim services and strategic community engagement and education.	More victims of crime are linked into the service system.

Limitation	Opportunity	Impact on victims of crime
Key victim-specific services and responses (The Orange Door and specialist family violence services, CASAs and VOCAT) do not have established pathways for referring victims of crime to VSSR's core services, including where victims of crime are waitlisted; cannot have their needs fully met by other specialist services; or are not eligible for a specialist response.	Improve awareness of VSSR's service offerings and strengthen interfaces between key services, including clear guidance on when and how victims of crime should be referred to VSSR's services. This should include a two-way referral pathway with the new FAS.	Victims of crime receive a more seamless service response between VSSR services and other specialist services for victims of crime. Fewer victims of crime disengage from the system without having their needs met.
Core services for victims of crime (that is, the Helpline and VAP) are focused on victims of violent crime against the person, despite a strong evidence base that victims of other crime types can experience profound impacts across multiple areas of their lives.	Expand eligibility criteria for core services to include a wider range of crimes and build the capacity of each service to respond to a wider range of crime types.	More victims of crime receive a suitable service response, based on assessment of risk and need, rather than crime type.
Current services require victims of crime to actively help-seek. However, interviews with victims of crime, as well as the literature on trauma, indicate that victims of crime can face multiple barriers to help-seeking and can benefit from proactive support.	Ensure that services are trauma-informed and provide victims of crime with multiple opportunities to engage, including where their support needs have changed over time.	Victims of crime feel adequately supported and that the service system has an eye on their wellbeing. More victims of crime engage with services and / or are supported to access entitlements.
The current service response is 'one size fits all', with all eligible victims of crime being referred to the VAP for support. This means that VAPs are managing a volume of clients that limits their capacity to provide more intensive case coordination and support to more complex clients.	Establish a lower cost service response for victims of crime who only require light touch support, with more intensive case coordination available to complex clients, in addition to a highly specialised and intensive response for families bereaved by homicide.	More victims of crime are empowered to self-manage through a light-touch support option. Victims of crime with complex needs are supported to recover, including through timely access to intensive case coordination and support.

Limitation	Opportunity	Impact on victims of crime
The current service response is focused on criminal justice related tasks and has limited capacity to respond holistically to victims' needs due to a combination of demand and service scope. This results in clients presenting to the system for help but being exited or disengaging without receiving a response that reflects their needs and recovery goals.	Support practitioners to respond more holistically to victims of crime (and, where relevant, their families), including through appropriate caseloads, practice guidance, clinical governance and referral pathways.	Victims of crime are supported to address practical, financial and psychological impacts of the crime.  Barriers to recovery are addressed. <sup>17</sup>
Victims of crime have limited access to legal advice and information, despite having a range of legal needs which can arise as a result of the crime they experience. Interviews with victims of crime also suggested that a lack of dedicated legal advice resulted in victims of crime feeling excluded from, or distrustful of, the criminal justice process.	Establish a dedicated legal information, advice and referral service for victims of crime that is integrated with the broader service model for victim support.	Victims of crime understand the criminal justice system and view the process as fair and legitimate.  Victims of crime understand, and are supported to assert, their rights.  Victims' broader legal issues are identified and receive a response.

<sup>17</sup> For example, stable housing is widely understood to underpin the capacity of service users to engage with relevant services and establish effective therapeutic relationships, and therefore can either facilitate or undermine recovery and improvements across a range of outcome domains.

Limitation	Opportunity	Impact on victims of crime
The current Male L17 Response comprises more than 50 per cent of Helpline referrals but is not supported by a dedicated workforce or specialised response. This is despite recognition among the broader family violence sector that this is highly complex work, including involving predominant aggressor assessments. Further, responding to male victims of family violence represents unique challenges given the lack of services available to this cohort, and the stigma and shame which male victims of family violence may experience.	Establish a dedicated Male L17 Response within the Helpline to provide appropriate and specialised support to male victims of family violence, as well as to undertake comprehensive assessments and respond to L17 clients identified through these assessments as being a predominant aggressor.	Male victims of family violence receive a specialised and gender inclusive family violence response. Predominant aggressors are responded to by specialist staff skilled in assessment and accountability-informed practice. <sup>18</sup>

Source: Centre for Innovative Justice.

### 2.3.2 Need to uphold victims' rights

The rights of victims of crime to fair treatment, access to justice, assistance to manage the impacts of crime, compensation and restitution have been recognised in international law since 1985, when the United Nations General Assembly adopted its *Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power*.

In Victoria, victims' rights are underpinned by the Victims' Charter, which commenced on 1 November 2006 and establishes a set of principles for how Victoria's criminal justice system and victim support agencies should respond to victims of crime.<sup>19</sup> Specific rights include:

- the right to be informed about the police investigation, prosecution process, bail applications and court process;
- the right to be assisted to prepare a Victim Impact Statement;
- the right to be informed of financial compensation options; and
- the right to be informed of the Victims Register.<sup>20</sup>

<sup>18</sup> With an expectation that this will increase correct identifications of predominant aggressors and opportunities to link perpetrators with appropriate services and interventions, resulting in overall improvements in safety for victims of family violence.

<sup>19</sup> 'Review of the Victims of Crime Assistance Act 2018' (n 4) 35.

<sup>20</sup> Victims' Charter Act 2006.

The rights contained in the Victims' Charter reflect an understanding of the inherent connection between victims' rights, victim services, and the attainment of justice, with victims of crime more willing and able to participate in criminal justice processes when they are properly supported (see section 2.3.3).

Victims of crime who participated in this review frequently noted that they did not know what was available to them in terms of support, or that they required assistance and advocacy to access their entitlements. For example, victims of crime often relied on services and agencies with which they were engaged to notify them of the availability of mechanisms such as Victim Impact Statements and the Victim's Register and, therefore, to give effect to their rights under the Victims' Charter.

### 2.3.3 Role of victims of crime in the functioning of the criminal justice system

A strong associated argument for investing in support for victims of crime relates to the role of victims of crime in contributing to a well-functioning criminal justice system. The criminal justice system relies on victims to report crime and to act as witnesses. Without the cooperation of victims of crime, the overall capacity of the system to identify, investigate and prosecute incidents of crime is reduced.<sup>21</sup> In the context of policing, for example, studies have found that the quality of interactions between victims of crime and police can significantly impact the outcome of a case.<sup>22</sup>

Although the community may assume that victims of crime simply want their offender to be punished, research indicates that, while this may be a goal for some victims of crime, many are actually seeking recognition, validation and support.<sup>23</sup> Similarly, evidence strongly indicates that procedural justice – that is, a sense that the process is fair and legitimate – can be just as important to victim satisfaction, if not more important, than substantive criminal justice outcomes. This suggests that investing in services which work to support victims of crime through criminal justice processes; manage their expectations; and ensure they are informed throughout their journey, can increase victim satisfaction and support participation in the criminal justice system.

Importantly, as well as the benefits that accrue to the Victorian community when they are served by a fair, effective and trusted criminal justice system, procedural justice has been shown to have *therapeutic* effects on victims of crime.<sup>24</sup> Victim satisfaction with criminal justice processes has been found to be positively correlated with post-trauma improvement among victims of crime, particularly those who have experienced a violent crime.<sup>25</sup>

<sup>21</sup> See, e.g., Pamela Davies, Peter Francis and Chris Greer, 'Victims, crime and society' (SAGE Publications Ltd, 2017); Wesley G Skogan, 'Citizen Satisfaction with Police Encounters' (2005) *Police Quarterly*.

<sup>22</sup> LW Sherman, 'Evidence-based policing' (Ideas in American Policing, Washington DC: Police Foundation, 1998).

<sup>23</sup> Centre for Innovative Justice, *Communicating with Victims about Resolution Decisions: A Study of victims' Experiences and Communication Needs* (2019).

<sup>24</sup> Ibid.

<sup>25</sup> Jo-Anne Wemmers and Katie Cyr, 'Victims' Perspectives on Restorative Justice: How much involvement are victims looking for?' (2004) *International Review of Victimology* 2(3).



### 2.3.4 Reducing socioeconomic impacts of victimisation

Governments are increasingly recognising that targeted investment in early intervention can reduce long-term dependence on service systems, including the use of acute or high-cost services and interventions, resulting in greater sustainability of service systems over time.

In response to the 2015 Tune Review into NSW's child protection system, for example, the NSW Government established a cross-government investment unit to direct and prioritise whole-of-government funding aimed at improving outcomes for vulnerable children and families. This strategy included early, targeted intervention, with the aim of reducing the number of children entering out-of-home care and was underpinned by an actuarial model of future outcomes and costs.<sup>26</sup>

Similarly, socioeconomic cost benefit analysis commissioned by Anglicare Victoria in 2016 persuasively outlined the potential cost savings of extending the age of support for children and young people in out-of-home care.<sup>27</sup> The Victorian Government subsequently pledged \$11.6 million to a program which gives young people the option of remaining with their carer until the age of 21.

The costs and consequences of crime victimisation are similarly significant. Although it is difficult to determine the true cost of crime victimisation across the lifespan, one US study of adult rape victims identified a range of cost domains including lost productivity; acute and chronic injuries; long-term victim mental health, including Post Traumatic Stress Disorder (PTSD); and victim substance use. This study estimated a lifetime cost of \$108,209 (2014 US Dollars) for non-institutionalised adult women, excluding costs of pain and suffering, which the study did not attempt to quantify.<sup>28</sup>

More recent work undertaken by KPMG in the Victorian context was in response to the RCFV. KPMG estimated that, for the period 2015-16, over 160,000 people experienced family violence in Victoria at a cost of \$2.6 billion for individuals and families, with an additional \$918 million borne by the Victorian community and broader economy.<sup>29</sup> Costs to individuals and families involved pain, suffering and premature mortality, including costs associated with long-term health impacts and increased risk of mental ill-health; lost income, including time taken for recovery time or leave taken to participate in criminal justice processes; and property damage.

Though it was not within scope of the current review to undertake a detailed costing of the impacts of victimisation, the review identified several areas or domains in which crime victimisation can result in costs borne by individuals, families and the broader Victorian community. These include:

<sup>26</sup> NSW Government, *Their Futures Matter: Transforming life outcomes for vulnerable children, young people and families* (12 February 2019). Available at <https://www.theirfuturesmatter.nsw.gov.au/download?file=672249>.

<sup>27</sup> Deloitte Access Economics, *Raising our children: Guiding young Victorians in care into adulthood: Socioeconomic Cost Benefit Analysis* (commissioned by Anglicare Victoria, 2016).

<sup>28</sup> Peterson C et al, 'Lifetime Economic Burden of Rape Among U.S. Adults' (2017) *American Journal of Preventive Medicine* 52(6).

<sup>29</sup> KPMG, *The cost of family violence in Victoria* (2017). Please note, the above estimates do not include the cost borne by government for provision of supports.

- reduced economic participation and productivity, including due to withdrawal from employment or withdrawal from education (with subsequent impacts on lifetime earning capacity);
- costs associated with physical and mental ill-health, including use of acute health services and longer-term service use;
- costs arising from the impacts on victims' children, including disengagement from school, mental ill-health and trauma, and in some instances, child protection involvement;
- costs associated with informal caring; and
- costs associated with future victimisation and offending (see section 2.3.5).

Greater investment in effective, accessible and evidence-based victim services, as well as the intelligent use of data and predictive analytics to target future service responses to those most vulnerable to victimisation and its impacts, therefore represents a vital opportunity to mitigate the breadth and magnitude of socioeconomic impacts of crime victimisation over time.

### 2.3.5 Disrupting cycles of harm and victimisation

Well-recognised in relevant literature, and by practitioners who work with victims of crime, is that those who have previously been a victim of crime can not only be particularly vulnerable to further crime victimisation but may also engage in offending behaviour.

The link between offending and victimisation is, in fact, one of the strongest empirical associations in criminological literature. A 2012 review of the literature on the 'victim-offender overlap' identified studies reporting that more than half of victims of crime are offenders and vice versa.<sup>30</sup>

This link can be even more pronounced for some crime types and cohorts. For example, a 2014 literature review of the profile and needs of incarcerated women found high rates of histories of childhood victimisation (particularly sexual abuse) and subsequent victimisation as adolescents and adults (including sexual assault and family violence).<sup>31</sup> Similarly, the RCIRSA cited an Australian study which found that victims of child sexual abuse were "almost five times more likely to be charged with an offence than their peers in the general population".<sup>32</sup>

Crime victimisation can contribute to offending in multiple ways - such as when victimisation results in mental health issues, alcohol and drug use, poverty and homelessness. For example, family violence is recognised as a key driver of women's homelessness in Victoria, with homelessness in turn acting as a huge driver of women's offending.

Recent studies have also highlighted the co-occurrence of offending and the presence of Acquired Brain Injury (ABI) – injury acquired either through physical injury, or where the experience of

<sup>30</sup> Jennings, Pigero and Reingle (n 15).

<sup>31</sup> Mary Stathopoulos and Antonia Quadara, 'Women as offenders, Women as victims: The role of corrections in supporting women with histories of sexual abuse' (Corrective Services NSW, 2014).

<sup>32</sup> *RCIRCSA 2017* (n 6) citing James Ogloff et al *Child sexual abuse and subsequent offending and victimisation: A 45-year follow-up study* (Australian Institute of Criminology, Canberra, 2012).

victimisation leads to behaviours, such as substance abuse, that can injure the brain. Where people with ABI are less able to regulate emotions and behaviour or, equally, are less able to understand or comply with service or legal system expectations – and where this ABI goes unidentified or unacknowledged - this in turn contributes to the significant overrepresentation of individuals with ABI in Victoria's prison populations.<sup>33</sup>

Interviews with victims of crime conducted as part of this review similarly identified specific examples where the experience of victimisation contributed to subsequent offending by the victim or a family member. For example, one victim of crime disclosed that their capacity to parent was so compromised that their adolescent child began to act out and use violence in the home. Another participant whose grandchildren had witnessed a violent assault against their father had also started to engage in risk-taking behaviour outside the home.

At the same time, those victims of crime who experience repeat victimisation, or who are at risk of engaging in offending behaviours, are likely to represent some of the most complex and vulnerable clients in touch with victim services. These clients can be hard-to-reach and face barriers to engagement. They also tend to cost the system the most over time where they come into contact with high-cost responses, such as child protection; criminal justice involvement, including incarceration; and acute health and mental health services.

In the Victorian context, a joint project between DJCS and DHHS recently examined the trajectories of a number of common client cohorts, including men, women and young people who have interacted with both justice and social services. Analysis of service system interactions for these cohorts showed:

- for these cohorts, the first presentation to the service system was typically through crisis-end services such as child protection, hospital emergency departments or contacts with Victoria police;
- few of those initial presentations resulted in referrals to other support and, of those, even fewer individuals subsequently engaged with services;
- common clients then tended to have minimal service interactions from that initial presentation until they entered the system at the 'pointy-end' through either child protection or criminal justice involvement; and, finally
- across the cohorts, a small proportion represented the majority of service usage across DJCS and DHHS.

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<sup>33</sup> In Victoria, people with ABI comprise two per cent of Australians, but 42 per cent of male prisoners and 33 per cent of female prisoners (Centre for Innovative Justice, 'Recognition, Respect and Support: Enabling justice for people with Acquired Brain Injury' (2018)).

While these are only preliminary findings, they clearly point to the opportunity that effective, early intervention represents when individuals and families present to the system as *victims of crime*. By investing in proactive, intensive and holistic services, including services which have the flexibility to work with the whole family to address the wider impacts of trauma, an enhanced victim services system will be uniquely positioned to respond to the impacts of crime victimisation in a way that disrupts cycles of harm, including future victimisation and offending. This can in turn reduce the number of individuals and families engaging with the most high-cost, and arguably harmful, aspects of the Victorian service system.

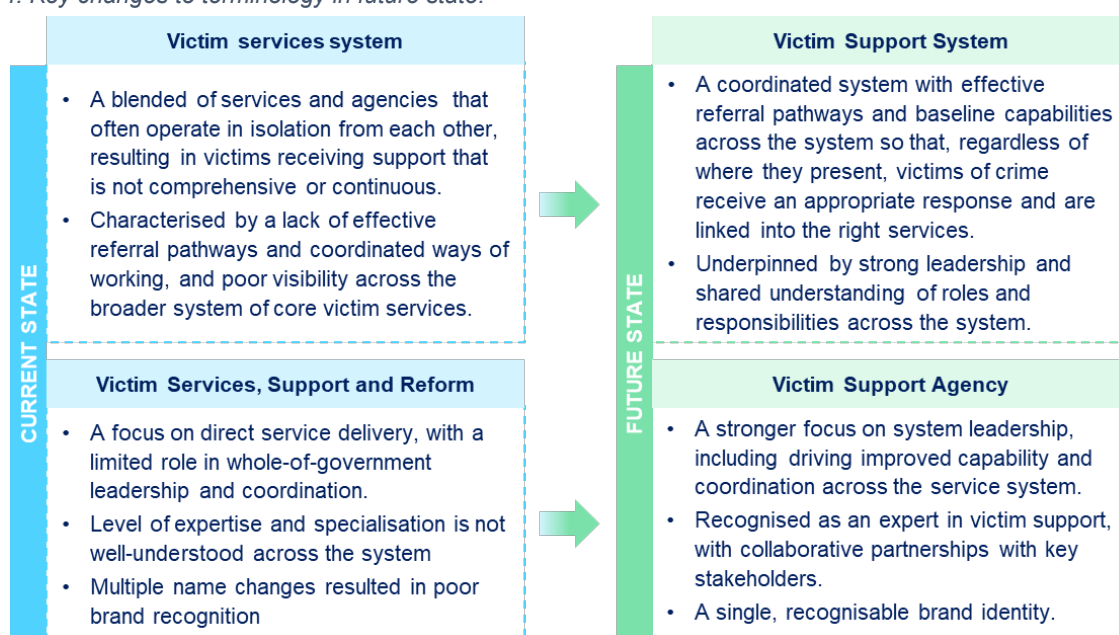
### 3 An enhanced system response for victims of crime

The following section sets out the proposed reforms, including a new service model for core services for victims of crime; fundamental enablers to support an improved system response; and the principles underpinning the design, and which should inform ongoing service delivery.

As outlined in section 2, the review identified several strengths of VSSR's current services and the broader system, the contours of which broadly align with contemporary approaches to supporting victims of crime. Given these findings, the reforms proposed in the following section do not seek to redesign the system as a whole. Instead, an enhanced service model is proposed which includes targeted improvements to access pathways, changes to the capacity of core services to respond appropriately to different levels of need, and the incorporation of additional services and capabilities to address unmet need in the system. It also proposes implementation of several fundamental enablers to support more effective, coordinated and trauma-informed service delivery, including across the broader service system.

Together, these changes are intended to establish a cohesive *system response*. This will be delivered primarily through the new service model, while still recognising that victims of crime will rely on a range of services and agencies within the broader system. To reflect the enhanced coordination and capability required across the system, the report uses the term Victim Support System when describing the overall future state. Similarly, to reflect the strengthened role of VSSR within the system - both in terms of actively supporting victims of crime as they navigate the wider system, and in building the capacity of other services and agencies to respond in a way that is trauma-informed - the name Victim Support Agency (VSA) is used when referring to the future state (see Figure 4).

Figure 4: Key changes to terminology in future state.

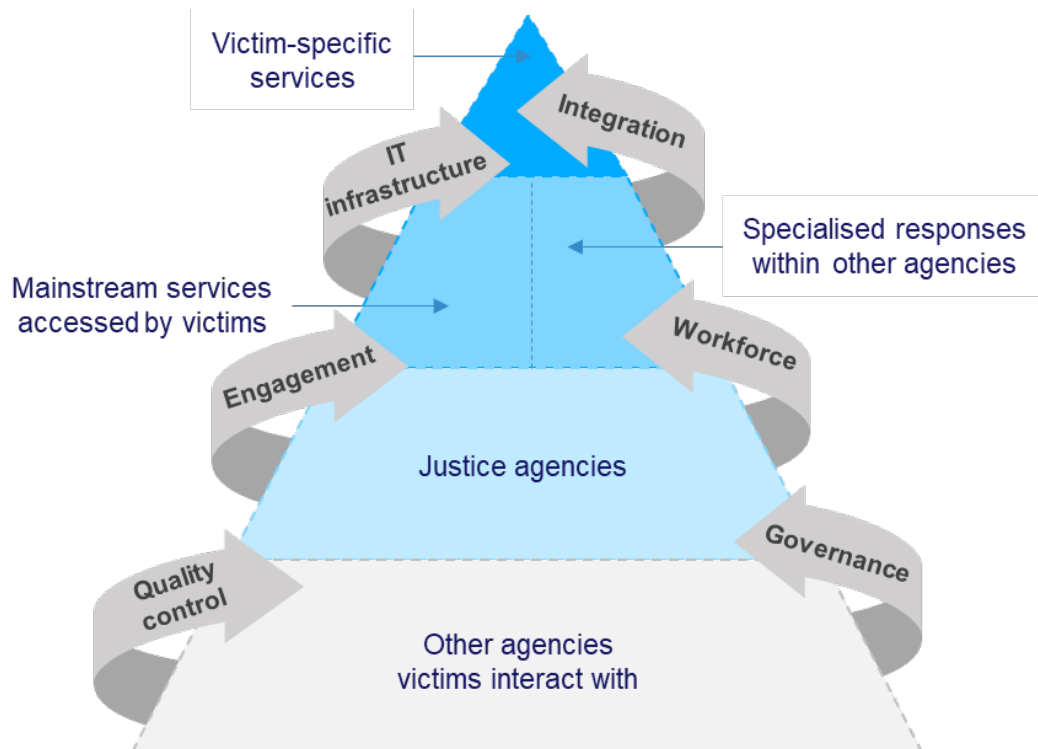


Source: Centre for Innovative Justice.

### 3.1 Overview of the future system response

A more coordinated, trauma-informed and coherent system response relies on the application of several fundamental enablers. These fundamentals wrap around the system as a whole - that is, services delivered by VSA, as well as the other services and agencies victims of crime interact with - to ensure that interactions with *any* part of the system are underpinned by the right capabilities and will enable victims of crime to be directed to the right supports (see Figure 5).

Figure 5: Overview of victim support ecosystem with enhanced support and capability from system fundamentals



Source: Centre for Innovative Justice.

These fundamentals will underpin seamless user experience, enabling different services and agencies to work together more effectively as they respond to individual victims of crime and reducing the need for victims of crime to re-tell their story as they move through the system. They will also support collaboration across services and agencies to drive change at the system-level.

Table 2 provides a brief overview of each of these fundamentals, with further detail provided at section 3.9.

Table 2: Overview of system fundamentals

Element	Description
<b>INTEGRATION</b>	<p>Core services within the Victim Support System will be integrated to ensure that victims of crime experience services seamlessly. This includes effective pathways between VSA's services and other specialist services for victims of crime, such as sexual assault and family violence services.</p> <p>Further, core victim services will be integrated with other reforms, including the new FAS, family violence reforms, and the National Redress Scheme, and will have practices and protocols that support enhanced coordination with other parts of the system that victims of crime interact with.</p>
<b>GOVERNANCE</b>	<p>The Victim Support System will be underpinned by robust governance structures and processes that incorporate clinical governance within broader system governance. Governance mechanisms will:</p> <ul style="list-style-type: none"> <li>– ensure that ongoing delivery of VSA services is informed by a deep understanding of trauma and its impacts;</li> <li>– enable effective coordination between centralised and local services;</li> <li>– support integration among core victim services, including those not delivered by VSA, as well as enhanced coordination across the broader system; and</li> <li>– include consideration of formalised agreements with other Australian jurisdictions to ensure that victims of interstate crimes residing in Victoria have access to the support system, and that victims of crimes occurring in Victoria can receive support within interstate systems.</li> </ul>
<b>WORKFORCE</b>	<p>System design must be coupled with uplift in workforce capability across services supporting victims of crime. This will include:</p> <ul style="list-style-type: none"> <li>– an increase in training and development opportunities, including individualised training and professional development plans for staff delivering VSA services and capacity to rotate across services;</li> <li>– enhanced career pathways for VSA staff to develop progressive specialisation in working with victims of crime, including specific cohorts;</li> <li>– a capability framework to outline core competencies of workers across the system that recognises VSA as the system leader and expert; and</li> <li>– strategies to enhance the capacity of mainstream services, justice agencies and services and agencies that interact with victims of crime.</li> </ul>



Element	Description
<b>IT INFRASTRUCTURE</b>	Significant upgrade to VSA IT systems and processes is critical to the success of an enhanced service model and system response. This includes improvement in overall integration of technology across VSA services and with other key systems to achieve greater coordination and efficiencies and enhanced data capture, as well as the inclusion of features and functionalities that actively support and empower practitioners to deliver consistent, high-quality services.
<b>ENGAGEMENT &amp; COMMUNICATIONS</b>	<p>Agencies across the Victim Support System, government and the wider Victorian community need to be aware of and understand the system, as well as their roles and responsibilities in responding to victims of crime. This includes:</p> <ul style="list-style-type: none"> <li>– clear promotion of the services through community-facing agencies and a strong digital presence; and</li> <li>– increased community knowledge and awareness of the system, creating brand recognition that is identifiable by victims of crime and service providers.</li> </ul>
<b>QUALITY CONTROL</b>	Those delivering core services for victims of crime must have a clear understanding of their program scope, relevant eligibility criteria and the intended system outcomes. Closely linked to governance is ensuring that the system is underpinned by minimum standards, robust contract management, monitoring and evaluation frameworks, and client feedback and complaint mechanisms.

Source: Centre for Innovative Justice.

### 3.1.1 The proposed service model

The future VSA service model will act as the lynchpin of the Victim Support System by actively navigating victims of crime through the criminal justice and broader service system, providing tailored information and advice, and proactively checking in to identify where victims' needs have changed.

Recognising that victims of crime have varying levels of need and capacity to self-manage, the service model is based on a tiered approach to support provision, to be delivered through three key services:

- a significantly enhanced phone-based service that provides a core response to victims of crime, integrates the Victims Register and includes a specialised team to respond to male L17s;
- a more intensive support option to be delivered through a network of community-based agencies across the state like the current VAP, but which is designed to support the most high-needs clients through a single worker model that can provide holistic support; and
- a highly specialised service to support families bereaved by homicide, recognising that these families have unique needs and interactions with criminal justice and coronial processes that will typically require the most intensive support.

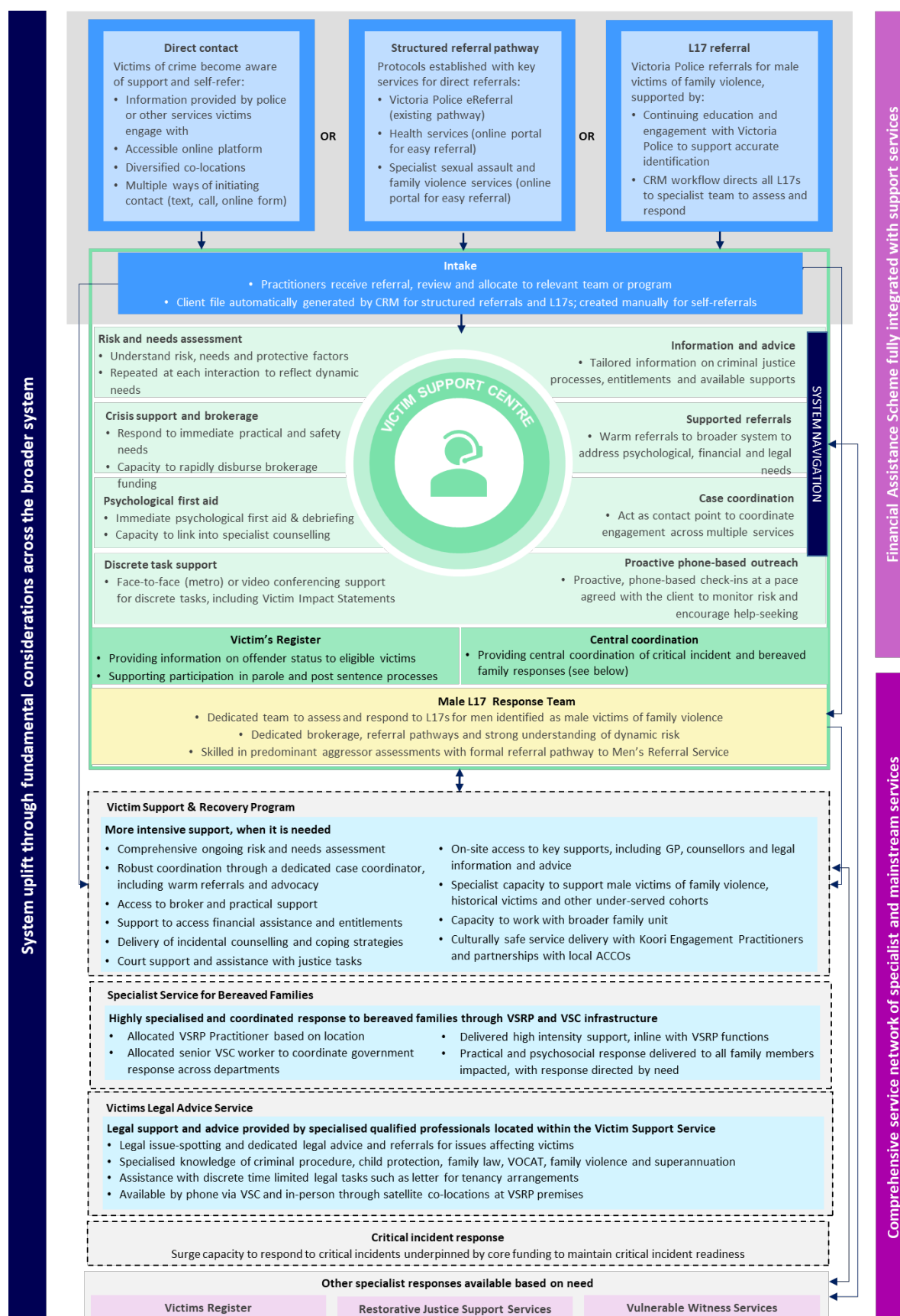
The service model also includes a new, dedicated legal service for victims of crime which leverages existing publicly funded legal services through a co-location model, and is aimed at providing specialised information, advice and referrals to victims of crime. This service responds to a key finding of the review, that Victoria currently has no services available to provide dedicated and specialised legal advice which can address issues arising because of crime victimisation. Crucial to note, almost every victim of crime interviewed either expressly stated that this was something that they had required or described circumstances and issues which clearly indicated to the researchers that they had unmet legal needs.

The service model also contemplates the increase in frequency and scale of critical incidents within Victoria and considers how VSA can ensure surge capacity in critical incidents to provide specialised support to victims of crime in these contexts.

It should be noted that the service model is only intended to capture VSA's core service response - that is, the continuum of services that will be generally available to victims of crime against the person based on their level of need and other relevant factors. Where VSA provides other service responses to victims and witnesses of crime in specific circumstances, such as Restorative Justice Services and Vulnerable Witness Services, these will be *integrated* with the core service model but sit apart from it as distinct, highly specialised interventions. Integration between these services and the core service model will occur through strong referral pathways; protocols for providing care jointly to shared clients; and a shared CRM and Victim Support Practice Framework.

Figure 6 (overleaf) provides a high-level overview of the proposed service model and the core functions of each service element.

Figure 6: Overview of Victim Support Service Model



Source: Centre for Innovative Justice.

### 3.1.2 Model principles

To guide the transition to a leading practice approach to victim support, the CIJ collaborated with VSSR to develop a set of overarching *Victim Support Service Principles*. Directly informed by insights from interviews with victims of crime, practitioners and system reform experts, as well as examples of leading practice service provision in victim support and adjacent sectors, the principles are intended to underpin future service planning, design and delivery. Further detail on each principle, including examples of how they may be translated into practice, is provided below.

#### Trauma-informed

*Informed by a deep understanding of the impact of trauma and victimisation and works to reduce and prevent re-traumatisation*

Victim Support will be underpinned by a deep understanding of the impact of trauma and victimisation.

Services will be designed and delivered in a way that recognises that the experience of trauma is unique to the individual, and that victims of crime present with different risk and protective factors that will influence the nature of support that they require, as well as their capacity to self-advocate and self-manage. Services will respond to the individual and consider the full picture of their circumstances and needs.

Services will work to mitigate the potential for service interactions to re-traumatise victims of crime by actively supporting individuals and families to navigate different parts of the system, including criminal justice and other legal processes.

#### WHAT MIGHT THIS MEAN IN PRACTICE?

- Undertaking comprehensive and ongoing risk and needs assessments to understand the unique presentation of individuals and families.
- Providing victims of crime with multiple opportunities to engage, including proactively offering support over time.
- Ensuring that workers have an appropriate level of autonomy, within the scope of individual services and programs, to respond flexibly to the needs of clients.
- Working with other services and agencies to build their awareness of the experience of trauma and victimisation, including advocating for clients where appropriate.

## Victim-led

*Recognises and scaffolds victim agency through the provision of needs-based, proactive and tailored support with a focus on resilience and recovery*

Victim Support will recognise and scaffold victim agency through the provision of proactive and tailored information and support that is matched to each individual or family's needs.

Service delivery will be underpinned by a strengths-based approach that recognises and builds the capabilities and resilience of victims of crime. Victims of crime will be empowered to help-seek and make positive, informed choices, including stepping down into lower intensity support over time and based on their own recovery journey.

This approach will be complemented by an understanding of how the experience of crime victimisation, as well as pre-existing vulnerabilities, will impact the level and nature of support required by each individual or family as they work towards recovery, and that what works for one individual or family may not work for others.

### WHAT MIGHT THIS MEAN IN PRACTICE?

- Providing victims of crime with the right information at the right time so that they can determine the best course of action for them, based on their individual needs.
- Offering step-up-step-down options so that victims of crime can self-manage based on their capacity to do so at a point in time, including actively supporting victims of crime to build that capacity.
- Proactive check-ins to provide victims of crime with opportunities to help-seek and to identify changes in support needs, including ongoing risk and needs assessments.
- Consistent and high-quality practices in relation to care planning, tracking progress against goals, and exit planning.

## Equitable

*Responds to the needs and experiences of victims of crime from diverse circumstances and backgrounds and actively addresses barriers to access*

Victim Support will reflect the diversity of victims of crime, their experiences, strengths and challenges across all elements of service design and delivery. This includes recognising that certain cohorts and individuals may face unique or particular barriers to engagement and actively working to address these at both an individual and system-level, in consultation with relevant communities.

Cultural safety will be a foundational requirement of all victim-focused services and will be supported through ongoing education, practice development and continuous improvement activities which build the capacity of organisations and individual practitioners to support victims of crime from different backgrounds.

Services and practitioners will also be attuned to the impacts of intersecting forms of discrimination and disadvantage, and the role that these play in a person's experience of victimisation and recovery.

#### WHAT MIGHT THIS MEAN IN PRACTICE?

- Multiple access pathways, including co-locations, which aim to increase access for cohorts that face barriers to reporting and service engagement.
- A diverse Service Network that includes community groups and services that work with specific cohorts and communities, so that victims of crime can choose where they feel most safe and comfortable receiving support.
- Requirement that all contracted providers achieve Rainbow Tick Accreditation and that all VSSR services (included those delivered by contracted community service organisations) meet clear expectations in relation to cultural competence and safety.
- Education, training and clear practice guidance in relation to the support needs of diverse cohorts, including those experiencing multiple and intersecting forms of discrimination or disadvantage.

### Timely

*Works to minimise harm through early intervention, recognising that a lack of timely support can compound victims' needs and set them on trajectories of further harm*

Victim Support will seek to link in and intervene as early as possible to mitigate the impacts of crime and improve longer-term outcomes for victims of crime. This includes providing timely practical, financial and psychological support in the immediate aftermath of a crime.

Access design will recognise that victims of crime will not always report or be aware of victim services, offering a range of effective access pathways for victims of crime to be linked into services as quickly as possible, regardless of where they first present.

In providing a front-end response, victim services will recognise that victims of crime may be in shock, overwhelmed, or unable to provide a complete picture of their support needs right away. Practitioners will work with victims of crime at a pace set by the individual, sequencing interventions accordingly and assessing risk and needs on an ongoing basis.

**WHAT MIGHT THIS MEAN IN PRACTICE?**

- A comprehensive front-end, phone-based response that can address the immediate needs of victims of crime, with pathways to more intensive, community-based support where this is required.
- Ongoing education and engagement with Victoria Police to ensure effective and consistent use of the VPeR system, including offering a referral at multiple points in time where there is an ongoing victim-informant relationship.
- Development of new structured referral pathways to improve access for victims of crime who do not report to police, including protocols with family violence and sexual assault services to support handover of clients.
- KPIs relating to response times supported by continuous improvement activities to improve timely access for all victims of crime, including specific cohorts.

**Holistic**

*Responds to the breadth of victims' needs, including psychological, practical, financial, legal and safety needs, as well as needs of the broader family*

The impact of crime is a highly individualised experience, influenced by a victim's personal situation and characteristics; the type and seriousness of the crime; and the nature of the victim's relationship with the offender.

Victim Support will work closely with each individual victim to understand and validate the person's experience of crime, and to provide a tailored and holistic response that spans physical, psychological, practical, financial, legal and safety needs as required. This will include, where appropriate, assessing and responding to the needs of other family members, including children.

Services will have the skills and knowledge to understand and respond to the factors influencing each person's wellbeing. For some victims of crime, this will not only mean restoring them to the position they were in before the crime occurred, but also addressing factors that increase their vulnerability to victimisation and further harm.

**WHAT MIGHT THIS MEAN IN PRACTICE?**

- Standardised tools for risk and needs assessments and care planning that reflect the full breadth of victims' needs, including physical, psychological, practical, financial, legal and safety needs.
- Development and maintenance of a range of effective, quality referral pathways which recognise the capacity of crime victimisation to impact multiple areas of a person's life.
- Appropriate caseloads that reflect the breadth of needs with which victims of crime may present and enable practitioners to work holistically with clients.



- Practice guidance and training to support practitioners to work with the broader family where appropriate, including identifying and responding to direct and indirect impacts of crime victimisation on family dynamics and other family members, particularly children and young people.

## Coordinated

*Supports a seamless and coordinated service experience for victims of crime as they move through the broader system, including through system navigation and advocacy*

When services are not integrated or coordinated, victims of crime can feel unsupported and may fall through service gaps or disengage. By contrast, well-coordinated services reduce the need for victims of crime to re-tell their story, ensuring that victims' needs are identified and addressed, and minimising the risk of re-traumatisation.

To ensure that victims of crime experience a continuous, coordinated system, Victim Support will actively assist victims of crime to navigate the broader system, using comprehensive knowledge of support pathways and universal services to link victims of crime proactively with the right service at the right time.

At both the system-level and local-level, strong relationships with key services and agencies will be maintained, with a view to supporting client-centred and integrated ways of working, including the development of place-based solutions.

### WHAT MIGHT THIS MEAN IN PRACTICE?

- A comprehensive Service Network which core victim services can leverage to meet their clients' individual needs, using warm referrals, case coordination and advocacy (as required).
- A fit-for-purpose CRM system that records all interactions with a client so that victims of crime do not need to re-tell their story and there is a clear record of services delivered.
- Development of clear protocols between key victim services (including those not delivered by VSSR) to support shared care and seamless transitions between services.
- Central and regional governance arrangements to ensure that relevant services and agencies have a shared understanding of their roles and responsibilities and are working together to develop, implement and monitor effective service responses for victims of crime.

## Specialised

*Delivered by a skilled, capable and well-supported specialist workforce based on evidence and leading practice*

An increasingly professionalised and supported Victim Support workforce will result in the delivery of consistent, high-quality services which better meet the needs of victims of crime.

To respond to an individual's dynamic and changing needs, both in the immediate aftermath of crime and over the longer-term, practitioners will need to have the skills and knowledge to work flexibly and responsively. Continuous skill development will be supported through core and individualised training; robust supervision; and clear, comprehensive practice guidance for all services.

Victim Support services will acknowledge the skills and specialist knowledge of practitioners and empower them to exercise professional judgment, informed by clients' needs and underpinned by appropriate quality controls.

### WHAT MIGHT THIS MEAN IN PRACTICE?

- Development of a leading practice Workforce Capability Framework for victim services, supported by individualised professional development plans for all victim services staff.
- Development and regular review of a Victim Support Practice Framework informed by contemporary evidence and leading practice.
- A strong culture of reflective practice, supported by high-quality, organised supervision and routine opportunities for peer learning and discussion.
- Engaging with and educating other services and agencies at the system-level and local-level to build their understanding of victims' needs and experiences, including appropriate referral pathways and strategies to mitigate the risk of re-traumatisation.

## Accountable

*Uses data to understand, target and evaluate the effectiveness of interventions at the individual, program and system-level and to drive improvement and innovation*

Outcomes will sit at the centre of Victim Support's work. All aspects of service design and delivery will be guided by the best available evidence, using data and research to ensure that validated approaches are prioritised and implemented with fidelity. This will include developing clear service standards that are evidence-based, outcomes-focussed, measurable and reflect the diversity of victims' needs and experiences.

Monitoring and evaluation will be embedded across all services, underpinned by a culture of continuous improvement to ensure that practice is continually evolving to align with improved understandings of trauma and victimisation.

VSSR and other services and agencies involved in responding to victims of crime will also be accountable to each other, recognising their shared responsibility in supporting victims of crime to manage their experience and move towards recovery.

#### WHAT MIGHT THIS MEAN IN PRACTICE?

- Minimum standards for all VSSR services that are informed by contemporary evidence and understandings of the needs of victims of crime and are supported by clear performance indicators, quarterly reporting and a regular cycle of service audits.
- A comprehensive Monitoring & Evaluation Framework that is focussed on outcomes, rather than outputs, and which feeds directly into continuous improvement and service planning processes.
- A fit-for-purpose CRM system to monitor the effectiveness, efficiency and appropriateness of service responses at the individual, program and system-level.
- Aligning contract management practices with the best practice approach identified by VAGO in its 2018 report *Contract management capability in DHHS: Service agreements*.

### 3.1.3 Service model logic and outcomes

Relevant literature notes that setting measurable outcomes for victims of crime is difficult, and that outcome measurement in victim services is less advanced than in other human services sectors.<sup>34</sup>

This is in part because victims of crime are not a homogenous group, meaning that the measures of successful intervention can be highly variable. Victims of crime may access a range of interventions depending on their own unique experience of victimisation and the areas of their life that have been impacted. Further, the extent to which victims of crime report satisfaction with their overall experience can be shaped by the outcomes of specific processes, such as the criminal justice process, or decision making in relation to financial assistance and compensation, which victim services often have limited capacity to influence.

Historical reticence among scholars and practitioners to undertake qualitative interviews and client satisfaction surveys – in the expectation that these could potentially be re-traumatising for victims of crime – has also curtailed the development of an evidence base in this regard. Existing evidence does suggest, however, that when conducted appropriately and at the right point in a victims' journey, this type of engagement can actually be *therapeutic* and provides victims of crime with a voice in the process.

<sup>34</sup> See, e.g., Tamar Dinisman and Ania Moroz, 'Understanding victims of crime: The impact of the crime and support needs' (Victim Support, 2017).

Despite these challenges, outcome measurement is increasingly being understood as a feature of best practice in victim services and is crucial to understanding the effectiveness of programs and the extent to which service responses represent value for money for funders.<sup>35</sup> As such, and noting the variability in victims' experiences and circumstances, the review has developed a set of outcomes that reflect common themes and needs identified in interviews with victims of crime, as well as the broader literature.<sup>36</sup>

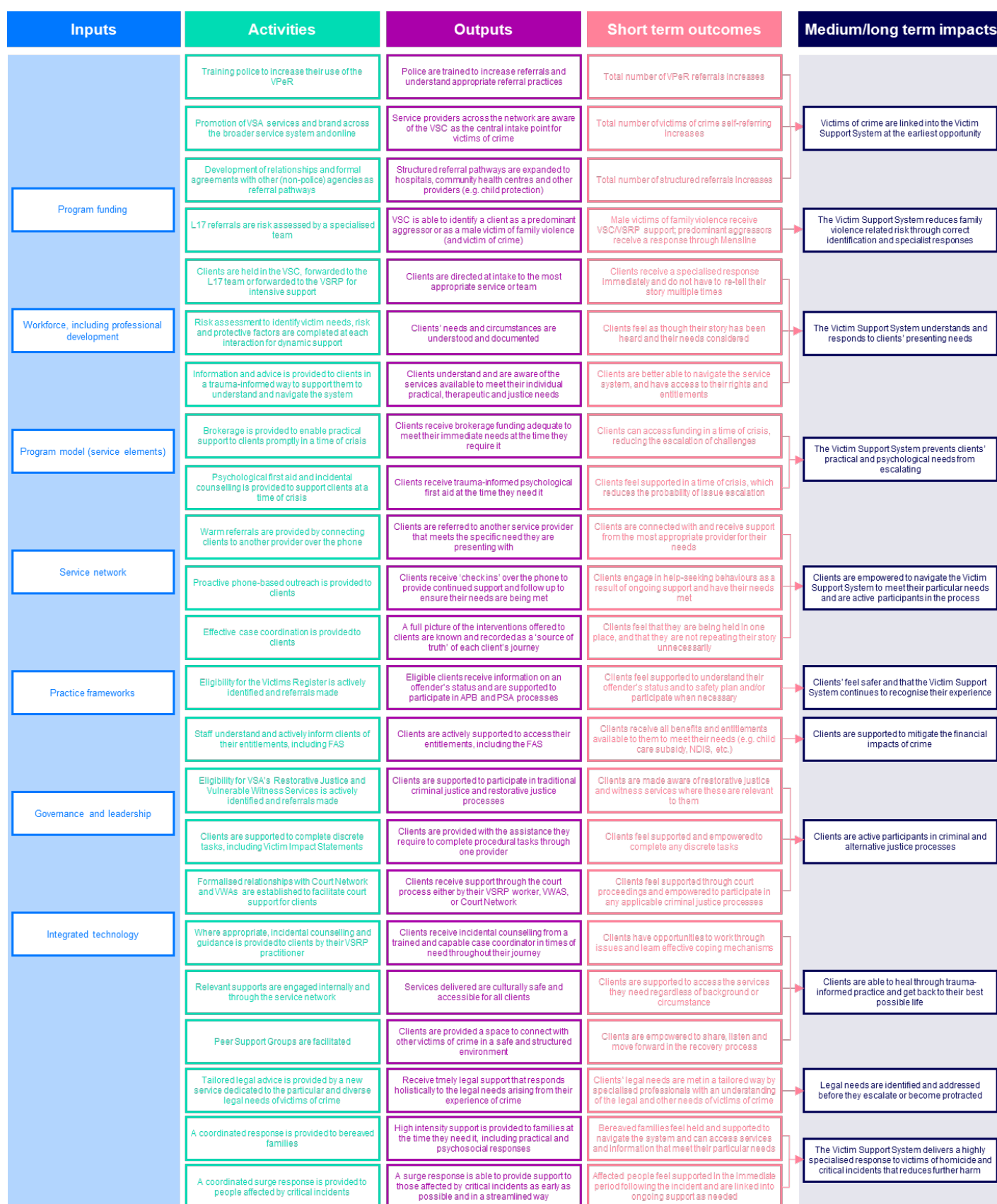
A Service Model Logic outlining the intended outcomes and theory of change for the proposed service model is provided at Figure 7. This Service Model Logic should continue to be refined during implementation to ensure that it aligns with the finalised service specifications for each element of the model. Any program of reform should also identify opportunities to embed data collection in service delivery, as well as consider the role of safely conducted qualitative research with victims of crime at intervals to provide a more in-depth understanding of victims' needs and the extent to which the service model is responding appropriately.

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<sup>35</sup> Jacki Tapley, 'Sharing and Collaborating – Improving outcomes for victims of crime' (British Criminology Conference, 2016).

<sup>36</sup> See, e.g., Meg Callanan et al, 'Measuring outcomes for victims of crime: A resource' (NatCen Social Research, 2012).

Figure 7: Proposed Service Model Logic



Source: Centre for Innovative Justice.

### 3.1.4 The role and purpose of the Victim Support Agency

During the design process, a workshop was conducted with the current VSSR team to start the process of identifying its overarching purpose and values, and to consider its broader strategic direction in the context of a future Victim Support System. Through this exercise, the current VSSR team developed the following draft purpose, values and future role (see Figure 8).

Figure 8: VSSR's draft purpose, values and role in the system



Source: Analysis of VSSR strategic planning workshop outputs.

Opportunities exist over time to shift and evolve these roles, and a strengthened VSA should undertake further work to clearly define what they see as their role in the system moving forward. This could include service commissioner, service accreditor, and / or service deliverer. This should consider both what is needed in the system, what is likely to achieve the best outcomes for victims of crime, and broader shifts in the role of government in the design and delivery of services.

### 3.1.5 Case studies

The case studies which are featured throughout the remainder of this report are used to highlight how the new service model will drive and deliver a more coordinated system response, and subsequently enhances the experience of victims of crime. The case studies (overleaf) introduce four different individuals or families and are composites adapted from the stories of actual victims of crime who have used the current system and participated in the research. The call out boxes throughout the detailed design section highlight how the experience of these archetypal victims of crime will be improved through the enhanced Victim Support System and enable the reader to see how the changes will impact victims of crime in practice (see overleaf).



### Anthony

Anthony is 23 years old and lives in Geelong. While leaving a friend's house one night, Anthony is grabbed by four offenders and is severely physically assaulted.

The offenders take Anthony's car, phone and wallet, including forcibly obtaining Anthony's bank pin from him and draining his funds. The offenders are known to Anthony.

A passer-by finds Anthony unconscious and calls 000. Police attend and Anthony is taken to hospital for his injuries, being discharged early the next day. Despite his injuries, Anthony returns to work immediately as he needs his wages to pay for food, rent and taxis to and from work following the loss of his car. About four days after the assault, Anthony is contacted by a VAP (through a Victoria Police e-Referral).

While the criminal justice process is ongoing, Anthony does not feel safe living in Geelong. He is also struggling to manage the physical and psychological effects of the assault. He moves in with his dad and step-mum in Terang but cannot gain employment due to his severe anxiety and not having his own transport in a rural area. Anthony's car is found but is never returned to him by Victoria Police.

#### Anthony's experience in the current system:

- Anthony was supported primarily over the phone due to rural location
- Anthony was seeing a private psychologist, GP and private VOCAT solicitor
- Anthony didn't receive court support
- Anthony wasn't referred to the Victims Register
- Anthony lost his Centrelink payments multiple times as he struggled to manage the paperwork
- Anthony felt that he has lost his independence as a result of the crime.



### Nadia

Nadia is 32 years old and lives in Melbourne's North with her two young children. She is a single parent. Her sister was killed by her partner in a family violence-related homicide.

Nadia, her parents and her brother are referred through the VPeR system.

Nadia's sister's perpetrator is arrested but subsequently commits suicide in prison. As a result, there is no criminal justice process and demand on the coronial system results in significant delays.

Nadia feels overwhelmed and is struggling to manage the household and care for her two children. She has to take a period of leave from work and is struggling financially.

#### Nadia's experience in the current system:

- Nadia and her family members received a VAP home visit the day after the homicide occurred
- Nadia and her family members were provided with information but struggled to process it
- Nadia's brother was the primary contact for the VAP, and Nadia had limited direct contact
- Nadia was linked in with a private psychologist but no other individual support
- No services had line-of-sight on how Nadia's children were affected by the crime or support Nadia may have needed as a primary caregiver
- Nadia and her siblings were not supported through the coronial process and felt forgotten by the system





### Mary, George and Chris

George and Mary's adult son Chris has a substance use disorder and moderate mental health issues. He deliberately lit a fire in the back of their house while they were out of the house.

George and Mary arrived home shortly after the fire was lit and suffered minor injuries while trying to put out the fire, as well as significant damage to their home. Police were notified of the crime by fire services, although George and Mary did not want to report to police as they did not want Chris to get in trouble. Police left a Victims of Crime booklet with George and Mary and a few months after the fire, Mary decided to contact the Helpline for advice. George and Mary were referred to the VAP as 'exceptional circumstances' clients.

George and Mary were not able to claim insurance as the fire was deliberately lit by a resident of the house and were not eligible for VOCAT. As a result of his illness, Chris has continued to threaten George and Mary with violence, and they experienced ongoing safety concerns.

#### George, Mary and Chris's experience in the current system:

- George and Mary lived in a regional area and so were able to gain access to the VAP through exceptional circumstances. If George and Mary resided in certain metro regions, they would not have received any support other than the initial response from the Helpline.
- As George and Mary were not VOCAT eligible and had no criminal justice process, they received a limited response of information provision, safety planning and referrals to a GP for a mental health plan
- George and Mary asked for help getting Chris into a treatment program but were told it was out of scope
- George and Mary felt like the system was not able to address Chris's needs or the ongoing risk he posed



### Roya and Anahita

Roya is a recently arrived migrant from Iran with limited English language proficiency. Her husband has remained in Iran for work and she lives with her daughter Anahita (aged three).

Roya was at the supermarket one day when two men started harassing her and pushed her into the shelves. Roya did not suffer any lasting physical injuries but found the experience very traumatic. Anahita was with her when it happened. Police attended and offered a referral, but Roya declined as she did not understand.

Charges were laid and Roya attended the court event but did not receive any support to understand what was happening. She was scared attending court alone and was upset that she did not have a chance to tell her story in court, including the impacts of the crime on herself and Anahita.

Roya and Anahita became increasingly socially isolated over the following six months as they were afraid to leave the house. Anahita suffered from disrupted sleep and hair loss. Roya experienced clinical depression. Eventually Roya was able to use the Victims of Crime handbook provided to her by police to self-refer to the Helpline. Through an interpreter she was assessed and was subsequently referred to the VAP. Roya and Anahita had been without support for almost a year.

#### Roya and Anahita's experience in the current system:

- Roya was not supported to understand the court process or to make a Victim Impact Statement
- Roya was not told about VOCAT and did not access financial assistance
- Without timely support, Roya and Anahita's psychosocial and health needs escalated significantly
- Anahita was never assessed or offered support in her own right

## 3.2 Access

Access design determines the various pathways through which victims of crime may access VSA's services and is, therefore, a critical element of the service model and an equitable and effective Victim Support System overall. It encompasses self-referrals, structured referrals (including VPeRs and proposed new pathways) and Victoria Police L17s for male victims of family violence. Access pathways are in turn underpinned by strategic community engagement and education to enhance visibility and knowledge of victim services across the range of professionals who may interact with victims of crime, as well as victims of crime themselves, as well as a digital presence designed to inform and guide victims of crime to the services they need.

### 3.2.1 Current state

At present, victims of crime can be linked in with victim services in several ways, although the Helpline is intended to act as a central intake point. Current referral pathways to the Helpline are:

- VPeRs – representing 24 per cent of Helpline referrals for the period 2014-19;
- Victoria Police L17 referrals for male victims of family violence – representing 56 per cent of Helpline referrals) for the same period;<sup>37</sup> and
- self-referral to the Helpline – representing 15 per cent of Helpline referrals for the same period. It should be noted here that this number only reflects clients assessed as being eligible for the VAP, either because they have experienced a violent crime in Victoria or may be eligible for service under exceptional circumstances (see section 3.4.1 for discussion of exceptional circumstances clause).<sup>38</sup>

To date, no structured referral pathways to the Helpline exist other than through Victoria Police (VPeRs or L17s). This means that, where a crime is not reported; where a victim of crime does not engage with police when they attend; or where police fail to make a referral, victims of crime are significantly less likely to be linked in with victim services. Another limitation is that current police practice is to offer a VPeR only during first contact with the victim, typically when attending an incident. This does not reflect contemporary understandings of trauma, which recognise that victims of crime may be feeling overwhelmed or in shock during their initial engagement with police or may not have had time to process what has happened and the ways in which they may be impacted.

<sup>37</sup> The Victims of Crime Helpline is the central intake point for L17s for male victims of family violence, as per historical practice and the recommendation of the RCFV. L17s for female applicants are directed to The Orange Door (and may subsequently be referred onto specialist family violence services).

<sup>38</sup> Victims directly contacting the Helpline are only entered into the Resolve database where they are eligible for referral to the VAP. As such, there is an unknown proportion of self-referred victims of crime other than violent crime against the person (for example, victims of property crime) that self-refer to the Helpline and are not reflected in available datasets.

VSSR's current CRM system – Resolve - is not integrated with either the VPeR system or the L17 portal, requiring all structured referrals to be entered manually. Helpline staff identified this as a major inefficiency, with the impact of this on staff time currently being mitigated through the employment of two temporary administrative staff to support data entry.

Currently, victims of crime may also be directly referred to individual VAPs, including from services with whom VAP providers have established relationships and protocols at the local level (31 per cent of VAP referrals). Timely referrals to VAPs are also supported through co-locations across the state, primarily with police.<sup>39</sup> Table 3 provides a breakdown of VAP clients by referral source.

Table 3: Breakdown of VAP referral sources for period 2014-19

Referral source	Proportion
Helpline	68%
Self-referral to the VAP	6%
Referral through other professional service	26%

Source: Analysis of VSSR data.

In the first instance, victims of crime may present to other victim-specific services, such as sexual assault services, specialist family violence services and the OPP's VWAS. The extent to which these services make subsequent referrals into the Helpline or VAPs is highly variable across services and regions, and interviews with victims of crime and stakeholder consultations indicated that, even where victims of crime are unable to have their needs fully met through specialist services, they are often not referred to VSSR's services. This includes where victims of crime are not eligible for support through specialist services;<sup>40</sup> where additional support is required that specialist services are not able to provide; where victims of crime have been exited from a specialist service but have ongoing support needs; or where victims of crime are placed on a waitlist.<sup>41</sup>

VOCAT staff also noted during consultations that a significant portion of victims of crime attending court for VOCAT proceedings have never received support from victim services and that there are not currently any formal referral pathways from VOCAT to victim services when the need for support is identified at court. The review identified that a key barrier to access within the current system is the visibility of VSSR's service offerings - including a poor understanding of service scope, eligibility criteria, and level of specialisation - across the broader service system.

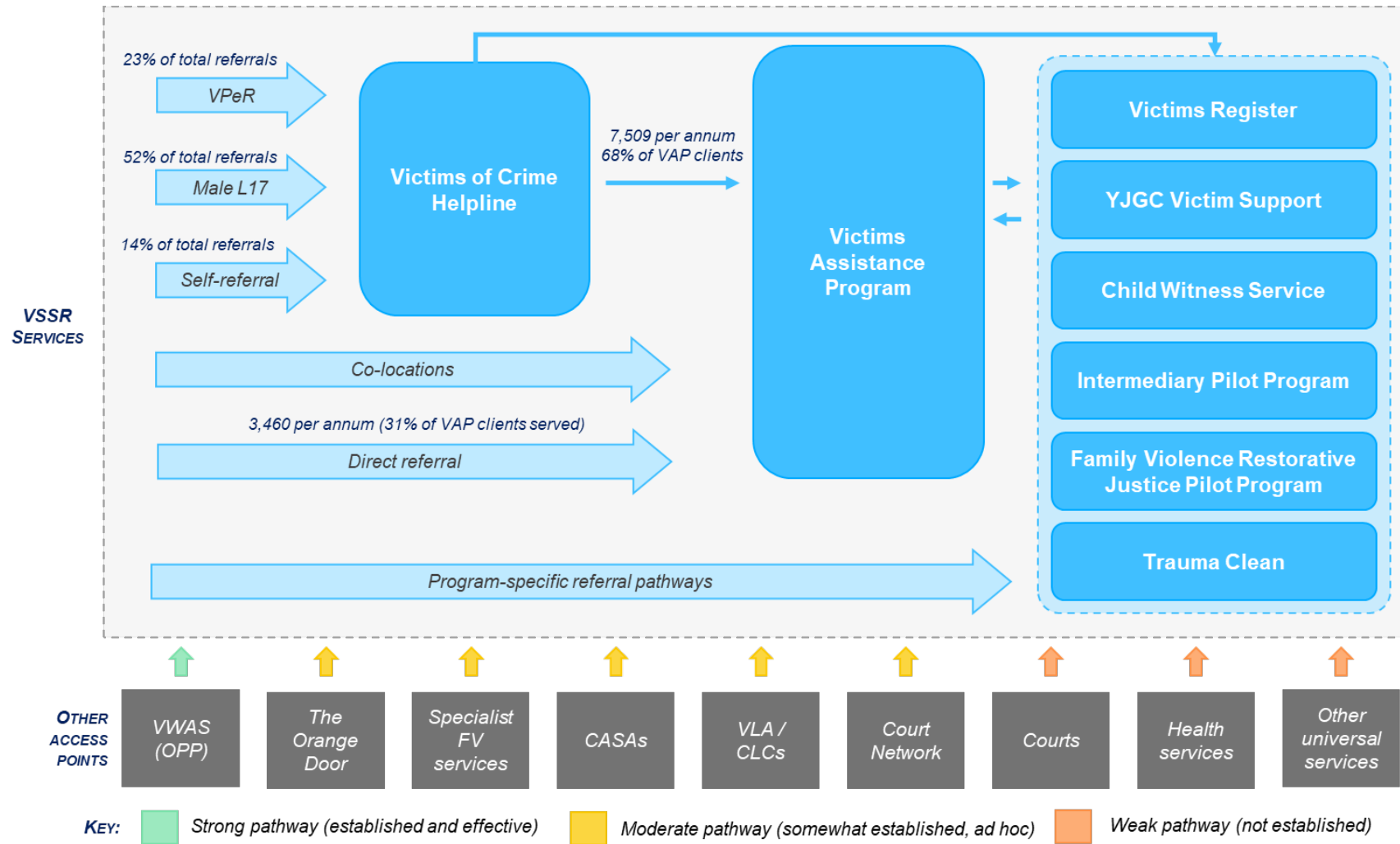
A high-level overview of referral pathways into VSSR's services is provided at Figure 9 (overleaf).

<sup>39</sup> Of the 33 co-locations across the state, 29 are police co-locations. There is also one court-based co-location and two VAPs that have established co-locations with ACCOs.

<sup>40</sup> For example, where historical victims present to services which have a predominant focus on crisis.

<sup>41</sup> Professional stakeholder consultations suggested some CASAs are experiencing waitlists of four to six months. Significant demand pressures on the family violence system are also driving significant wait times.

Figure 9: Overview of key referral pathways into VSSR services



Source: Centre for Innovative Justice.

Client data for the VAP and Helpline suggests that certain cohorts are under-represented, although it is likely that current figures are a result, not only of low referral rates for these cohorts, but a need to strengthen practices in relation to the identification and collection of diversity data. Importantly, many of the cohorts under-represented in the VSSR client data are known to experience higher rates of victimisation than the general population (see Table 4).

Table 4: Representation of specific cohorts within VSSR client group

Cohort	Proportion of VSSR client group <sup>42</sup>	Evidence on rates of victimisation
Aboriginal or Torres Strait Islander victims of crime	3%	<p>Twice as many Aboriginal people were victims of physical or threatened violence in 2002 when compared with non-Aboriginal people.<sup>43</sup></p> <p>Aboriginal women are 45 times more likely to experience family violence; five times more likely to experience physical violence; 35 times more likely to be hospitalised due to assaults; five times more likely to be victims of homicide; and report three times as many incidents of sexual violence.<sup>44</sup></p>
Elderly victims of crime	5.5%	<p>Older people are at risk of elder abuse at a rate of between two and 14 per cent.<sup>45</sup></p> <p>Older people are often reluctant to report abuse inflicted by an adult child, because of stigma and the desire to preserve family relationships.<sup>46</sup></p> <p>Around 75 per cent of reported elder abuse cases involve the abuse of an older person with cognitive impairment.<sup>47</sup></p>

<sup>42</sup> For period 2014-19.

<sup>43</sup> Australian Bureau of Statistics, *Crime and Justice: Aboriginal and Torres Strait Islander People – Contact with the Law* (4102.0 – Australian Social Trends, 2005).

<sup>44</sup> State of Victoria, Royal Commission into Family Violence, *Summary and Recommendations*, Parl Paper No 132 (2014-2016), Vol V, 13 ('Royal Commission into Family Violence, Vol V').

<sup>45</sup> Rae Kaspiew and Rachel Carson, 'Elder abuse: understanding issues, frameworks and responses' (Research Report No. 35, Australian Institute of Family Studies, 2016).

<sup>46</sup> 'Royal Commission into Family Violence, Vol V' (n 44) 67.

<sup>47</sup> Barbara Blundell and Barbara Black, *The human rights of older people and agency responses to elder abuse* (Curtin University of Technology, 2008).

Cohort	Proportion of VSSR client group <sup>42</sup>	Evidence on rates of victimisation
Victims of crime with disability	3%	<p>People with disability report being victims of physical or threatened violence at a rate of 18 per cent, compared with 10 per cent of those without disability.<sup>48</sup></p> <p>People with intellectual disability are three times more likely to be victims of assault, sexual assault and robbery, compared with people who do not have an intellectual disability.<sup>49</sup></p> <p>Perceptions of people with disabilities as unreliable, not credible or incompetent make it harder to report crime and contributes to their heightened risk of victimisation.<sup>50</sup></p>
Lesbian, gay, bisexual and intersex (LGBTI)	Not captured	<p>A Queensland study found that 41 per cent of people from LGBTI communities had been found to experience threats of physical violence and 23 per cent experience physical assault.<sup>51</sup></p> <p>Victimisation rates are higher for transgender people, with 46 per cent of trans women, and 36 per cent of trans men found to experience physical assault.<sup>52</sup></p> <p>Around one-third of people in same-sex relationships experience intimate partner violence, while only 18 per cent of those who had experienced forced sex and 20 per cent of those who had been injured, reported the incident to the police.<sup>53</sup></p>

<sup>48</sup> Australian Bureau of Statistics, 4530.0 - Crime Victimisation, Australia, 2017-18 (2019).

<sup>49</sup> Carlene Wilson and Neil Brewer, 'The incidence of criminal victimisation of individuals with an intellectual disability' (1992) Australian Psychologist 27(2).

<sup>50</sup> Office of the Public Advocate, Submission No 17 to Parliament of Victoria and Community Development Committee, Inquiry into Services for People with Autism Spectrum Disorder (April 2016). See also Australian Human Rights Commission, Equal Before the Law: Towards Disability Justice Strategies (2014).

<sup>51</sup> Alan Barman and Shirleene Robinson, 'Speaking out: homophobic and transphobic abuse in Queensland.' (Australian Academic Press, 2010).

<sup>52</sup> Ibid.

<sup>53</sup> State of Victoria, Royal Commission into Family Violence, Summary and Recommendations, Parl Paper No 132 (2014-2016), Vol II, 167-169 ('Royal Commission into Family Violence, Vol II').

Cohort	Proportion of VSSR client group <sup>42</sup>	Evidence on rates of victimisation
Victims of crime from CALD backgrounds	5%	<p>Rates of general victimisation in CALD communities, and for family violence specifically, is not readily quantifiable. This is largely due to under-reporting. Recognised barriers to under-reporting include</p> <ul style="list-style-type: none"> <li>– language barriers;</li> <li>– lack of knowledge and familiarity with available support services;</li> <li>– lack of awareness about rights and legal protections;</li> <li>– social stigma and shame relating to some crimes (such as family violence); and</li> <li>– mistrust of authorities.<sup>54</sup></li> </ul>

Source: Analysis of VSSR data and available evidence on crime victimisation.

In addition to the cohorts described above, professional stakeholder consultations indicate that children and young people in out-of-home care settings; people experiencing homelessness; and people in custodial settings, are particularly vulnerable to victimisation but are highly unlikely to receive a response through the current victim services system.

VSSR services other than the Helpline, VAP and Victims Register have program-specific referral pathways so that clients can be referred directly. These include, for example, the CWS, which has well-established referral pathways with Victoria Police Sexual Offences and Child Abuse Investigative Teams (SOCITs) and the OPP's VWAS.

Additionally, good practice exists within all VSSR services in terms of assessing and identifying where a client may need support from another VSSR service and providing a referral. Cross referrals between VSSR services are also supported by collaborative practices including secondary consultation, case conferencing and co-case-management where appropriate.

<sup>54</sup> Maria Segrave, *Temporary migration and family violence: An analysis of victimisation, vulnerability and support*. (Monash University, School of Social Sciences, 2017).



### 3.2.2 Case for change

*Where victims of crime are linked in with victim services, evidence suggests that early intervention can improve longer-term outcomes for victims of crime. As such, access pathways should be designed with a view to engaging victims of crime as soon as possible following the crime.*

Limited research exists to date regarding the efficacy of early intervention for victims of crime specifically. However, trauma research more broadly suggests that timely access to services can have a positive impact on victims' recovery trajectories. For example, early intervention has been found to be effective in responding to PTSD, as it can support clients to process their emotions; develop coping strategies; and manage their fears during the peak reaction period.<sup>55</sup>

This is consistent with interviews with victims of crime conducted as part of this review, which suggested that linking victims of crime with the right supports as early as possible reduced re-traumatisation and contributed to better long-term outcomes by mitigating, managing and containing the impacts of the crime they experienced.

By comparison, research participants who had not had early access to services reported significant physical and psychological impacts, fear and social isolation more than 12 months after the crime and had not been supported to participate in relevant justice system processes.<sup>56</sup>

*While the existing VPeR system is broadly effective at linking victims of crime into relevant services in a timely fashion, the review found that this pathway is not suitable for all victims of crime, and that alternative pathways are needed to ensure that access is not only timely, but equitable.*

Poor representation of certain cohorts within existing VSSR client data indicates that some victims of crime are not being effectively linked in with services, despite evidence that those same cohorts are particularly vulnerable to crime victimisation (see Table 4). This includes victims of crime with disability; Aboriginal and Torres Strait Islander victims of crime; and victims of crime from CALD populations.

The review found that a key driver of inequities in service access was the current system's reliance on police referrals as the primary access pathway. This finding was informed by a considerable body of evidence that victims of certain crime types (such as sexual offences) and specific cohorts face unique barriers to reporting,<sup>57</sup> and are therefore less likely to engage with police. Alternative access points, including health services and services working with specific cohorts, are likely to be more effective at linking in under-represented or hard-to-reach cohorts at the earliest possible opportunity.

<sup>55</sup> See, e.g., James K Hill, 'Victims' Response to Trauma and Implications for Interventions: A Selected Review and Synthesis of the Literature' (Policy Centre for Victims Issues, 2003).

<sup>56</sup> This refers only to victims of an isolated incident of crime and not historical victims of sustained offending, whom the research found can face a number of unique challenges in terms of managing and recovering from their long-term experience of victimisation.

<sup>57</sup> See Appendix C for commentary on reporting behaviours of specific cohorts.

*Given the emerging evidence on early intervention as a strategy for mitigating the longer-term impacts of crime victimisation, establishing a suite of structured access pathways represents a relatively low-cost change to the system that will enable more victims of crime to access services earlier in their journey. This in turn will contribute to subsequent reductions in the need for acute service responses and reliance on the service system over time.*

### 3.2.3 Future design

The following section outlines the detailed design of improved access channels to VSA's services, with a view to ensuring timely and equitable access to support for victims of crime, including those who may face barriers to reporting.

#### Direct contact

**Objective: Self-referrals are facilitated so that victims of crime who are not referred through a VPeR or other structured pathway can access information, advice and appropriate services based on their needs.**

The VSC is designed as a central point to which victims of crime can easily self-refer. Self-referrals are supported through a strong online presence and recognised branding, and through cold referrals from other parts of the service system.


Self-referrals will be able to call the VSC directly, or request a call back via text, email or an online form. A Victim Support Practitioner (VSP) from within the VSC will then respond at the earliest opportunity or at the time requested for intake (see section 3.3.3).

Self-referrals to the VSC will proceed through the intake process and risk and needs assessment (see section 3.3.3).

Self-referrals that require a specialised response (that is, families bereaved by homicide or male victims of family violence) or are seeking engagement with a specific program area (that is, the Victims Register) will be directed to the relevant team.

Victims of crime who self-refer directly to their local VSRP will be navigated to the most appropriate service response based on client need and preferences.

Aboriginal Engagement Practitioners (AEPs) within the VSRP will work to engage their community, build trust and encourage engagement with victim services. Any self-referrals occurring through the work done by AEPs will be held at the VSRP if requested by the client, recognising the importance of service delivery through the developed relationship with the AEP.

<b>Outputs / outcomes:</b>	<ul style="list-style-type: none"> <li>○ Victims of crime self-navigate to the VSC, including those who have not reported to police and historical victims.</li> <li>○ Victims of crime self-navigate to the VSRP, where they will subsequently be directed to the most appropriate service response.</li> <li>○ Aboriginal and Torres Strait Islander victims of crime access the system through a unique pathway that recognises the importance of the AEP role in culturally safe service delivery.</li> </ul>
<b>Enablers:</b>	<ul style="list-style-type: none"> <li>○ Enhanced website and information provision online, including clear and concise information on eligibility and nature of the service response available.</li> <li>○ Development of posters and brochures to promote the VSC in targeted locations such as hospital staff rooms.</li> <li>○ Clear processes on decision making around self-referrals that present at the VSRP.</li> </ul>
<b>Opportunities:</b>	<ul style="list-style-type: none"> <li>○ To increase awareness of VSA's service offerings among professionals and communities through community engagement at both central and local levels.</li> <li>○ Consider establishing a chat-bot function to provide basic information and offer call back to self-referrals outside of operating hours.</li> <li>○ Expand data capture on self-referrals to inform future strategies to build self-referrals, including for specific cohorts.</li> </ul>
	<p>A week after the fire Mary remembers that the police said that support is available to her and George. She accesses the improved VSA website and, since it is after business hours, she completes the easy online form requesting a call back. She mentions in the form that she works 9am - 5pm on weekdays.</p>

## **Structured referrals**

**Objective: Structured referral pathways are established with key services and enabled through updated IT technology and streamlined workflows to provide more timely responses to victims of crime.**

A structured referral pathway is provided through the existing VPeR system.

VPeR data will be reviewed quarterly to identify low referral police stations and develop targeted strategies to improve referrals in these areas.

Training and resources will be developed to increase the use of the VPeR pathway. Training and resources will use an evidence-based approach to offering support to victims of crime, including building the confidence and capacity of Victoria Police members to identify needs, secure consent, and make appropriate referrals to the system.

Relevant protocols and training will be developed in collaboration with Victoria Police to encourage Victoria Police members to consider the need for a referral to the VSC at each interaction with a victim of crime, rather than only providing referrals at incident attendance.

Improved CRM will align to the VPeR fields as much as possible, so that the VPeR creates a client file automatically, reducing the need for manual entry.

VPeR forms will include a blanket consent for the VSC to contact victims of crime for the provision of any information or support regarding their victimisation, including YJGC Victim Support. Blanket consent would not include the FVRJ Service as referrals for this model should come via services with an established relationship with the client and knowledge of their circumstances.

A new online referral portal will be developed for structured referrals from broader professionals and key services, with initial rollout to focus on emergency departments and key victim services including CASAs, The Orange Door and broader specialist family violence services.

Key referring organisations will be provided a login to access the online referral portal, which will send a structured referral through to the VSC to contact a victim of crime that has engaged with that agency (where they are eligible and not currently receiving support from VSA services).

For services such as CASAs, The Orange Door and specialist family violence services, the online referral portal will include an option for the referring practitioner to request a call back to discuss how best to engage with the client, including shared care arrangements where relevant; a transition plan where the client was previously receiving services through the referring organisation; or a 'holding' plan where the client is currently waitlisted for specialist services.

Referring organisations will be encouraged to complement the online referral with a warm referral, although the online portal should still be used so that the responding VSC practitioner has a thorough understanding of the victim's circumstances and needs, minimising the need for them to re-tell their story.

Referring organisations may indicate on the online referral portal where they have identified that support should be provided through the VSRP, including where the client has complex needs or would otherwise be best supported through face-to-face contact. The responding VSC practitioner will review the referral and may then allocate it to a streamlined pathway direct to the local VSRP for support.




The online referral portal will automatically create a client file in the CRM.

#### Outputs / outcomes:

- Victims of crime are referred via Victoria Police at any point in their journey, although the primary goal is to engage in the initial interaction so that victim services can intervene early.
- Victims of crime who present to acute health services including those who have not reported to police, receive a timely referral to victim-specific services.
- Victims of crime who present to (or are engaged with) other services, including family violence and sexual assault services, but require support through one or more of VSA's service, are linked in through a standardised referral process.

#### Enablers:

- IT system integrated with the VPeR.
- Development of an online referral portal, including an embedded eligibility assessment.
- Memorandums of Understanding (MOUs) and effective protocols with referring organisations.
- Development of standardised tools and guidelines to support shared care arrangements with victim-specific services (including where clients are being temporarily held by or exited to VSA services).
- Training and engagement with structured referral pathway partners, including police and emergency rooms at hospitals.

<b>Opportunities:</b>	<ul style="list-style-type: none"> <li>○ Collaborate with Victoria Police to identify strategies to increase VPeR use, including active monitoring of VPeR usage data, the development of joint dashboard reports,<sup>58</sup> and a notice of receipt so that members know that a VPeR has been received and responded to.</li> <li>○ Identify additional structured referral pathways, such as the Office of the Public Advocate's Independent Third Person Program.</li> <li>○ As an interim measure pending the establishment of a new FAS, extend rollout of the online portal to VOCAT.</li> </ul>
	<p>Police attend the scene and explain to Anthony that support is available to him. Consent is provided and a VPeR is sent.</p>
	<p>Police attend Nadia's home and notify her of her mother's death. They explain to her that specialist support is available to her and her family. Consent is provided and a priority VPeR is sent.</p>
	<p>A few weeks after the crime, Roya takes Anahita to the hospital for an unrelated stomach virus. She mentions to the doctor that Anahita has been very anxious since the crime. The doctor secures Roya's consent and makes a referral for both Roya and Anahita via the online portal.</p>

### L17 referrals

**Objective: The current L17 pathway is streamlined through integration with the L17 portal and in-built workflows.**

L17 referrals entered into the L17 portal by Victoria Police are received by the VSC.

A client file is automatically created in the CRM.

CRM workflows automatically direct L17s to the dedicated Male L17 Response team for in-depth risk and needs assessment, including predominant aggressor assessment where relevant.

<b>Outputs / outcomes:</b>	<ul style="list-style-type: none"> <li>○ L17s referrals are automatically directed to the dedicated Male L17 Response team for intake and a specialised response.</li> </ul>
<b>Enablers:</b>	<ul style="list-style-type: none"> <li>○ IT system integrated with the L17 referral portal.</li> </ul>

<sup>58</sup> Currently, Victoria Police stations have a KPI relating to VPeRs which is included in a monthly dashboard report. Consultations with Victoria Police indicated that feeding back information on the outcome of those referrals (for example, number of clients subsequently engaged with a service for information, referrals and/or ongoing support) may increase usage of the VPeR system by demonstrating the positive impact of those referrals.

**Opportunities:**

- An interface with the L17 portal to enable VSC practitioners to gather broader data and information on male L17 referrals prior to delivering any service response.
- Further consideration of the potential role of VSA in working with Victoria Police to reduce misidentification.

### 3.3 Victim Support Centre (VSC)

The VSC represents a significantly enhanced Helpline that, in addition to acting as a central intake and information point, has the capacity to 'hold' low-moderate needs clients who do not require referral into more intensive case coordination. It will provide a state-wide response to all victims of crime against the person and other high-impact crimes through the provision of phone-based support, including proactive outreach and 'light touch' case coordination. It will also incorporate a dedicated Male L17 Response and the Victims Register, as well as providing a central coordination function for the SSBF and critical incident response.

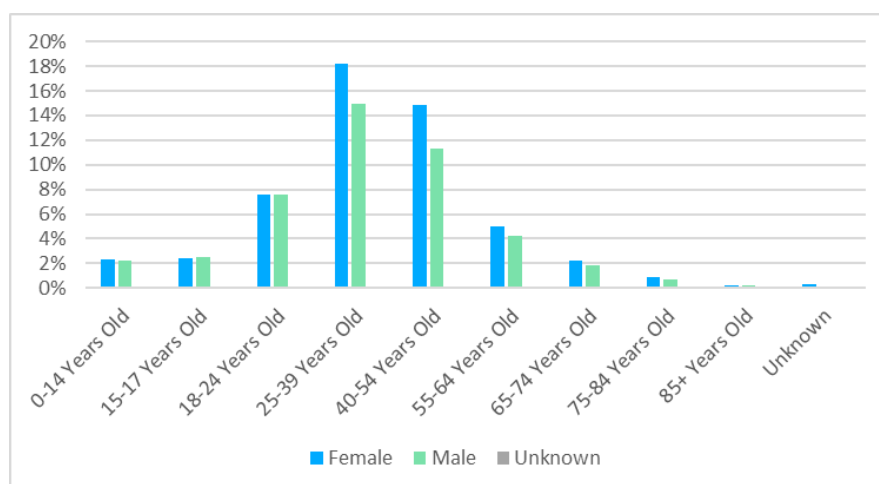
#### 3.3.1 Current state

The existing VSSR currently delivers a telephone contact service (the Helpline) which operates between 8:00am and 11:00pm, seven days a week, 365 days a year. It is a state-wide service and is intended to provide an opportunity for victims of crime to feel heard and supported, as well as acting as a 'gateway' to relevant local services that can address their needs.

#### Client group

The Helpline is described on the Victorian Government website as a service for all victims of crime. Individuals may self-refer to the Helpline by calling or texting, or they may be linked in via a VPeR or L17 referral (see section 3.2.1). In the period 2017-18 the Helpline recorded 19,143 clients. A breakdown of clients by age and gender is provided at Figure 10 using data from 2014-19 to account for year-on-year fluctuations.

Figure 10: Breakdown of Helpline clients by age and gender for period 2014-19.



Source: Analysis of VSSR client data.



At present, 39 per cent of all Helpline clients are referred to the VAP. If males referred via an L17 are excluded from this number, the proportion increases to 81 per cent. In addition to this core client group, the Helpline reportedly receives a considerable number of self-referrals that are not VAP-eligible, including victims of other crime types, such as property crimes; people who have not actually experienced a crime, including neighbourhood disputes; and individuals who are themselves supporting a victim of crime, such as friends, families and support workers.

This group of non-eligible referrals can include people experiencing significant distress or trauma. For example, families of missing persons do not meet the eligibility criteria of victims of violent crime against the person but can have similar needs to related victims of homicide in terms of engaging with police investigations and experiencing the loss of their loved one. People who self-refer to the Helpline but are not VAP-eligible are generally not entered into the Resolve database and there is therefore no complete dataset on the volume of these clients, their needs or circumstances.

Despite the availability of specialist sexual assault services, including phone-based services, Helpline client data shows that victims of sexual offences are still seeking support from generalist victim services. Similarly, while the vast majority of women and children experiencing family violence who seek support will present to specialist family violence services, some are still seeking support for family violence related offences through the Helpline.

### Core service response

The Helpline is intended to function as a central source of information, assessment and referrals for people who have experienced a crime. Victims of crime who seek support through the Helpline may be provided with:

- an opportunity to feel heard, supported and to tell their story;
- advice and support, including psychological first aid, information about investigation and court processes, and general information on services and entitlements available to victims of crime;
- a needs assessment to understand what service response(s) would be most suitable for them;
- a risk assessment to understand any immediate or ongoing safety concerns;
- referral into appropriate services; and
- discrete task assistance, such as support to complete Victim Impact Statements.

The Helpline also receives general enquiries about VSSR's current broader suite of services and is the initial point of contact for enquiries about the Victims Register, including for existing Victims Register clients.

The Helpline does not have direct access to brokerage, and so has limited capacity to address immediate practical needs other than through a referral to the VAP for those clients that are eligible.

In terms of linking victims of crime in with ongoing supports, the capacity of the Helpline to respond is largely determined by the crime experienced and what that means in terms of eligibility for different services and entitlements. In practice, the Helpline largely functions as an intake point for the VAP and has limited pathways for individuals who are not VAP eligible or who may not want to receive service through a VAP.

The Helpline does not have a database of referral pathways or other resources to support a range of referrals, and common practice when a client is not eligible for referral to the VAP is to use an internet search engine to find potential services to which callers can be referred. This limitation is at odds with how the Helpline is described and promoted on the VSSR website and in other materials for victims of crime, which is a broad-based service for all victims of crime, regardless of crime type.

As a phone-based service, the Helpline functions as a 'point-in-time', usually one-off, service response and does not provide ongoing support or follow-up.

### Responding to male victims of family violence

In addition to providing generalist victim support, the Helpline receives all Victoria Police L17s relating to males identified as victims of family violence.<sup>59</sup> As noted in section 3.2.1, this represents more than 50 per cent of Helpline clients (approximately 53,592 individual clients referred for the period 2014-19). In practice, this subset of clients includes:

- male victims of family violence;
- males who have been misidentified as the victim in a specific incident; and
- males who have been identified as the victim in a specific incident but who are in fact the predominant aggressor when viewed across a broader pattern of coercion, intimidation and control.

Anecdotally, the Helpline has also received referrals for adolescent males who have experienced violence but who have been declined service by specialist family violence services for women and children. This includes where they have also been identified by the system as using violence in the home in the context of resisting or responding to their own experiences of violence.<sup>60</sup>

The current L17 response is delivered by the same staff providing the core response and broadly consists of an initial risk assessment (based on the current L17 referral, the client's Resolve history and the client's history as shown on the L17 portal); entry of the L17 into the Resolve system; and a differentiated response based on whether the client has been assessed as low, medium or high risk.

When responding to L17s, Helpline staff may also seek and share information with other relevant services and agencies in line with the FVISS and CISS.

<sup>59</sup> This function has remained with the Helpline pursuant to RCFV recommendations 180 and 181.

<sup>60</sup> See, e.g., Elena Campbell et al, *Positive Interventions for Perpetrators of Adolescent violence in the home: findings from the PIPA Project* (ANROWS, Sydney).

Helpline data suggests that approximately 90 per cent of L17 clients have not experienced a violent crime against the person and are therefore not VAP eligible, with 7.5 per cent of clients for the period 2014-19 being referred on to the VAP for service.

In addition to VAP referrals, approximately nine per cent of L17s result in an external referral.<sup>61</sup> External referral pathways for L17 clients are primarily to other phone-based services and include Mensline, Family Relationships Advice Line, Relationships Australia, Family Drug Help, Men's Referral Service and Youth Substance Abuse Service. As these are cold referrals and there is no process for follow-up, no data or anecdotal evidence on the extent to which these referrals have been effective is available.

It is assumed that the remaining 83 per cent of male L17s who do not receive any type of referral are either unable to be contacted, choose not to engage, or are assessed as not requiring any support or intervention.

### 3.3.2 Case for change

*The current Helpline response is geared primarily towards victims of violent crime against the person. This is not consistent with the literature on other crime types, which shows that, where crimes do not result in death or physical injury, victims can still experience profound impacts.*

While research has typically focused on the impacts of 'severe' crime types, evidence suggests that victims of a range of crimes can experience profound effects, including psychological trauma.<sup>62</sup> For example, recent research into online fraud victimisation found that, in addition to the significant financial impact of online fraud, victims of online fraud often experience significant emotional and psychological impacts, with feelings of shame, distress, sadness and anger often reported, as well as loss of trust in others.<sup>63</sup> A number of online fraud victims interviewed as part of a 2016 Australian study indicated they had seriously contemplated suicide as a result of their victimisation.<sup>64</sup>

Interviews with victims of crime conducted as part of the review also found that the context in which crimes occurred often exacerbated the impacts and support needs of victims of crime, regardless of whether the crime involved an assault or death. For example, one property crime occurred in the context of intra-familial violence between an adult child with significant mental health issues and their parents. This meant that, rather than requiring a response to an isolated property crime, the victims needed support to manage ongoing and complex risk and safety concerns.<sup>65</sup>

<sup>61</sup> Please note, this figure represents referrals for the period 1 July 2016 to 30 April 2019.

<sup>62</sup> 'The Role of Victims of Crime in the Criminal Trial Process 2016' (n 5).

<sup>63</sup> Cassandra Cross, Kelly Richards and Russell G Smith, 'The reporting experiences and support needs of victims of online fraud' (Australian Institute of Criminology, 2016).

<sup>64</sup> Ibid 5.

<sup>65</sup> In this specific case, the local VAP chose to offer support under the exceptional circumstances clause, despite the victims of crime not meeting the program's eligibility requirements. However, this example demonstrates the wide-reaching and profound impacts that a non-violent crime may have and the ways in which the impact of crime can be shaped, not only by the 'severity' of the crime type, but also by the broader context in which the crime occurs.

Although the current Helpline is ostensibly for all victims of crime, however, its focus on VAP eligibility and referrals means that it is currently unable to respond effectively to many people who identify as a victim of crime and who seek support in relation to their experience of victimisation. These limitations create a burden on staff, who have reported going home feeling like they have let individual victims of crime down or were not able to link them into the supports they clearly needed.<sup>66</sup>

The review found that a lack of adequate service responses for non-VAP eligible victims of crime can have a negative effect on victims of crime beyond the direct impact of not receiving services. Based on interviews with victims of crime and the evidence on secondary victimisation, the review found that, when victims of crime seek help and do not subsequently receive a service response, they can feel let down by the system; feel that their experience of victimisation is not recognised by the system; and be discouraged from seeking help and support in the future.

This suggests that, in addition to missing important opportunities to intervene early with victims of crime and to mitigate the longer-term impacts of crime victimisation, the current Helpline service response may in fact be *re-traumatising* victims of crime who actively help-seek and who are subsequently unable to be supported other than through the front-end provision of information and psychological first aid.

*The current Helpline model assumes that most eligible victims of crime (that is, victims of violent crime against the person) will require face-to-face support. However, this is not consistent with what the review found that victims of crime wanted or needed, with phone-based support offering an appropriate low-cost service response for many clients.*

The current system's reliance on the VAP as the primary response for victims of violent crime against the person assumes that victims of serious offences want and need face-to-face support provided through a dedicated worker. While there is research which suggests that victims of crime respond best to face-to-face support, however, victims of crime themselves indicated that this is not always required.

Many victims of crime who participated in the review, including victims of significant offence types such as homicide, were comfortable with receiving phone-based support *where that support was proactive*. Victims of crime indicated that a phone call to check in reminded them that the system recognised their experience and was there to support them if they needed, providing feelings of assurance and validation. Regular phone calls also provided an opportunity to re-assess and respond to changes in need and to encourage help-seeking behaviours. This included where victims of crime were experiencing heightened levels of need, as well as when they were ready to progress to the next step in their recovery, such as increasing social activity or returning to work.

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<sup>66</sup> Insights from consultations with VSSR operational staff.

This finding is consistent with the increasing use of technology in the delivery of health and human services more generally, including for service users who may struggle to attend services in person due to distance, mobility issues, lack of access to transport or practical considerations such as work and childcare.<sup>67</sup> Recognition is also increasing that tech-enabled approaches to service delivery, such as video counselling and video therapy, represent an effective means of treatment delivery and may in fact be more effective than face-to-face contact for some clients. For example, studies have found video therapy to be less 'threatening' or 'intimidating' for clients, and well-suited to clients who are highly self-conscious or who are dealing with shame related issues, such as sexual abuse.<sup>68</sup>

A robust phone-based service with the capacity to 'hold' clients also enables VSA to provide a timelier response and reduces the need for victims of crime to interact with multiple services. In addition, it supports the goals of empowerment and recovery by providing a low-intensity response to those victims of crime who have the capacity to self-manage or who do not wish to engage with a more traditional case management service.

*Clear opportunities exist to integrate a range of specialist responses into a centralised, phone-based service for victims of crime. Service integration is known to support a more seamless, client-centred approach to service delivery, and provides opportunities for capacity-building and knowledge sharing across specialised workforces.*

A clear shift is occurring in health and human services towards integration and towards the design of services based on client need and improved client experience, rather than along programmatic lines.<sup>69</sup>

The review identified that incorporating other VSA programs, as well as new specialist responses, into an expanded Helpline would contribute to:

- a more seamless service experience for clients, including through improved referral patterns;
- operational staff becoming knowledgeable about a broader array of services;
- operational staff becoming more capable in delivering a range of services and specialist response ('flexible specialisation');
- achieving efficiencies through shared infrastructure and resourcing; and
- driving innovation across services through information and skill sharing.<sup>70</sup>

<sup>67</sup> Morneau Shepell, *The effectiveness of video counselling for EFAP support* (2013). Accessed [online](#).

<sup>68</sup> Susan Simpson, 'Psychotherapy via videoconferencing: a review' (2009) *British Journal of Guidance and Counselling*, 37:3.

<sup>69</sup> See, e.g., Social Policy Research Centre, *Coordinated and Integrated Human Service Delivery Models: Final Report* (2005); World Health Organization, *Integrated care models: an overview* (2016).

<sup>70</sup> For benefits of integrated service delivery models, see Social Policy Research Centre (n 73).

The review found that, given the technical and / or specialist nature of discrete service responses such as the Victims Register, integration could be best achieved through co-location; opportunities for rotations through specialist teams; shared group supervision and good practices around co-case management, whilst still retaining a separate workforce for the delivery of these programs.

*The current arrangements for responding to male L17s are not consistent with the level of specialisation recognised as necessary across the broader family violence system to recognise and manage risk.*

Responding to male L17s is highly specialised and complex work that requires a very specific skillset, practice framework and understanding of risk when compared with the work of the Helpline more generally. Current Helpline staff have noted the challenge of switching throughout the day between a purely therapeutic response for victims generally, to a response that requires them to first identify if a 'victim' is in fact a perpetrator.

The current arrangements are not consistent with the broader investment and reform that has occurred across government in relation to responding to family violence, both in terms of ensuring a high-quality response for actual male victims of family violence, and ensuring that predominant aggressors who present to the system as a 'victim' are correctly identified and receive a response that works to reduce risk and, where possible, keep perpetrators in view of the system.

*A truly robust and well-designed phone-based service will enable VSA to provide better support to a wider range of victims of crime at relatively low-cost when compared with traditional case management models. It will also help to centralise a range of specialised responses and programs so that victims of crime can access the services they need in one 'place'.*

### 3.3.3 Future design

#### Client group

The proposed VSC is a service targeted at victims of crime against the person,<sup>71</sup> including where the crime has occurred outside of Victoria, although advice, referrals and other support may be provided for other high-impact crimes - for example, arson, burglary and serious personal fraud - based on the assessed level of need.

Clients will be assessed through an initial intake process and those identified as having high needs, or otherwise requiring face-to-face support in their community, will be referred to the VSRP for ongoing support – although they may later transition back to the VSC for light-touch support once their support needs have reduced or stabilised.

In addition, the VSC will respond to male L17 referrals and victims of crime who are eligible for the Victims Register, as per the legislated requirements of this scheme.

<sup>71</sup> This includes homicide and related offences; assault and related offences; sexual offences; abduction and related offences; robbery; blackmail and extortion; stalking, harassment and threatening behaviour; and, dangerous and negligent acts endangering people (as per Crime Statistics Agency classifications).

## Service response

The VSC aims to provide a broad-based and specialised phone-based response that can respond to a wide-range of victims of crime, including by providing proactive and ongoing support to those clients who do not need to be referred on for more intensive case management. It will also operate as a central coordination point for specialist responses, including the SSBF (see section 3.5) and critical incident response (see section 3.7). The following section outlines the detailed VSC design.

### Intake

**Objective: Victims of crime are allocated to the relevant service or program for further support.**

Intake for referrals coming through the structured referral processes of VPeR, health system referrals (online referral portal) and Victoria Police L17s will be reviewed by the VSC and allocated.

The CRM workflow will enable L17 referrals to be transferred directly to the L17 team for intake directly by the L17 team; male victims of family violence who did not come through the L17 referral process will be manually redirected to the L17 team.

All referrals relating to the Victims Register, except for general enquiries and application form requests, will be directed to the Victims Register program staff within the VSC.

All referrals relating to Restorative Justice Services, except for general enquiries, will be directed to the relevant program staff.

For VPeR and OPP referrals for child witnesses, the VSC will play an allocation function supported by automated CRM workflows where relevant.

Intake for self-referrals will happen through the VSP who answers the call or responds to the victim's first contact method.

The intake process will set up a client file in the CRM with the information that is available. Where the referral has come through a structured referral process, a CRM profile will have been developed based on the information provided in the referral, to be followed by a manual review and addition of further information where available. For self-referrals, the CRM profile will be created manually.

The intake process will ascertain those individuals who are not eligible for VSA services (i.e. individuals who have not experienced a crime or witnessed a violent crime) and will direct them to the most appropriate service for support.



During intake, the responding VSP will seek and document informed consent for the client to be contacted by the VSC if they become eligible for additional services, such as YJGC Victim Support and the CWS, to facilitate more timely provision of these services if and when they become available. Blanket consent would not include the FVRJ Service as referrals for this model should come via services with an established relationship with the client and knowledge of their circumstances.

If a structured referral client is eligible for VWAS, the CWS, the Victims Register, or YJGC Victim Support, the receiving VSP will liaise with the relevant service to determine who should lead intake and assessment, including whether intake and assessment should be done jointly.

Individuals bereaved by homicide will be allocated to the most appropriate VSRP, with a Bereaved Family Coordinator also assigned within the VSC for ongoing oversight, coordination and support (see section 3.5).





For structured referrals, the CRM workflow will have the capacity to flag certain crime types or cohorts - such as violent crimes against children and young people, repeat victims and Aboriginal victims of crime – as suitable for referral directly to the VSRP, following an initial review of the client profile by a VSP. This ensures that victims of crime who are likely to require a VSRP referral, either due to the nature of the crime, other factors influencing vulnerability, or to enable culturally safe intake via an AEP, are directed quickly to a provider based in their community without going through multiple intake processes and speaking to multiple workers. For these priority referrals, the VSC should confirm that the referral has been actioned by the relevant VSRP and may provide continuing oversight and support.<sup>72</sup>

Target response times based on crime and referral type will be developed and documented in program guidelines and will be actively monitored.

#### Outputs / outcomes:

- CRM file is created, either manually or automatically based on information collected by referrer.
- Client is manually or automatically directed to the relevant VSA team or service.
- Clients access the right service quickly and seamlessly.
- Victims of crime or other vulnerable Victorians who are not eligible for support through VSA's services are directed to a service that can assist them.

<sup>72</sup> This will be enabled by an enhanced CRM, which enables oversight by VSA of the engagement of VSRP workforce. This service element may require a stepped approach to implementation, where initially this direct referral to the VSRP is done manually through the VSC to enable VSA review and oversight.

<p><b>Enablers:</b></p>	<ul style="list-style-type: none"> <li>○ IT system across the VSC and VSRP with inbuilt workflows.</li> <li>○ Clear eligibility criteria and service pathways.</li> <li>○ Service network and mapped service responses for non-eligible referrals.</li> </ul>
<p><b>Opportunities:</b></p>	<ul style="list-style-type: none"> <li>○ Centralise IPP intake and allocation and consider potential of establishing a centralised vulnerable witness intake point for both VSA and non-VSA witness services.</li> <li>○ Investigate IT and process requirements to establish direct connection into key phone-based services for non-eligible callers, such as the Police Assistance Line and the Mental Health Helpline.</li> <li>○ Following initial data collection and practice development relating to priority clients to determine specific crime types or cohorts that fall into this group, allocation to the VSRP for intake may occur through automated workflows rather than manual review, with priority crime types and cohorts to be refined on an ongoing basis through data collection and analysis.</li> </ul>
	<p>In response to the VPeR, Anthony receives a call from the VSC within 24 hours to identify immediate needs.</p>
	<p>Nadia's referral was automatically flagged by the CRM as a related victim of homicide and was directed to the SSBF for rapid response.</p>
	<p>Mary is worried that the service will call her while she is at work and she will not be able to take the call and receive assistance. Her phone rings at 5:30pm and the calling VSC worker asks if she has left work and is available to speak to them about the support they can offer.</p>
	<p>The referral flagged that Roya requires a Farsi interpreter so the VSC are able to arrange a phone interpreter prior to contacting Roya. They do a brief initial intake with Roya but determine that, given the language barrier, a more comprehensive risk and needs assessment can best be done in person at the VSRP.</p>

## **Risk and needs assessment**

**Objective: Clearly understand the risks and needs of an individual in order to guide future interventions.**

A preliminary risk and needs assessment will be used to stratify client needs and will determine whether an individual's needs can be met through the VSC or whether they are transferred to the VSRP for more intensive support. It will include consideration of whether the client has a need (or preference in some situations) for face-to-face contact rather than phone-based support.

Where a client is not transferred to the VSRP, the VSC will conduct a more in-depth risk and needs assessment to understand the client's individual needs and associated risks. This assessment, along with the client's indicated preferences, will inform the nature and intensity of the VSC response.

A risk and needs assessment will be conducted at each subsequent contact with VSC to understand the different factors influencing the caller at that time, including dynamic risk.

Risk and needs assessments will be based on a client's own self-assessment, evidence-based indicators, and sound professional judgement by trained and experienced practitioners.

Consistent practice will be supported through standardised templates including a preliminary assessment tool and a complete risk and needs assessment tool. Tools will:

- be informed by known characteristics which affect outcomes for victims of crime;
- incorporate other relevant risk assessment tools such as those developed under the MARAM; and
- be embedded and stored in the CRM to enable access for all VSA staff, and to optimise data capture.

Risk and needs assessment will be effective across a broad spectrum of individuals including Aboriginal and CALD populations, and people living with a disability, and will recognise diversity as a risk factor for some crime types. Staff will be trained in administering the risk and needs assessment to different population groups.



Risk and needs assessment will consider the needs of the broader family, including children who may have been impacted by the crime, and will offer whole-of-family or individualised support accordingly.

Risk and needs assessment may involve contacting other services to obtain information, where this is supported by client consent or specific legislative schemes such as FVISS or CISS.

Initial and ongoing assessments will identify the need to refer clients to other VSA services, including the Victims Register, Restorative Justice Services and Vulnerable Witness Services.

Initial and ongoing assessments will identify where clients are eligible for financial assistance, including through the future FAS or the National Redress Scheme.

All staff within the VSC will require the skills to conduct a risk and needs assessment.

Outputs / outcomes:	<ul style="list-style-type: none"> <li>○ A preliminary risk and needs assessment is conducted by VSC during first contact to stratify client need and determine whether a client will be referred to the VSRP.</li> <li>○ A complete risk and needs assessment is conducted following allocation to the VSC and informs a tailored, needs-based service response.</li> <li>○ Risk and needs assessments are conducted at each subsequent contact to inform the ongoing VSC service response, including identifying where a client needs to be 'stepped up' to the VSRP for more intensive support.</li> <li>○ The VSC understands a client's risk and needs at a given point in time and can respond accordingly.</li> </ul>
Enablers:	<ul style="list-style-type: none"> <li>○ Evidence-based risk and needs assessment tools.</li> <li>○ CRM with embedded assessment tools.</li> <li>○ Victim Support Practice Framework.</li> <li>○ Skilled workforce with an understanding of the needs of victims of crime and dynamic risk.</li> </ul>
Opportunities:	<ul style="list-style-type: none"> <li>○ Collect data on risk and other factors influencing outcomes for victims of crime, with a view to further segment the client group and develop more targeted, earlier interventions.</li> </ul>
	<p>A risk and needs assessment is conducted and the VSP and Anthony determine that he can be supported effectively through the VSC, and at this time did not require enhanced support through the VSRP. A safety plan was put in place, given that the offenders were known to Anthony and had not been arrested. It was also identified that Anthony required food and taxi vouchers.</p>
	<p>A preliminary risk and needs assessment is conducted and it is identified that, although they are not victims of a violent crime against the person, the nature of the crime that Mary and George experienced and the fact that they are still residing with the offender warranted more intensive support to ensure the family's safety and recovery. The VSC worker explains that they think George and Mary will be best supported through a VSRP in their local area and asks if they are happy for a referral to be made.</p>

## **Information and advice**

**Objective: Provision of information and advice to support victims of crime to understand and navigate the system, including criminal justice processes.**

Information and advice will be delivered by informed professionals and guided by:

- the specific needs and circumstances of the victim, including, but not limited to, specific questions they may have;
- the VSP's specialist knowledge and understanding of the needs of victims of crime, and services and supports available to meet these needs; and
- the VSP's specialist knowledge and understanding of criminal justice processes.

Information and advice will be holistic and will consider the breadth of the clients' presenting needs, including practical needs, therapeutic needs and justice needs. It will include ensuring clients have a clear understanding of their rights and entitlements.

The provision of information and advice will be trauma-informed, recognising that clients may not be able to identify or articulate all their needs, or may feel overwhelmed by too much information. In practice, this may include:

- asking questions to ascertain what the client needs to know at a point in time or providing examples of information available for a client who can't articulate their needs;
- providing information in a staggered way (i.e. critical information at first contact, with less critical information provided later);
- complementing verbal provision of information by sending written information, electronically or by post, including in Easy English and pictorial formats where relevant; and
- utilising web links when sending information so that clients can seek more information in a self-guided way.

The provision of comprehensive information and advice will be supported through ongoing training and development to ensure that staff have a comprehensive and up-to-date knowledge of the service system, including the criminal justice system. This will be underpinned by written resources for staff (including a service map) and clear processes to inform staff of any changes impacting the delivery of services to victims of crime, their role in legal processes, or other rights and entitlements that are relevant.

A range of easy-to-use written materials (in both print and electronic format) will be developed for victims of crime. Materials will be designed in such a way that they can be compiled and tailored to reflect the needs of individual clients.

Outputs / outcomes:	<ul style="list-style-type: none"> <li>○ Clients are provided with individualised information and advice which meet their needs.</li> <li>○ Clients are supported to make informed decisions and to understand their rights and entitlements.</li> <li>○ Clients understand the criminal justice process.</li> </ul>
Enablers:	<ul style="list-style-type: none"> <li>○ Service map and other staff resources.</li> <li>○ Easy to navigate and customisable resources for victims of crime available electronically and in print.</li> <li>○ Skilled workforce with knowledge of relevant processes, entitlements and available supports.</li> </ul>
Opportunities:	<ul style="list-style-type: none"> <li>○ Develop a comprehensive and interactive online resource which victims of crime can self-navigate or use to complement information provided verbally.</li> <li>○ Utilise learnings from other systems, such as the VLA Orbit system, which enables the connection of clients to services they need efficiently and effectively.</li> </ul>



The VSP notes that Anthony is lethargic and foggy from the medication he was prescribed at the hospital. They tell Anthony that they can provide him with information about the criminal justice process when the time comes, but for now the police investigation is ongoing and Anthony can focus on his health and practical needs.

### **Crisis support (brokerage)**

**Objective: Provide timely access to brokerage for in-the-moment practical support and one-off expenses.**

Brokerage aims to help people find stability following a crime and respond to practical, safety and recovery needs before they escalate.

Brokerage decisions will be informed by the findings of the risk and needs assessment, the reasonableness of the expenditure, and the availability of other avenues for accessing the relevant support.

VSC brokerage funding will be used for the following expense types where they can be reasonably attributed to the victim's experience of crime:

- critical support needs such as emergency accommodation (all clients);
- immediate practical support needs such as transport, food, clothing and childcare (VSC clients, or VSRP clients where there is an urgent need outside of VSRP service hours);
- purchase of key services such as counselling, health services and legal support (VSC clients only); and
- one-off expenses that address a clear need in relation to safety and / or recovery, such as repairs, security cameras and recreational therapy (VSC clients only).

Clear principles and guidelines for the provision of brokerage will be developed to guide decisions of VSC staff, including amounts and approval requirements.

Outputs	<ul style="list-style-type: none"> <li>○ Emergency and crisis needs of clients receive a rapid response.</li> <li>○ Practical needs of clients are met in a timely manner, reducing the escalation of challenges.</li> <li>○ Clients are provided with access to brokerage for one-off expenses and purchase of services without requiring referral through to the more intensive VSRP service.</li> </ul>
Enablers:	<ul style="list-style-type: none"> <li>○ Guidelines to manage brokerage provision, including efficient approvals.</li> <li>○ A dedicated funding pool for brokerage.</li> </ul>
Opportunities:	<ul style="list-style-type: none"> <li>○ Establish streamlined process to access flexible support packages (FSPs),<sup>73</sup> including for male victims of family violence.</li> <li>○ Direct payment relationships with services and trades that are used consistently to bypass the need for brokerage to be transferred to clients, and the quality of work can be known.</li> <li>○ Integrate VSC with FAS so that, in certain circumstances, brokerage can be used to bridge the time taken between when the client requires support and when an interim award can be made, with brokerage funding able to be recouped from the FAS award (see section 3.9.4.3).</li> </ul>

<sup>73</sup> FSPs are available in Victoria to victim/survivors experiencing family violence, with a value of up to \$10,000 and an average cost of \$3,000. FSPs aim to deliver a personalised and holistic response by assisting people who have experienced family violence to access support, move out of crisis, stabilise and improve their safety, well-being and independence into recovery.





The responding VSP accesses brokerage immediately to meet Anthony's needs for food and taxi vouchers. This gives Anthony the flexibility to take the rest of the week off work without worrying about his basic needs.

### **Case coordination**

**Objective: Enabling victims of crime to feel actively supported as they navigate and engage various parts of the Victim Support System, and as their needs change over time.**

Case coordination is aimed at clients requiring some support to manage their needs and navigate the system, but not requiring more intensive case management via the VSRP. It aims to facilitate referrals, empower clients to self-manage their needs, and provide some phone-based advocacy where required.

Case coordination will:

- be underpinned by a deep understanding of victims' needs and trauma-informed care;
- consider and respond to the needs of clients holistically;
- recognise the diversity of clients' circumstances and experiences; and
- recognise and build clients' strengths and resilience.

Case coordination will utilise the service elements of referrals and proactive outreach.

Through effective case coordination, clients will feel that someone has a full view of their engagement with services and is supporting them through the system by connecting the various services involved in their care.

Case coordination will not be provided by a single worker. Rather, an integrated CRM platform will provide responding VSPs with sight over previous interactions with the VSC and will prompt follow-up and task completion.

Case coordination will recognise and leverage both formal and informal supports.

VSPs will have knowledge of the sequencing of responses to clients to respond to immediate needs first, followed by longer term interventions. This will ensure that the client is not overwhelmed by the intervention or information provision, and that engagement is appropriately paced for the client's needs.

Where required and with client consent, case coordination will involve linking up different service providers to ensure support is not siloed, and that all those engaged with the client have a complete understanding of the various interventions.

Where required and with client consent, case coordination will include liaising with Victoria Police to deliver updates on the criminal justice process.

Outputs / outcomes:	<ul style="list-style-type: none"> <li>○ A full picture of the interventions offered to a client are known and recorded.</li> <li>○ Clients feel that their interventions are being held by one place, where appropriate.</li> </ul>
Enablers:	<ul style="list-style-type: none"> <li>○ An intuitive CRM that prompts workers to undertake tasks.</li> <li>○ Good practice around recording engagement with clients.</li> <li>○ An agreed approach to proactive outreach.</li> <li>○ Victim Support Practice Framework.</li> <li>○ Highly skilled workforce.</li> <li>○ Established ways of working with key services.</li> </ul>
Opportunities:	<ul style="list-style-type: none"> <li>○ Assess the feasibility of assigning moderate complexity clients to a single full time VSC worker to establish a more therapeutic client-worker relationship within the context of a phone-based service.</li> <li>○ Work with Victoria Police to assess the feasibility of establishing a dedicated liaison in each region to facilitate access to information.</li> <li>○ Work with Victoria Police to assess the feasibility of developing an online portal where victims of crime can receive updates on their case.</li> </ul>

### **Psychological first aid and incidental counselling**

**Objective: Trained practitioners provide psychological first aid and incidental counselling to victims of crime to reduce the probability of issue escalation and to provide victims of crime with an opportunity to work through their experience.**

The provision of psychological first aid and incidental counselling will be guided by the findings of the risk and needs assessment.

It will enable clients to talk through their experience and will be trauma-informed to provide appropriate levels of debriefing while not re-traumatising.


VSPs will provide in the moment support. Psychological first aid and incidental counselling is not intended to provide sustained therapeutic support.

Support will be delivered through telephone, video chat or web chat.

The provision of psychological first aid and incidental counselling will be evidence-based and will be underpinned by a clinical governance framework to ensure delivery of high-quality care and continuous improvement.

Psychological first aid and incidental counselling will aim to promote natural recovery through helping people feel safe and connected to others and guiding them to use their own capacity to heal.

VSPs will be supported to set professional boundaries and maintain self-care.

Outputs / outcomes:	<ul style="list-style-type: none"> <li>○ Immediate psychological support is provided to clients to stabilise, mitigate and de-escalate.</li> <li>○ Clients have an opportunity to talk through their experience.</li> <li>○ The need for formal therapeutic support is identified and access facilitated.</li> </ul>
Enablers:	<ul style="list-style-type: none"> <li>○ Skilled and supported workforce.</li> <li>○ Strong clinical governance.</li> <li>○ Training and development in psychological first aid and incidental counselling.</li> <li>○ Baseline expectations in relation to psychological first aid and incidental counselling skills and experience to inform recruitment.</li> </ul>
Opportunities:	<ul style="list-style-type: none"> <li>○ Partner with other phone-based counselling services to deliver training to VSA staff.</li> </ul>
	Two days after the assault a VSP calls Anthony to see how he is doing. He is distressed and the VSP provides psychological first aid and incidental counselling. This gives Anthony a chance to talk about how he is feeling since the assault in a framework of supportive listening.

### **Supported referrals to the service network**

**Objective: Providers with an understanding of the needs of victims of crime, including the impacts of crime, are part of a network to deliver services to clients in response to a range of needs.**

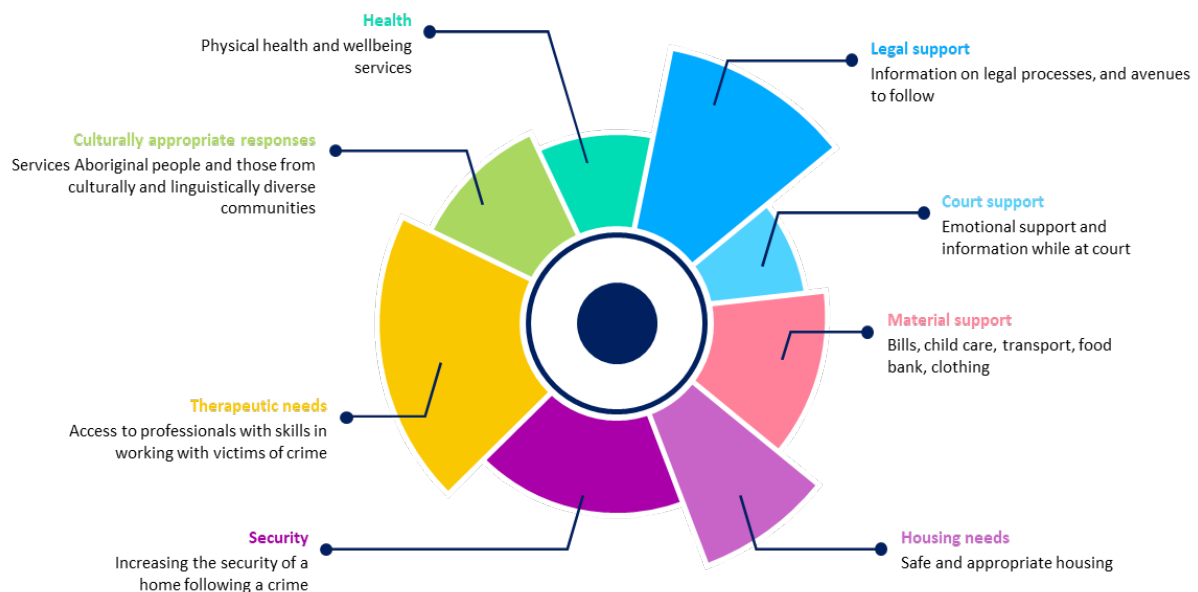
Referrals will be informed by the risk and needs assessment.

Referrals will utilise a service network to ensure a broad range of needs can be met through existing funding arrangements rather than the provision of parallel services.

Warm referrals will be provided wherever possible through connecting the client over the phone with another service provider and sharing relevant information, with the client's consent, about their needs and history.

A service network will be developed across each DHHS region to include providers required to meet the needs of victims of crime and who have knowledge of, and experience working with, victims of crime. This will include knowledge of the role of the VSC and its capacity to provide advice to broader professionals to support their work with victims of crime.

The service network will include:



VSC will facilitate the provision of mental health care plans for client, including by providing clients with a summary of their individual circumstances and presenting needs, as well as general information on the impacts of crime victimisation, to be shared with the client's GP.

Brokerage will be used to purchase services that cannot be accessed in a timely way, including interim counselling sessions while clients wait for an approved mental health care plan.

A flag will be set in the CRM to ensure that a follow up call is placed with the client to see whether they have continued to engage with the service, and the service is meeting their needs.

#### Outputs / outcomes:

- Clients are linked into relevant services through warm referrals.
- Clients do not have to re-tell their story.
- Clients receive a proactive follow-up later to confirm whether they engaged with the service and it met their needs.

**Enablers:**

- MOUs with key services.
- Comprehensive service network and referral pathways.
- Up-to-date service map to support staff in making referrals.
- CRM that prompts follow-up.

**Opportunities:**

- Investigate IT and process requirements to establish direct connection into key phone-based services, such as 1800RESPECT, the Victorian Sexual Assault Crisis Line, the Family Violence Contact Centre and other require service providers.
- Utilise learnings from other systems, such as the VLA Orbit system, which enables the connection of clients to services they need efficiently and effectively through embedded eligibility assessments and capacity to schedule appointments on-the-spot for some services.
- Consider how to build a network of GPs across the state who are skilled in understanding the impacts of crime to assist in the provision of mental health care plans when a client does not have a preferred GP.



Anthony discusses the need to see a counsellor with the VSP and is supported to access a mental health care plan through his GP and find a suitably skilled counsellor in his area. Anthony is later supported through a warm referral made by the VSC to Court Network for the day of sentencing, and referral to a job readiness program when he feels ready to re-enter the workforce.

**Discrete task support**

**Objective: Victims of crime are supported with discrete tasks such as Victim Impact Statements and safety planning.**

Discrete tasks are defined as those that can be completed in one to two sessions.


Discrete task support can be provided via phone, video conferencing, email, web chat or in-person based on the client's preferences.

Where clients prefer face-to-face support for discrete tasks, this will be provided through:

- a scheduled appointment at the VSC premises for clients able to attend this location;
- a discrete task referral to the client's local VSRP where they cannot attend the VSC premises.

Discrete tasks will be supported by relevant templates and resources for clients, including Victim Impact Statement and safety planning templates.

VSC practice guidance will reflect that one-off tasks such as the development of a Victim Impact Statement may cause distress or resurface trauma. As such, discrete task support should be trauma-informed and accompanied by a risk and needs assessment, with ongoing support offered to clients where required.

Outputs / outcomes:	<ul style="list-style-type: none"> <li>○ Clients are supported to complete discrete tasks in-person, face-to-face or through video conference.</li> <li>○ Clients are supported to get the most out of the Victim Impact Statement process.</li> <li>○ Clients are not unnecessarily referred for task support.</li> </ul>
Enablers:	<ul style="list-style-type: none"> <li>○ Confidential spaces within the VSC to deliver this service.</li> <li>○ Access to videoconferencing.</li> <li>○ Skilled workforce with working knowledge of development of Victim Impact Statements, safety planning and other key tasks.</li> <li>○ Templates and resources to guide task support.</li> </ul>
Opportunities:	<ul style="list-style-type: none"> <li>○ Develop interactive resources (including videos) to support clients to undertake key tasks like Victim Impact Statements independently where this is their preference.</li> <li>○ Build the capacity of other key services working with victims of crime to support the completion of Victim Impact Statements, including through secondary consultation.</li> </ul>
	Anthony and the VSP arrange a time for him to complete a Victim Impact Statement. As Anthony does not live close to the VSC, the Victim Impact Statement is completed via videoconference with the VSP who did his initial risk and needs assessment.

### **Proactive phone-based outreach**

**Objective: Encourage help seeking behaviours and provide support along the victims' journey through proactive phone-based outreach.**

Proactive outreach involves VSPs 'checking in' with clients via phone to provide continued support and follow up, with a view to preventing unmet needs from escalating.

Proactive outreach reflects contemporary understandings of trauma and recognises that victims of crime may not always be able to articulate their needs or self-advocate. It also reminds clients that they are supported, and that the system recognises their experience and how it has impacted on them over time.

Proactive outreach will be negotiated with clients, and each client interaction will end with an agreement about the next outreach check-in.

The frequency of phone-based outreach can be stepped up or down dependent on the client's needs and other supports, and where required, can result in the transfer of a client to the more intensive VSRP.

Proactive outreach will typically be provided by phone, although may include contact via text or email where the client indicates this as a preference. Where text and email are utilised, VSPs should seek to engage clients by phone at regular intervals, or where they have concerns about a client's wellbeing. This is to provide an opportunity to build rapport, more thoroughly assess a client's needs, and provide psychological first aid and incidental counselling if required.

Proactive outreach will facilitate contact and support at the victim's pace by enabling VSPs to sequence the provision of information and interventions appropriately.

Proactive outreach will utilise the findings of the risk and needs assessment to understand the most appropriate level of support for an individual, and actively work with them to increase help-seeking behaviours and have their needs met.

Proactive outreach will occur after each referral to an external service to confirm whether the client has engaged and if the service has been effective in meeting their needs.

Proactive outreach will provide opportunities to 'close the loop' on referrals and other interventions, and facilitate the collection of outcome data, by asking clients questions about the effectiveness of the supports they have received.

The CRM will support proactive phone-based outreach through scheduled prompts.

Where possible, proactive outreach will be provided by the same VSP to support continuity, trust and rapport. Where this is not possible, the CRM will support other VSPs to pick up where the previous worker left off.

#### Outputs / outcomes:

- Clients feel actively supported through their recovery journey.
- Clients are encouraged to help-seek and reminded that support is available if they need it.
- There is a record of the engagement with the client.

#### Enablers:

- IT system which will flag reminders for outreach and enable previous client engagement with the Victim Support System to be visible.
- An evidence-based approach to outreach provision.



**Opportunities:**

- Processes for negotiating and documenting agreed approaches to outreach.
- A recognisable outgoing number (i.e. not a private number).
- Over time, data will enable the development of an evidence-based approach to outreach, including points in a client's journey when they are more likely to require support.



At the end of his first call with the VSC, Anthony indicates that he would like to be contacted two days later. Anthony and the VSP have regular check-ins for the following month. The VSP helps Anthony to maintain social engagement and look after himself through regular exercise and nutritious eating throughout the period in which he is unable to work.

**Specialist L17 Response**

**Objective: A skilled team assesses and responds to male L17s, providing a specialist response to male victims of family violence and identifying incidents of misidentification of predominant aggressors.**

The specialist L17 response recognises the complexity of assessing and responding to males identified as victims of family violence, and that this work requires a sophisticated understanding of the nature and dynamics of family violence and how to assess, manage and respond to risk.

Staff will have:

- an understanding of the unique challenges and experiences of male victims of family violence;
- a robust understanding of the services available to male victims of family violence, including highly specialised pathways for specific cohorts such as adolescents who have both experienced and used violence in the home;
- a high-level of competency in predominant aggressor assessments; and
- a high-level of competency in motivational interviewing and accountability-informed practice.

All L17s will be directed to the specialist L17 response team. Self-referrals for male victims of family violence will be transferred to the specialist L17 response team at the earliest opportunity.

Practices around attempts to engage will align with The Orange Door's standard practices in relation to engaging female L17 clients.

Risk assessment will be aligned to the MARAM, including the perpetrator assessment tools currently being developed. Risk assessment will also reflect the fact that many, though not all, men who experience family violence experience it in the context of wider familial relationships, or from a male intimate partner, rather than from a female intimate partner. This makes the requirement for careful assessment in each case even more important.

Risk assessment will always include proactively seeking information from Victoria Police, the L17 portal, or from other relevant services and agencies in line with the FVISS and CISS.

Where male victims of family violence have children, risk assessment will be conducted through a whole-of-family lens and subsequent service responses will respond to the needs of the family, including managing risk in relation to the children. The development of dedicated referral pathways and partnerships with specialist services that can work with both a father and his children, or support children through co-case management, must be a priority.

The service response to males identified as victims of family violence will include:

- comprehensive risk and needs assessment;
- immediate safety planning;
- support with immediate practical needs;
- information about options such as Family Violence Intervention Orders and support to complete an online application;
- referrals, case coordination and proactive outreach where it is identified that male victims of family violence can be held and supported through the VSC; or
- referral to the VSRP for intensive and ongoing support where required.

Appropriate referral pathways for specific cohorts will be identified and protocols established with relevant services, including services that respond to elder abuse, LGBTI communities, and adolescent males who have both used and experienced violence. Clients will always be provided with a choice about the service from which they feel most comfortable receiving support.

To recognise the lack of services for male victims of family violence, including crisis accommodation, dedicated brokerage funding will sit with the specialist L17 response team and will be used to address service gaps and provide an appropriate crisis response.

Where it is identified in the initial or subsequent assessments that a male L17 or self-identified male victim is in fact a predominant aggressor, the service response will include:

- encouraging him to recognise his use of violence or controlling tactics in the relationship;
- identifying appropriate service pathways for him, including the Men's Referral Service and Men's Line, supported by processes for warm referral; and

- seeking consent to provide follow-up to confirm whether he has engaged with service or requires further referrals, with a view to 'holding' him in view of the system.

The L17 response will be delivered through a blend of dedicated staff and regular rotations of other VSC staff to ensure foundational competency in responding to male L17s across the VSC workforce.

Where VSPs identify that a client may be using violence, including when the initial referral was for a non-family violence related crime, they should consult with the specialist L17 response team on how best to address concerns. This includes potentially transferring the client to the specialist L17 response team so that they may encourage the client to recognise the nature of their behaviour and link them into appropriate supports to challenge and address their use of violence.

#### Outputs / outcomes:

- Male victims of family violence receive a service that meets their need.
- Predominant aggressors of family violence are identified and referred to more appropriate services.
- Where misidentification has occurred, this is fed back to relevant stakeholders, including Victoria Police to support continuous improvement and capacity building.
- Information is proactively shared in line with the FVISS and CISS.
- There is a record of the engagement with the client.

#### Enablers:

- CRM integration with the L17 portal.
- Specialisation across the VSC workforce to enable rotations into the Specialist L17 Response Team.
- A dedicated team leader to support less experienced staff.
- Evidence-based risk and needs assessment tools.
- Service network and referral pathways.

#### Opportunities:

- Develop effective referral pathways within the service network that are specific to male victims of family violence, predominant aggressors and perpetrators, and specific cohorts requiring a specialist response such as adolescents who have both experienced and used violence in the home, victims of elder abuse, and people from LGBTI communities.
- Establish a structured and streamlined process for accessing FSPs for male victims of family violence.
- Work with other services, including through data linkage, to better understand the pathways of these cohorts through the service system and to refine practice, processes and referral pathways over time.

- Consider commissioning further research into male victims of family violence, with a view to understanding the size, nature and needs of this cohort.
- Identify opportunities for shared learning with Victoria Police in relation to predominant aggressor assessment, such as reflective practice sessions with Victoria Police members using worked examples in which a male L17 was subsequently identified as the perpetrator or predominant aggressor.

### Victims Register

**Objective: Eligible victims of crime are provided with information about the offender in their matter and supported to participate in relevant justice system processes in relation to parole and supervision orders.**

The Victims Register team will be housed in the same physical space as the VSC but will be staffed by a discrete team due to the specialised knowledge required, and the fact that provision of the service is governed by the *Corrections Regulations Act 2004 (Vic)* and the more recent *Serious Offenders Act 2018 (Vic)*.

Victims Register clients will call through to the VSC and be transferred to the Victims Register team.

Eligible victims of crime will apply for the Victims Register through an online form which will be assessed by the Victims Register team. Access to a hardcopy form on request.

Victims Register staff will support potential Victims Register clients to complete the application where required, and within the parameters of the relevant legislation.

Where an application has been completed prior to sentencing, Victims Register staff will proactively check-in with the applicant to see whether sentencing has occurred, and the application can be re-submitted.

The Victims Register will continue to utilise its current case management approach, including:

- undertaking a risk and needs assessment at intake where the client is not already receiving support through the VSC, VSRP or other relevant VSA services;
- providing information on the offender's status in accordance with the relevant legislation;
- responding to the client's safety or support needs at different points in their journey through appropriate referrals;
- facilitating client participation in relevant victim submission processes, including decision making in relation to parole and supervision order conditions; and

- identifying where changes in an offender's status have implications for client safety, perceived safety, or wellbeing and provide relevant support, including safety planning and referrals.

Victims Register staff will provide secondary consultation and participate in co-case management and other shared care arrangements with other victim services, including CASAs and specialist family violence services.

Victims Register staff will be expected to have the same skills and competencies as the broader VSC workforce so that Victims Register clients can access the same service responses as other VSC clients but from a single worker.

VSC staff will identify where a client may be eligible for the Victims Register and will provide basic information and a warm referral to the Victims Register team.

Victims Register staff will undertake ongoing stakeholder engagement and education activities to ensure eligible victims of crime are being referred.

The provision of written information to Victims Register clients will be supported through CRM workflows that can generate correspondence.

#### Outputs / outcomes:

- Victims of crime who are eligible for the Victims Register are made aware of the service and actively linked in.
- Clients are supported to understand key information about an offender's status.
- Clients are supported to participate in relevant victim submission processes.
- Clients receiving service through the Victims Register also receive the broader support offerings of the VSC.

#### Enablers:

- CRM with letter templates, prompts and automated workflows.
- Skilled workforce with strong understanding of relevant legislation.
- Strong relationships and engagement with key stakeholders, including Corrections, Adult Parole Board, Post Sentence Authority, Victoria Police and Courts.

#### Opportunities:

- Streamlined processes through CRM automation.
- Explore integration with broader platforms, including PIMS integration.
- Consider development of an online portal to enable victims of crime to follow up on offender status as they wish (see, for example, Canada's Victims Portal and the Victim Information Notification Everyday (VINE) portal used in some US states and counties).

- Build capacity to transfer some Victim Register functions to the VSC over time, recognising that the role of the Victims Register is governed by specific legislation which requires specialised knowledge around how and when information is provided. Opportunities for these functions to be built into the CRM should be explored.
- Monitor the increase in demand and workload resulting from the *Serious Offenders Act (2018)* to ensure a sufficient resourcing mix.



The VSP checks in with Anthony following sentencing to see how he is feeling and asks if he is aware of the Victims Register. Anthony would like to know more so a member of the Victims Register team is patched into the call. Anthony applies and is accepted onto the Victims Register. When Anthony's offender is being released he is no longer receiving support from the VSC. Victims Register staff identify a need for safety planning and provide this to Anthony, as well as reminding him that he can contact the VSC for additional support at any time.

### 3.4 Victim Support & Recovery Program (VSRP)

The VSRP is a step-up option for victims of crime requiring more intensive support and case coordination, including face-to-face support. It is targeted at medium- to high-complexity clients and will provide holistic support, including whole-of-family support where required. The aim of VSRP is to build the resilience and capacity of clients to manage the effects of the crime they experienced, with a view to stepping-down into the VSC or other community-based supports over time. As with the current VAP, it will be delivered by community services organisations in 17 catchment areas – aligned with DHHS areas - to provide state-wide coverage and to enable providers to develop and maintain local referral pathways that can meet the needs of their clients.

#### 3.4.1 Current state

VSSR currently funds the VAP, a case management model which aims to support individuals to manage the effects of experiencing a violent crime by providing practical support, assistance with tasks in relation to the criminal justice process, and therapeutic interventions. These supports may be provided directly by the VAP, accessed through referrals into community-based services or purchased with brokerage funds. Alongside the Helpline, the VAP is a core part of VSSR's response to victims of crime and of responses to victims of crime in Victoria generally.

The service is delivered by six providers across nine regions, with an approximate total contract value of \$14 million per year.<sup>74</sup> Each VAP has several co-locations to support timely referrals, with most co-locations being at police stations (see section 3.2.1).

## Client group

As per the VAP Guidelines, the VAP is available to primary, secondary and related victims of a violent crime against the person which occurred in Victoria.<sup>75</sup> Eligibility for VAP services does not require that a crime has been prosecuted, charges laid, or even that a victim has formally reported the crime, and there is no age limit. Currently, all clients who are identified as VAP eligible, and want and require support due to their experience of crime victimisation, are referred through to the VAP by the Helpline.

VAP data for the period 2017-18 reflects a total of 19,922 client events, comprising 13,099 new events (victims of crime who commenced use of the service in that period) and 6,823 existing events (victims of crime who continued to require support). This is an increase of 1,405, or 7.5 per cent from the previous 12 months. However, the review found that the intensity of service provided to these clients was highly variable, with some clients receiving intensive support and others receiving very minimal one-off interaction. The review also found that some clients did not respond to attempts to contact (for example, following a VPeR) and so never received a service.

Metropolitan VAPs carry significantly more clients than those in the regions, supporting 65 per cent of total VAP clients across 2014-19, with the remainder in the regional services. Metropolitan regions have also tended to be more significantly impacted by critical incidents, which can result in a spike in client numbers (one VAP reported having over 200 new clients relating to the first Bourke Street incident in January 2017, many of whom continue to be supported or sought support as recently as 2019).<sup>76</sup> Due to the demand faced by metropolitan VAPs, clients of these providers are more likely to be placed on a waitlist, or to experience a significant delay between the initial referral and intake (for example, one VAP estimated that, where a client does not respond to an initial call, it can take up to 10 days until the intake team is able to re-attempt contact).

As with Helpline client data relating to crimes against the person, assault was the most common crime type with which VAP clients presented, representing just over a third (34.24 per cent) of all crime types. Aggravated burglary, concentrated in metropolitan areas, is the next most common crime type at 8.89 per cent. Sexual offences (comprising sexual assault, child sexual assault, child sexual abuse, rape and indecent assault) account for 14.05 per cent of all crime types handled by VAPs (rates which are higher than those reported to the Helpline).

<sup>74</sup> Information provided by VSSR. Please note, \$2.167 million of the \$14 million allocated to VAPs was temporary funding (lapsing in June 2020) and \$1.474 million was provided for training and additional FTEs in response to the continuing support needs of victims of the 2017 Bourke Street incident and other incidents.

<sup>75</sup> Definitions of primary, secondary and related victims for the purposes of VAP eligibility align with those used in the *Victims of Crime Assistance Act* (1996) (Vic).

<sup>76</sup> Unlike the Helpline, which has a number of casual staff and can therefore increase rostered staff during times of high demand, VAPs do not have a casual workforce to support surge capacity.



VAP Guidelines also set out several specific circumstances in which the eligibility criteria for receiving services through the VAP can be waived ('exceptional circumstances'), including (but not limited to) victims of crime who reside in Victoria but where the crime occurred outside of Victoria, and individuals with highly complex needs associated with being a victim of non-violent crime.

The exceptional circumstances clause enables VAPs to respond to the support needs produced by the interaction between the crime and the specific and pre-existing vulnerabilities of the victim and is an important mechanism to ensure that VAP eligibility is appropriately flexible and victim-centred. However, VAP use of the exceptional circumstances clause varies significantly due to the demand pressures faced by metropolitan VAP providers, which means that, in practice, they rarely take on exceptional circumstances clients (with one VAP reporting that they have had to make the decision to refuse *all* exceptional circumstances clients).<sup>77</sup>

## Service response

The VAP is intended to deliver a case management response that is flexible and tailored to the needs of victims of violent crime, with a view to assisting them to manage the impacts of violent crime; supporting victims of crime through criminal justice processes to minimise secondary victimisation; and promoting recovery.

The intensity of contact and support provided through the VAP is described as "victim-led"<sup>78</sup> and is typically negotiated with a client during their first session. VAPs tend to rely on a one-session model to manage demand, providing an in-depth, face-to-face session up front, with an 'open door' policy and / or checking in via phone or email thereafter.

VAP caseloads vary significantly, with some more experienced case workers in metropolitan regions carrying caseloads of up to 90 clients at a point in time, although the level of engagement differs across clients, with some linking in for brief responses and advice as required and others requiring more intensive psychological support and care coordination. The review found a standard caseload for a full-time worker to be 50-60, although all VAPs said that caseloads tend to fluctuate naturally over time.

By comparison, the review identified caseloads of approximately 10 for a specialist trauma service working with children and a community mental health service attached to a hospital (both of which support highly vulnerable and complex clients); caseloads of approximately 20 for a multidisciplinary practice supporting women in touch with the criminal justice system; and ideally, caseloads of 10 to 12 for specialist family violence services, although stakeholders noted that in practice this is not always achievable due to demand.

<sup>77</sup> By comparison, regional VAPs reported that they will always accept someone under exceptional circumstances where they have assessed that there is a reasonable need.

<sup>78</sup> Consultations with VAP staff.

The volume of clients and high caseloads mean that VAP staff are highly reliant on victims of crime proactively contacting them to identify their support needs. However, the review found that VAP clients who have been significantly impacted by a crime; those that have pre-existing needs or disadvantage; or who simply do not know what is available and therefore do not know what kind of help to seek, were not always accessing their entitlements or the supports they needed. VAP practitioners identify high caseloads as by far the greatest barrier to their capacity to provide an appropriate level of service, particularly for clients with complex needs.

The review also found that VAPs and individual practitioners tended to have variable interpretations of program scope, with some clearly oriented towards criminal justice tasks, while others support clients more holistically, including advocating for housing; assisting clients to access the National Disability Insurance Scheme (NDIS); and supporting clients to re-enter the labour market.

Where VAP practitioners were constrained from addressing their client's broader needs, they felt that this undermined their capacity to make a meaningful and lasting difference in their clients' lives. One VAP described the program as "reactive" rather than "proactive". They observed that their clients often experience repeat victimisation, as well as engaging at times in offending and risk-taking behaviours, but that program scope and caseloads prevented them from addressing the underlying drivers of victimisation and offending, including unstable housing, substance misuse and mental health issues. For these practitioners, this represented a missed opportunity for the VAP to engage in crime *prevention* by helping their clients to make positive, healthy and informed choices in their lives, reducing subsequent victimisation and offending.

Noting this variation in the scope and intensity of support provided, the review found that the primary supports delivered through the VAPs are:

- comprehensive risk and needs assessment at intake;
- information on supports available and on the criminal justice process;
- assistance liaising with and seeking information from police;
- referrals to VOCAT solicitors and help to coordinate documentation for VOCAT applications;
- referrals to private psychologists or in-house counsellors, with some sessions purchased through brokerage and others accessed via a mental health care plan or VOCAT awards;
- limited brokerage to address practical needs, including food and petrol vouchers;
- brokerage for higher-cost goods and services aimed at mitigating the effects of the crime, such as window repairs, installation of CCTV, self-defence classes and recreational therapy;
- court support; and
- referrals to other services and supports, including some advocacy.

However, the review found that the extent to which clients receive each of these service responses does not always correlate to the client's level of need.

To support culturally safe service delivery, each VAP provider also has a Koori Engagement Worker (KEW).<sup>79</sup> Funding for these positions varies across regions, which results in inconsistencies in terms of FTE, expected caseloads, and proportion of time allocated to community engagement and education activities. Inconsistent practices also exist in relation to KEWs supporting non-indigenous clients or undertaking generalist functions, such as client intake and staffing police co-locations.

In-house counsellors are not a standard element of the VAP program model, although where VAPs chose to incorporate in-house counsellors, these were seen as highly beneficial for complex clients who face barriers to receiving psychological support through private psychologists, as well as supporting clinical governance and ensuring that an understanding of trauma and its impacts remains at the centre of service delivery. All VAPs have established some kind of vetting process for psychologists and refer through to a panel of approved practitioners. Most VAP clients interviewed were very positive about the psychologist to whom they were referred, although some had not received satisfactory referrals, including one client who reported attending a first session and being told by the psychologist that they did not have a background in trauma.

VAPs also noted that some private practitioners have ceased working with VAP clients due to delays in receiving remuneration through VOCAT, while one regional VAP reported that private practitioners in their area had engaged in anti-competitive practices (price fixing). VAPs also reported general issues around wait times to see psychologists, although this challenge was particularly pronounced in regional areas.

The extent to which VAPs provide outreach to the home is also variable and depends on the existing policies and practices of the provider.

VAPs do not currently work directly with children and young people, except where they have an individual staff member with experience working with these cohorts. VAPs will typically work with the parent or primary carer to develop a care plan on the child's behalf, although adolescents will sometimes be engaged directly and have the opportunity to contribute to their own care plan, with the parent remaining as the primary contact. Some VAPs reported that they would like to work directly with children but do not feel that current caseloads enable them to do this work safely and appropriately. Others indicated that children and young people tended to be linked in with specialist services already, so their role was primarily in relation to information and advice in relation to criminal justice processes, which could be undertaken directly with the parent.

There is currently no practice guidance or policy position on the role of the VAP in assessing how a victim's broader family has been impacted by a crime and responding to the needs of other family members, including dependents.

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<sup>79</sup> However, as some VAP providers deliver services in more than one region, not every VAP region has a Koori Engagement Worker.

## Responding to male victims of family violence

The VAP is currently the primary service response for male victims of family violence, although crucially, only male victims of physical violence are currently eligible for service through the VAP.<sup>80</sup> This is because VAP eligibility criteria does not align to the legislated definition of family violence in Victoria, which recognises non-physical forms of violence and coercive control that may or may not constitute criminal offences.

Of the 53,592 L17s for male victims of family violence received by the Helpline in 2014-19, approximately 7.5 per cent were subsequently referred to the VAP for support, although VSSR report that many those who were not referred simply did not engage with the Helpline contact in response to the L17 referral.

This means that there is not currently a specialised response for males identified as victims of family violence within the VAP, including different brokerage guidelines and more intensive care coordination to reflect the lack of services available to males in this category.

Further, no central policy position exists regarding the role of VAPs in undertaking predominant aggressor assessments; how VAPs should respond when they identify that a client is using family violence; or minimum capabilities of VAP staff in relation to assessing and responding to men who use violence. Some VAPs have proactively pursued training opportunities, including predominant aggressor training and supporting some staff to be trained in Men's Behaviour Change Program facilitation. Conversely, one worker from another VAP stated that they rely on the Helpline to conduct predominant aggressor assessments and do not see it as their role to provide any further or ongoing assessments.

### 3.4.2 Case for change

*A program for victims of crime with the goal of supporting recovery can only achieve this if it responds holistically to the needs of individual victims and families.*

A service for victims of crime that is focused primarily on criminal justice tasks, and does not work to address victims' wider needs, is not consistent with the evidence on the impacts of victimisation. The RCIRCSA, for example, found that victims of child sexual abuse experienced impacts across many areas of their lives, including:

- mental health;
- physical health, including substance misuse;
- interpersonal relationships, including difficulties with trust and intimacy;
- connection to culture;
- spirituality and religious involvement;

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<sup>80</sup> This is because VAP eligibility criteria does not align to the legislated definition of family violence in Victoria, which recognises non-physical forms of violence and coercive control that may or may not constitute criminal offences.

- sexual identity, gender identity and sexual behaviour;
- interactions with society; and
- education, employment and economic security.<sup>81</sup>

Further evidence on the needs of victims of crime, as well as the needs of specific cohorts, are included at **Appendix C**.

Interviews with victims of crime who participated in the review said that, while they wanted support with criminal justice processes, other needs were just as important and were liable to escalate if not addressed. Stakeholders also indicated that failing to address the spectrum of a victims' needs, including practical support needs, undermined the efficacy of therapeutic interventions or prevented clients from engaging in these altogether. Practitioners who participated in the review, including VAP practitioners and professionals from other specialist services, identified access to safe housing as the clearest example of a broader need which, if unaddressed, often renders therapeutic work ineffective.

The review also found that failing to respond adequately to experiences of victimisation could set clients on trajectories that included repeat victimisation or offending (see section 2.3.5, including discussion of the Common Clients reform being undertaken jointly by DJCS and DHHS). A more holistic response that recognises the various impacts of crime victimisation and trauma therefore has the capacity, for some individuals and families, to intervene early in a pathway that, left unaddressed, can result in extremely high costs to the system through criminal justice involvement, child protection involvement, and the use of other acute service responses, such as emergency department presentations and acute mental health.

*Current caseloads are a barrier to providing effective service to the most vulnerable and complex victims of crime. A client segmentation approach that provides the most intensive support to those with the highest level of need is consistent with other leading practice models and enables limited resources to achieve the greatest impact across the VSA's client group.*

Every VSRP that is meeting its client number KPIs stated that caseloads are the greatest barrier to providing more intensive service. Often practitioners felt strongly that they could make a real difference in their clients' lives if they weren't constrained by the current volume of clients being supported through the VAP. At the same time, the review found that this volume has contributed to some clients falling through the cracks, including clients with significant or complex needs who are most in need of support and are often the least able to self-advocate.

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<sup>81</sup> RCIRCSA 2017 (n 6).

A tiered approach to service delivery, which 'holds' low-moderate need clients in the lower-cost VSC and directs only those clients with the highest and most complex needs into more intensive case management, would balance the need to respond to as many victims of crime as possible while still enabling more intensive, holistic and sustained service to those clients who require this level of support. It enables a broad-based, lower-cost response to be provided to those clients less impacted by their experience of victimisation, or those with greater capacity to self-manage, with resources directed to the most vulnerable and complex. Supporting these clients to recover and build informal supports can reduce dependency on the service system over time, including the use of higher-cost services such as clinical mental health services.

This approach is consistent with the TAC's evidence-based approach to supporting people injured in transport accidents, which was established in 2017-18 and created three broad divisions of support: Rapid Recovery (80 per cent of clients), which uses new technologies, health sector partnerships and removal of barriers to care to support lower needs clients; Supported Recovery (19 per cent), which includes clients with more complex needs; and Independence (one per cent), which represents those TAC clients who have suffered significant or catastrophic injuries and will most likely require TAC support for the remainder of their lives. It is also consistent with stepped or tiered models used in mental health, as well as service provision for other vulnerable groups such as children, young people and adults with intellectual disability, which aim to deliver the most intensive interventions when they are needed, before stepping service users down into more sustainable supports within their community.<sup>82</sup>

*Despite the existence of specialist services for women and children who have experienced family violence and victims of sexual assault, these clients are not always able to be supported through specialist services and can and do seek support through the VAP. Any future program should be supported to work with these cohorts through increased specialisation and partnerships with relevant services.*

There is clear and long-standing recognition in Victoria, and other jurisdictions, that working with victims of sexual assault and family violence is highly specialised work. This is evidenced by significant reforms to sexual assault services in the mid-2000s, which included greater investment in specialist investigative and prosecutorial responses, and the \$1.9 billion funding package to support implementation of all 227 recommendations by the RCFV. As recently as 2018-19, the Victorian Government provided more than \$28 million to sexual assault services, and \$42.5 million to family violence services and ongoing implementation of the RCFV's recommendations.

<sup>82</sup> See, e.g., Gianfranco Giuntoli, BJ Newton and Karen R Fisher, *Current models of health service delivery for people with intellectual disability – Literature Review* (Sydney: Social Policy Research Centre, UNSW Australia, 2015).



Current VSSR client data also indicates that some victims of sexual assault, sexual abuse and family violence are in fact receiving services through the VAP. In 2018-19, the VAP supported approximately 2,318 victims of sexual offences and approximately 60 women and children who were referred for a family violence related offence.<sup>83</sup> Anecdotally, this is due to demand pressures across family violence and sexual assault services, as well as some victims of family violence and sexual assault not being eligible where the offences against them are historical, or where they are no longer in the violent relationship.

The review confirmed that the VAP, or any future VSA case management service, will sometimes be required to support victims of these crime types, either temporarily or longer-term. Further, it is well recognised that working with victims of these crime types requires a level of specialisation and a sophisticated understanding of trauma and its practice implications. Given these findings, any future VSRP model should be underpinned by increased specialisation to support victims of family violence and sexual assault, and strong partnerships with specialist services. This should include establishing clear protocols for referrals and joint care arrangements with specialist services, as well as investment in workforce capability uplift, including through joint training, secondments and inter-agency opportunities for reflective practice. The potential to transition some co-locations from police stations to the local Orange Door or Multidisciplinary Centre (MDC) should also be considered.

*There is a clear need to develop a specialised response for males identified as victims of family violence which reflects the level of service and support provided to women and children through the specialised family violence sector. Any specialist response should also seek to ensure that, where males identified as victims of family violence are subsequently identified as predominant aggressors, they receive a response that is accountability-informed and does not escalate risk to their (current or former) partner and children.*

Although family violence is a gendered form of violence that predominantly affects women and children, the RCFV noted that men can be subject to physical violence, as well as a range of other forms of family violence including threats, psychological, sexual, emotional, verbal and financial abuse, property damage and social isolation.<sup>84</sup> Estimates indicate that 5.3 per cent of men (or, one in 19) have experienced physical or sexual violence perpetrated by a current or former partner since the age of 15, and that 14 per cent of men have experienced emotional abuse. Further, it is estimated that men make up 37 per cent of victims of parent-on-child violence, 26 per cent of victims of child-on-parent violence, 32 per cent of victims of sibling violence and 32 per cent of victims of violence perpetrated by other relatives or in-laws.<sup>85</sup>

<sup>83</sup> Anecdotally, this occurs for a range of reasons, including current wait lists for specialist services; the orientation of specialist services to crisis responses (while many victims may be historical victims); pre-existing service relationships with VAP providers (for example, through another program area); and victims who are referred in relation to another offence but have previously experienced sexual abuse or family violence.

<sup>84</sup> 'Royal Commission into Family Violence, Vol V' (n 44) 208.

<sup>85</sup> Australian Bureau of Statistics, *Personal Safety, Australia, 2012* (4906.0 - Australian Bureau of Statistics, December 2013) Table 4.



The costs of family violence to individuals and the economy are also well-evidenced (see section 2.3.4). As the primary service response for male victims of family violence, any VSA case management model should include a specialised response for males that more closely reflects the service response available to women and children. This includes expanded eligibility criteria to align with legislative definitions of family violence; a greater brokerage allocation in recognition of the lack of services for male victims of family violence, including crisis accommodation; and an appropriate level of specialisation to respond to male victims of family violence, including male children; older men who are victims of elder abuse by family members; and gay, bisexual and transgender men.

The RCFV also noted the difficulties associated with identifying predominant aggressors in cases of intimate partner violence and the serious consequences that may arise for victims of family violence where assessments are incorrect. These consequences can include being excluded from specialist services; having children removed from the protective parent's care; and, frequently, incarceration. This makes specialisation in predominant aggressor assessment crucial, to ensure that males who self-identify as victims of family violence but who are in fact predominant aggressors are not leveraging the system to their advantage while their (current or former) female partner or other family members are precluded from services. Given the existing demand on specialist women's family violence services, it is equally important to maintain a lens on the circumstances surrounding a whole family to ensure that, where a thorough predominant aggressor assessment has not been conducted, a perpetrator is not being provided a service before his (current or former) partner.

*Research and practice evidence show that victims of crime can present with a range of needs, including needs that are multiple and complex. Current Victorian service data also indicates that many individuals and families who first present to the system as victims of crime, reappear later in the context of child protection and criminal justice involvement. Ensuring that the system has the capacity to respond intensively and holistically to victims of crime who have more complex needs is therefore critical to helping victims of crime to recover. It is equally critical, in some cases, to reducing subsequent demand on the most high-cost interventions within our system.*

### 3.4.3 Future design

#### Client group

The target client group for the VSRP is victims of violent crime against the person, including where the crime has occurred outside of Victoria. Consistent with the review findings in relation to the potential impacts of non-violent crime, however, the current capacity to respond to 'exceptional circumstances' will be retained and strengthened, with VSRP contracts to include a specific exceptional circumstances allocation and a formal process to be established for declining service to clients who have been assessed and referred by the VSC.

As per the overarching VSA service model design, victims of crime referred through to the VSRP will be those assessed as having medium-high needs, with low-medium needs clients being supported through the VSC. That said, it is an expectation that, where VSC clients require face-to-face support for one-off tasks such as a Victim Impact Statement, and are not able to attend the VSC premises, local VSRPs will provide this kind of limited and discrete task support.

For male victims of family violence, the above eligibility criteria will be expanded beyond violent crime to align with Victoria's legislated definition of family violence.<sup>86</sup>

## Service response

The VSRP aims to provide more intensive, community-based service provision for higher needs victims of crime, with an expectation that those with less significant support needs will be supported through the VSC. This aligns with the wider aim of DJCS to prioritise service to Victorians in need, recognising the requirement for more intensive service provision for a proportion of the population, and with wider approaches to tiered service delivery and client segmentation.

The VSRP will provide criminal justice support, although it is in no way limited to criminal justice tasks – rather, it is the role of the VSRP to address clients' needs holistically so that they can reach a place where they are better equipped to self-manage and cope with their experience. This may include identifying, and making referrals in relation to, legal needs; assisting clients to secure safe housing; facilitating access to counselling or other therapeutic support, including recreational therapy; working with clients to address practical needs; and assessing, and responding accordingly, where an individual's experience of victimisation is impacting their wider family, including dependents. The following section outlines the detailed design of the VSRP.

## Comprehensive ongoing risk and needs assessment

**Objective: Comprehensively understand the risks and needs of an individual in order to guide and plan future interventions.**

At first contact with the VSRP, a comprehensive risk and needs assessment will be conducted using a victim-led, trauma-informed and strengths-based methodology, guided by the Victim Support Practice Framework. The purpose of the assessment is to understand the client's current situation and needs, and to formulate an understanding of how those needs can be met within the available support provision.

Prior to commencing the risk and needs assessment, the relevant VSRP practitioner will consult the client's CRM file to understand any previous assessments, interactions and service responses provided through VSA's services.

<sup>86</sup> *Family Violence Protection Act 2008*, Part 2.

For victims of crime who have been referred directly through to the VSRP and have not previously interacted with the Victim Support System, a preliminary assessment will be conducted to understand their level of need and whether the VSRP is the most appropriate service to meet those needs. Where this assessment identifies a level of need that can be met through the VSC, all presenting needs and risk are addressed during this initial interaction, and a warm referral for ongoing support through the VSC is provided.

A risk and needs assessment will be conducted at each subsequent contact with VSRP to understand the different factors influencing the client at that time, including dynamic risk.

As with VSC risk and needs assessment (see section 3.3.3), these assessments will:



- always involve the client;
- be based on a client's own self-assessment, evidence-based indicators, and sound professional judgement by trained and experienced practitioners;
- be informed by characteristics which are understood, from the evidence base and practice, to affect outcomes for victims of crime;
- incorporate other relevant risk assessment tools such as those developed under the MARAM;
- be supported through standardised templates that are embedded and stored in the CRM to enable access for all VSA staff and to optimise data capture;
- be effective across a broad spectrum of individuals, with practitioners trained in administering the risk and needs assessment to different population groups;
- consider the needs of the broader family, including dependents who may have been impacted by the crime, to guide whole-of-family or individualised support accordingly; and
- include, where relevant, contacting other services to obtain information, where this is supported by client consent or specific legislative schemes such as the FVISS or CISS.

Outputs of a risk and needs assessment will inform the development of a goal-directed case plan, which will guide ongoing service provision and case coordination.

Risk and needs assessments will be updated based on formal discussions, as well as observation and engagement with the client. Practitioners will work flexibly to identify and respond to developments as they arise and adjust goals within the case plan.

Initial risk and needs assessment and case planning will occur face-to-face wherever possible but may be done via video conference if that is the client's preference or where otherwise necessary (for example, if the client is interstate). Face-to-face assessments may be done via outreach to the home in line as outlined in organisational policy.

All practitioners within the VSRP will require the skills to conduct a risk and needs assessment.

Outputs / outcomes:	<ul style="list-style-type: none"> <li>○ A comprehensive risk and needs assessment is conducted by a caseworker.</li> <li>○ Risk and needs of the client are understood.</li> <li>○ There is documentation of the various risk and needs assessments conducted.</li> <li>○ Ongoing and dynamic risk and needs assessments are conducted at each subsequent contact to inform the ongoing VSRP engagement, including where a client has reduced support needs and can be managed appropriately by and warmly referred to the VSC.</li> </ul>
Enablers:	<ul style="list-style-type: none"> <li>○ Evidence-based risk and needs assessment tools.</li> <li>○ CRM with embedded assessment tools.</li> <li>○ Victim Support Practice Framework.</li> <li>○ Skilled workforce and ongoing training in risk and needs assessment.</li> </ul>
Opportunities	<ul style="list-style-type: none"> <li>○ Collect data on risk and other factors influencing outcomes for victims of crime, with a view to further client segmentation and development of more targeted, early interventions.</li> </ul>
	Mary is contacted by a VSRP intake worker within 72 hours and a comprehensive risk and needs assessment is conducted over the phone. During this call it is identified that George also requires support, and he undertakes a separate risk and needs assessment.
	Roya attends an appointment at the VSRP along with Anahita and a joint risk and needs assessment is conducted by a VSRP practitioner with experience working with children and young people. A phone interpreter is used, along with visual aids and cues to facilitate a comprehensive assessment.

### **Case coordination with an allocated case coordinator**

**Objective: Each client at the VSRP has an allocated case coordinator who is their point of contact throughout their engagement with the service and will guide and scaffold their access to relevant supports.**

A case coordinator will be allocated to each victim of crime who receives service from the VSRP. Where possible, the VSRP practitioner who conducts the intake and assessment with the client will be allocated as their case coordinator.

Case coordination has a central focus on the user of the service and will consider their needs holistically, informed by a broad understanding of the way in which individuals and families may be impacted by crime.

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Case coordinators have a duty of care to those with whom they are working.

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The role of case coordination is to bridge the gaps in the delivery of service to victims of crime as they move through and navigate the system. It is focused on logistics, collecting and collating information, encouraging engagement and ensuring that needs are being met.

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Case coordination is a dynamic process that requires balancing relative and competing needs, with professional judgement and an understanding of the experience of victims of crime and the system to ensure appropriate sequencing of interventions.

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The allocated case coordinator will be responsible for delivering the case plan and meeting the needs of the client through utilising internal resources and skills (brokerage, incidental counselling) and partnerships; warm, proactive referrals; and collaboration with the services available in the broader system.

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Wherever possible, case coordinators will make warm referrals to relevant services, to occur through a three-way conversation in the presence of the client either by telephone or face to face. The practitioner will introduce the client, explain what has already been done to assist the client, and why the client is being referred. Ideally, the client is then left on the phone / meeting with the referred agency to organise next steps.

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Case coordination will include the coordinator following up on referrals with either the client or the referral agency, following the client's care journey, and facilitating access where required.

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A process for case closure will be developed with a focus on effectively transitioning the client out of intensive support and ensuring a feedback loop with the client. Case closure will outline the sustainable support structures that have been developed, including reminding the client that they can link in with the VSC if their support needs change. Case closure will support continuous improvement of the VSRP model through client feedback.

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The elements of case coordination will be well-defined in practice guidance, and will include information provision, consent, referral information exchange, service delivery and exit.

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Elements of case coordination, including the development of a case plan, case plan review and exit planning, will form part of the VSRP's KPI and will be actively monitored to ensure consistent practice.

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Client contact for the purposes of case coordination may occur face-to-face, via phone, text, email and video conference. Practitioners will use their professional judgment and understanding of the client's needs and preference to determine the best mode of contact for different tasks and interactions. Practitioners may provide outreach to the home as outlined in the individual VSRP provider's organisational policy.

Where required and with client consent, case coordination will include liaising with Victoria Police to deliver updates on the criminal justice process.

Where a client is being supported by another VSA service, including the CWS or Victims Register, the case coordinator will liaise with that service to clearly define roles and responsibilities and to establish effective shared care arrangements.

#### Outputs / outcomes:

- Clients are allocated a dedicated caseworker.
- Clients' case, care and interventions are coordinated.
- Clients are actively supported as they move through the service system and experience the system seamlessly, including where they need to engage with non-victim specific services.
- There is a comprehensive record of the engagement with the victim.

#### Enablers:

- Skilled workforce.
- CRM that supports proactive and holistic case coordination.
- Victim Support Practice Framework.
- Appropriate caseloads.
- Standardised tools and templates including case plan and exit plan.
- Service network and mapped service responses.
- MOUs with relevant services to support coordinated ways of working.

#### Opportunities:

- Utilise data to better understand service hours and interventions being delivered, with a view to ensuring an adequate resourcing mix to deliver outcomes for clients.
- Work with Victoria Police to assess the feasibility of establishing a dedicated liaison in each region to facilitate access to information.
- Work with Victoria Police to assess the feasibility of developing an online portal where victims of crime can receive updates on their case.



Mary and George are allocated the same case coordinator. They develop a shared case plan (family plan), as well as individual case plans, and each agree with their case coordinator how they would like to be supported.

The case coordinator refers George and Mary to a financial counsellor to help them manage the financial impacts of the crime and assists Mary and George to get Chris on the waitlist for a residential treatment program in their area. Mary and George feel supported and hopeful after so many years of feeling alone.



Given Anahita's age, Roya and Anahita work jointly with a case coordinator, although they have individual case plans as well as a shared (family) plan.

The case coordinator focuses on building informal supports for Roya and Anahita, including linking them in with the broader Iranian community so they can both establish friendships and increase social connectedness.

### **Practical support**

**Objective: Practical needs of clients, including safety needs, are met in a timely manner to reduce the burden of their experience through elements that can be controlled.**

Recognising the importance of responding holistically to clients, and that the effectiveness of therapeutic responses and recovery are diminished when clients have unmet practical and safety needs, the provision of practical support aims to lay solid foundations to begin the recovery process.

Practical support may include:

- responding to immediate safety needs, including through safety planning and improvements to home security;
- provision of food vouchers, clothes and other household items;
- assistance with transport, including the direct provision of transport where this does not present a risk to staff or client; and
- access to childcare, respite care and activities / resources to support child development.

Timely and comprehensive safety planning will be a core element of practical support provision. Safety planning will be enabled through templates embedded in the CRM.

Brokerage funding will be used to address practical support needs arising from the client's experience of crime. Brokerage funding aims to:

- provide clients with quick and flexible support to have immediate needs met before they escalate;



- help clients to feel more in control of their situation and better able to make decisions; and
- help people find stability following a crime.

Brokerage decisions will be informed by the findings of the risk and needs assessment, the reasonableness of the expenditure, and the availability of other avenues for accessing the relevant support.

Brokerage funds will be dispersed by VSRP management and practitioners as outlined in their brokerage guidelines, supported by clear principles and guidelines on the use of brokerage, including amounts and approval requirements. Brokerage processes will balance the need for accountability with recognition of the professional judgment and expertise of individual practitioners, as well as the need to work flexibly and respond to immediate needs.

Brokerage provision will be recorded for all transactions, including the reason for the brokerage, and the output / outcome it achieved. This will be enabled by the CRM.

Transport can be offered to clients to assist them to receive interventions and have their needs met. Transport by VSRP practitioners will:

- only happen following a risk assessment process as outlined in organisational policy;
- be offered at the discretion of the VSRP; and
- be linked to achieving client outcomes.



Changes in practical support needs, including safety planning, will be identified through ongoing risk and needs assessment.

#### Outputs / outcomes:

- VSRP practitioners have the resources to meet the needs of clients and not exacerbate the impacts of the crime.
- Clients are supported to have their immediate practical needs met.
- Clients have a stable foundation from which to engage more meaningfully in therapeutic interventions.

#### Enablers:

- Adequate brokerage funds that are adjusted annually in line with demand and other relevant factors.
- Guidelines for the provision of brokerage funding.
- Clear and streamlined approval processes.
- Established process with VSC to leverage existing partnership with trades people (see section 3.3.3).
- Standardised tools and templates including safety plan template.

<b>Opportunities:</b>	<ul style="list-style-type: none"> <li>○ Establish streamlined process to access FSPs for male victims of family violence.</li> <li>○ Integrate VSC with FAS so that, in certain circumstances, brokerage can be used to bridge the time taken between when the client requires support and when an interim award can be made, with brokerage funding to be recouped from the FAS award (see section 3.9.4.3).</li> <li>○ Track outcomes achieved through brokerage expenditure to inform future refining of brokerage amounts and guidelines.</li> </ul>
	<p>Brokerage is used to install a lock on the inside of George and Mary's bedroom door.</p>
	<p>Roya and Anahita don't need brokerage, but their VSRP provider runs regular toy drives and gives Anahita some toys and picture books to encourage play, particularly when she is feeling distressed or worried.</p>

### **Accessing assistance and entitlements**

**Objective: Victims of crime are made aware of, and supported to access, relevant benefits and entitlements to assist them following their experience.**


Access to available benefits and entitlements will facilitate independence and recovery following a crime and will be informed by the needs of the individual or family.

VSRPs will be supported to stay informed about available benefits and entitlements through a practice network and centralised process for sharing information, including changes to any benefits or entitlements.

VSRP practitioners will have a strong working knowledge of the benefits and entitlements that may be appropriate for victims of crime, and how to access these, including:

- financial assistance schemes for victims of crime (including the future FAS);
- the National Redress Scheme;
- childcare subsidies;
- mental health care plans;
- NDIS packages;
- family violence FSPs;
- Centrelink payments; and
- early access to superannuation.

Formalised partnerships between VSRP and Centrelink offices will assist clients in accessing Centrelink entitlements, with a view to minimise the administrative burden and potential for re-traumatisation.

Outputs / outcomes:	<ul style="list-style-type: none"> <li>○ Clients are informed about, and supported to access, their entitlements.</li> </ul>
Enablers:	<ul style="list-style-type: none"> <li>○ Staff with a strong working knowledge of available benefits and entitlements, including eligibility and application processes.</li> <li>○ Established relationships with key local offices such as Centrelink to facilitate clients' access to entitlements.</li> </ul>
Opportunities:	<ul style="list-style-type: none"> <li>○ Develop integrated process between the VSRP and FAS so that FAS-eligible VSRP clients can be supported to complete their applications by their existing case worker.</li> <li>○ Consider co-location opportunities with Centrelink Community Engagement Officers.</li> <li>○ Consider co-location opportunities with GPs (in-reach) to facilitate access to mental health care plans.</li> <li>○ Develop standardised resources and tools to assist staff when supporting clients with access requests for key entitlements.</li> </ul>
	Roya is told about the FAS and works with her VSRP practitioner, using a phone interpreter, to develop and submit her, including financial assistance for English language lessons so she can decrease her isolation.

### **Court support and justice tasks**

**Objective: Victims of crime are supported to understand and participate in relevant justice processes.**

Case planning will explicitly consider clients' justice needs and how these can best be met, including through:

- attending court;
- understanding and providing input into resolution decisions;
- providing a Victim Impact Statement;
- participating in a Youth Justice Group Conferencing process where relevant; and / or
- participating in other restorative justice options, including the FVRJ Service.

Where clients would like to attend court, the VSRP practitioner should work with them to identify and respond to any safety concerns that may arise. This may include liaising with court staff and police to ensure safe arrival and departure from court, use of separate waiting rooms, use of remote witness facilities, appropriate transport and use of safe arrival zones at court.

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Where rural and regional clients would like to attend court, the VSRP practitioner should work with them to address any practical constraints to attending court. Brokerage may be used for transport, accommodation and other expenses arising from the need to travel to attend court.

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All VSRP clients will be offered court support where relevant. Court support involves having someone attend court who understands the court process and can provide information, as well as emotional support. A client's VSRP practitioner will work with them to identify how court support can best be provided, including through other services or informal supports (see below).

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Court support may be provided through VSRP, VWAS, Court Network, or by encouraging clients to draw on informal supports including family and friends. Court support is not expected to be provided continually but should consider points in the process that may be most distressing or traumatic for the client, such as sentencing or specific testimony.

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Court support on-the-day will be complemented by adequate preparation prior to the court event, including explaining the process, the court environment, potential interactions with the offender, and discussing with the client how they will feel if the outcome is not what they had hoped for or anticipated. This may include taking the client to court prior to the court event to walk through the court environment.

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Where court support is provided through VWAS, the VSRP practitioner should coordinate with them to ensure coverage of key points in the court process, and to determine who will undertake preparatory work with the client.


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Where a client is being supported at court by a friend or family member, the VSRP should offer to brief them prior to the day (with the client's consent) so that they know what to expect and can best support their friend or family member.

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VSRP practitioners will also support other justice tasks, including the development of Victim Impact Statements and online applications for Family Violence Intervention Orders. This may include targeted support for VSC clients where they require face-to-face support for discrete tasks, including Victim Impact Statements.

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Outputs / outcomes:	<ul style="list-style-type: none"> <li>○ Clients are informed and know what to expect when they go to court.</li> <li>○ Where relevant, clients' safety when attending court is considered and planned for.</li> <li>○ The most suitable on-the-day support is identified and coordinated.</li> <li>○ Clients are empowered to attend and participate in the court process where they choose to do so.</li> </ul>
Enablers:	<ul style="list-style-type: none"> <li>○ Strong working relationships with VWAS, including, where required, a formalised partnership.</li> <li>○ Strong working relationships with Court Network, including, where required, a formalised partnership.</li> <li>○ Staff who understand the points in the court process where a victim of crime is most likely to require support.</li> </ul>
Opportunities:	<ul style="list-style-type: none"> <li>○ Work with Court Network (or other relevant court support services) to assess the feasibility of establishing a warm referral process so that VSRP clients can speak to the volunteer worker who will be providing support on the day in advance. This may include having the VSRP practitioner attend court in the morning to handover the client or arranging for the client to meet with the relevant Court Network volunteer for an introduction prior to the court event. Any feasibility assessment should consider funding requirements, as well as in-kind contributions such as the provision of training to Court Network volunteers.</li> </ul>
	<p>Because Roya was linked in earlier she is able to receive court support. Her case coordinator develops written resources for Roya in Farsi to explain the court process and sits with her on the day.</p>

### **Incidental counselling and guidance**

**Objective: Appropriately skilled and capable VSRP practitioners provide incidental counselling and guidance through their support relationship with a victim of crime to assist them in moving through their experience.**

Throughout the engagement with the VSRP, it is recognised that the relationship between the VSRP worker and the client will involve incidental counselling and the provision of guidance. This includes listening to stories that are distressing and difficult and responding to these situations in a trauma- informed way.


Incidental counselling will be provided in a safe, supportive, non-judgmental and confidential way.

Incidental counselling requires the skills of active listening, reflecting, focusing and questioning to enable the client to come up with their own ideas about the best way forward. Incidental counselling will be about providing space and guidance for clients to explore possibilities, not offering advice. This empowers the person and provides them with control to move through their challenges and build resilience and coping mechanisms.

All VSRP practitioners will have an individualised professional development plan that reflects and builds on their existing competencies in the provision incidental counselling.

Provision of guidance will be based on a sound understanding of the service system.

Longer term, therapeutic counselling will be provided by trained counsellors additional to the VSRP practitioners. This could be through referral to an external counselling service or private practitioner, or through in-house counsellors where these are available.

Outputs / outcomes:	<ul style="list-style-type: none"> <li>○ Informal psychological support and incidental counselling is provided over the course of the clients' engagement with the VSRP.</li> <li>○ Clients have an opportunity to talk through their experience.</li> <li>○ The need for formal therapeutic support is identified and access facilitated.</li> </ul>
Enablers:	<ul style="list-style-type: none"> <li>○ Skilled and supported workforce.</li> <li>○ Strong clinical governance.</li> <li>○ Training and development in psychological first aid and incidental counselling.</li> </ul>
Opportunities:	<ul style="list-style-type: none"> <li>○ Assess potential to include in-house counsellors as a core part of the VSRP model.</li> </ul>
	George is reluctant to attend formal counselling, but he has a positive therapeutic relationship with his VSRP practitioner which provides him with a safe space to talk about how he is feeling and the impacts of the crime.

## On site access and co-location

**Objective: Victims of crime will have easy access to key professionals through co-location arrangements at the VSRP site.**

Co-location opportunities will be formalised through MOUs.

Co-locations will be informed by the needs of victims of crime and the local service environment.

Key co-locations to be considered at each site will include:

- a GP to streamline provision of mental health care plans;
- counsellors to provide formal and ongoing counselling;
- legal practitioners to provide specialised advice to victims of crime (see section 3.6).

VSRP sites will include VSC capabilities to provide access to remote / rural clients. This can be used by co-located professionals to deliver tele-counselling and legal advice where appropriate.

Co-locations will be supported by clear objectives and an evidence-based framework to guide effective co-location practices.

Co-located professionals will participate in the VSRP practice network, with a view to building the capabilities of all professionals providing support to victims of crime.

In addition to on-site co-locations, each VSRP should consider the potential for VSRP outreach to services accessed by cohorts who face barriers to service access, including local Aboriginal health organisations.

### Outputs:

- Key services are made available on site through co-location.
- Clients are more likely to engage with the services they need.

### Enablers:

- Development of MOUs.
- Clear guidance and objectives around effective co-locations.

### Opportunities:

- Developing resources, tools and practice frameworks to build the capabilities of the broader service system in relation to victims of crime.
- Working with broader service system to identify opportunities to pool resources or co-locate to better meet the needs of clients.
- Service mapping of each region to understand linkages between services and maximise the effectiveness of service provision through partnerships and multidisciplinary models.





Mary wants to see a counsellor but works full time and is time poor. Her VSRP arranges for her to see an on-site GP when she comes in for another appointment. The GP helps her to access a mental health care plan and Mary and her VSRP practitioner identify a suitably experienced counsellor close to her work, so she can more easily accommodate appointments around work hours.



Roya visits the on-site GP and is prescribed medication to help her manage her depression. She is also able to get a general health check for Anahita, who is displaying reduced signs of stress and trauma.

### **Culturally safe service delivery (Aboriginal and Torres Strait Islander clients)**

**Objective: Aboriginal people who have experienced a crime are able to access the same supports as other victims of crime, delivered in a way that is culturally safe.**

Each VSRP will have one male and one female AEP, weighted based on demand. AEPs will support Aboriginal clients and lead community engagement and education. Where possible AEPs should be co-located at ACCOs, at least for a portion of their working week.

AEPs will be recognised as a core role within the VSRP, integrated into the team and given autonomy to work with community, based on their understanding of community needs and dynamics.

AEPs will not be required to support mainstream clients. Where they are not carrying a full caseload, additional time will be spent on building relationships and trust within community with a view to enhancing access.

Where Aboriginal clients are assessed as having low-moderate needs, they will be offered a choice of support through either the VSRP (through the local AEP) or the VSC. The service through which Aboriginal clients receive support will be determined by them.

Service provision to Aboriginal clients will recognise the impact of dispossession and trauma on their experience of victimisation.

Service delivery to Aboriginal clients will recognise the importance of country and community, placing Aboriginal family and community structures at the centre of service delivery.

When working with Aboriginal clients in a family-centred way, the VSRP will recognise the Aboriginal definition of family and provide support to broader kinship groups where required.

Aboriginal healing approaches will be incorporated into the Victim Support Practice Framework.

Service provision to Aboriginal clients will recognise barriers to reporting. Clients will be supported to report where they would like to do so, but non-reporting will not impact the availability of supports provided by the VSRP. Where non-reporting impacts the availability of specific entitlements, such as financial assistance, the AEP will support their client to understand these impacts in a non-coercive way so that the client may make an informed choice about whether to report.

VSRPs will develop and monitor referral pathways for Aboriginal clients and build a culturally safe network of services for victims of crime in each region.

Each VSRP will establish in-reach co-location arrangements with relevant ACCOs in their region so that AEPs can engage with and offer victim-specific services and supports to ACCO clients.

All VSRP practitioners will participate in ongoing learning and development to support culturally safe practice, with specialised training provided to the Aboriginal workforce. Participation in training will be actively monitored by VSA.

VSRP contracts and reporting will incorporate minimum standards in relation to cultural safety. This will include annual cultural safety audits. Development of expectations and standards in relation to cultural safety will be led by the Cultural Safety Practice Lead in collaboration with the Koori Justice Unit and should align with other leading practice approaches to cultural safety in Victoria, as well as the goals of the Aboriginal Justice Agreement (AJA4) and Dhelk Dja.

VSRPs and VSA will work together to ensure principles of equity guide the provision of services to Aboriginal people.

As well as ensuring culturally safe practice and service delivery, VSRPs will be expected to demonstrate a culturally safe workplace, including values, behaviours, policies and structures that enable all workers to work effectively cross-culturally.

#### Outputs:

- Culturally safe services are available to Aboriginal and Torres Strait Islander clients.

#### Enablers:

- Victim Support Practice Framework and Cultural Safety Framework.
- Formalised MOUs with ACCOs.
- Mandatory training on cultural awareness and cultural safety.
- Regular cultural safety audits.

**Opportunities:**

- Through community consultation, including with relevant ACCOs, VSA should develop an approach that enables Aboriginal clients to choose to receive a service through a mainstream organisation (VSRP) or a local ACCO, with ACCOs funded and supported to deliver a specialist response to victims of crime, including brokerage access and other elements of the VSRP.
- Develop a formalised capability uplift plan for ACCOs to develop capability to deliver VSRP in line with Victoria's self-determination approach to Aboriginal service delivery.

**Culturally safe service delivery (culturally and linguistically diverse clients)**

**Objective: People from CALD backgrounds who have experienced a crime are able to access the same supports as other victims of crime, delivered in a way that is culturally safe.**

Service provision to clients from CALD communities will recognise barriers to reporting. Clients will be supported to report where they would like to do so, but non-reporting will not impact the availability of supports provided by the VSRP. Where non-reporting impacts the availability of specific entitlements, such as financial assistance, the VSRP practitioner will support their client to understand these impacts in a non-coercive way so that the client may make an informed choice about whether to report.

The provision of support to clients from CALD communities will be supported by an understanding of the context and complexity of their migration journey, the stress of acculturation and the identification of specific cultural or religious needs.

VSRPs will develop and monitor appropriate referral pathways for CALD clients, as well as establishing relationships with multicultural organisations within their community to support access for CALD communities.


Work with CALD clients, particularly young people, will recognise the importance of working in a family context, and the impact of family and community connections in identity and mental health.

Interpreters will be utilised as required to support service provision to CALD clients in the language which they are most comfortable communicating in, and that best enables them to give voice to their experience.

VSRPs and VSA will work together to ensure principles of equity guide the provision of services to people from CALD backgrounds.

As well as ensuring culturally safe practice and service delivery, VSRPs will be expected to demonstrate a culturally safe workplace, including values, behaviours, policies and structures that enable all workers to work effectively cross-culturally.

All VSRP practitioners will participate in ongoing learning and development to support culturally safe practice.

Outputs:	<ul style="list-style-type: none"> <li>○ Culturally safe services are available to clients from CALD communities.</li> </ul>
Enablers:	<ul style="list-style-type: none"> <li>○ Victim Support Practice Framework.</li> <li>○ Established referral pathways and partnerships with multicultural organisations and services in VSRP region.</li> <li>○ Mandatory training on cultural awareness and cultural safety.</li> </ul>
Opportunities:	<ul style="list-style-type: none"> <li>○ Develop a strategy to achieve a more culturally diverse VSRP workforce, as well as actively recruiting staff with expertise and experience working with specific communities.</li> <li>○ Consider piloting innovative approaches to better meet the needs of specific communities, such as Court Network's cultural support guides.</li> </ul>
	Roya and Anahita's VSRP practitioner always utilises a phone interpreter when engaging with Roya and Anahita and has a strong focus on building informal supports and enabling Roya to build a safe community around her and Anahita.

### Peer Support Groups

**Objective: Provide a space for victims of crime to connect, creating a supportive environment for recovery.**

VSRPs will offer a regular space for clients to gather in a supported and facilitated way, recognising that victims of specific crime types (such as families bereaved by homicide or victims of sexual offences) may have unique needs that can be best met through a more defined peer support group.

Support groups will connect clients with peers who have experienced crime in order to:

- facilitate learning and recovery through shared experiences;
- provide clients with an opportunity to express emotion and normalise feelings;
- enable clients to give and receive support;
- support clients to learn new coping strategies;

- support clients to find hope; and
- reduce feelings of isolation, stigma and shame.

The design of peer support models will be evidence-based, trauma-informed and underpinned by clear objectives.

Support groups will be facilitated by trained VSRP practitioners or other practitioners suitably skilled in using group processes for recovery.

The design and delivery of support groups will be underpinned by clear practice guidelines to ensure consistency with a clear logic around engagement. This will be supported by a community of practice to share lessons on what works.

<b>Outputs:</b>	<ul style="list-style-type: none"> <li>○ Informal support networks are provided through peer support groups.</li> <li>○ Clients have the opportunity to give and receive support from their peers.</li> </ul>
<b>Enablers:</b>	<ul style="list-style-type: none"> <li>○ Victim Support Practice Framework.</li> <li>○ Evidence-based approach to the design and delivery of peer support groups.</li> <li>○ Peer Support Group guidelines.</li> <li>○ Suitably skilled staff.</li> </ul>
<b>Opportunities:</b>	<ul style="list-style-type: none"> <li>○ Monitor and evaluate peer support groups with a view to developing consistent practices and models that can be shared with the broader sector.</li> </ul>

### **Support for Youth Justice Group Conferencing**

**Objective: VSRPs enable state-wide provision of YJGC Victim Support and empower victims of crime to participate in the restorative justice process in a way that reflects their justice needs and goals.**

YJGC Victim Support is coordinated and oversighted by a central team located at the VSC who will link new clients into the VSRP for support. Clients who are referred in for YJGC Victim Support will be offered broader case coordination and support where this is required, and they are not already being supported through another preferred service.

For existing VSRP clients, practitioners will actively identify where a client's offender will be engaging in a Youth Justice Group Conferencing process and will offer support. This will include clearly explaining the process, its strengths and limitations, and the support that is available. The goal of this interaction is to empower the victim of crime to make an informed decision about whether participation would address some, or all, of their justice needs.

Where YJGC Victim Support is directly identified and offered by the VSRP, the central YJGC Victim Support team will be notified so they can provide ongoing support and coordination.

The VSRP practitioner and central YJGC Victim Support team will work together closely to ensure that the process is running smoothly, with the VSRP focused on direct work with the client and the YJGC Victim Support team providing behind-the-scenes support, including engaging with key stakeholders such as the convenor and informant to ensure the process runs smoothly.

The provision of YJGC Victim Support by VSRP practitioners includes:

- pre-conference work to prepare the client for the restorative justice engagement, with the nature and intensity of preparatory work to be guided by a risk and needs assessment, the client's participation goals and the nature of their participation on the day;
- coordinating practical support such as transport to attend on the day;
- attending the conference with the client on the day to provide support;
- attending the conference on behalf of the client where they wish to be heard in the process but do not wish, or are unable, to attend on the day;
- supporting clients to express their thoughts and feelings in a letter if they do not wish, or are unable, to attend on the day;
- providing the client with debriefing following the conference event, including identifying whether the process addressed their justice needs; and
- identifying and responding to any ongoing support needs.

At minimum, all clients should be contacted one week after the conference event, including where they have already received debriefing support, to see how they are feeling and if their support needs have changed as a result of the conference.

VSRP practitioners can seek secondary consultations from the YJGC Victim Support team, including debriefing and reflective practice with the YJGC Victim Support Manager to support continuous learning and improvement.

#### Outputs:

- Clients are supported to participate in Youth Justice Group Conferencing processes where this is available to them.

#### Enablers:

- Victim Support Practice Framework.
- Centralised YJGC Victim Support team to provide coordination and support.

**Opportunities:**

- Consider provision of support to victims of crime in other restorative justice processes through the VSRP workforce.

### 3.5 Specialist Service for Bereaved Families (SSBF)

The SSBF will provide a highly specialised response to families bereaved by homicide and is designed to recognise the specific needs of families which arise in the aftermath of homicide, as well as the different elements of the criminal justice and coronial system with which bereaved families must interact.

The service will be delivered jointly through the existing service infrastructure of the VSC and VSRP network to ensure that persons bereaved by homicide have intensive support provided through a single practitioner in their community, underpinned by a dedicated coordinator based in the VSC whose role is to keep an eye on the entire family, remove 'road blocks' and liaise with other government agencies, including Victoria Police and the Coroners Court in relation to the family's needs. This model is intended not only to meet the needs of families more effectively, but to utilise the existing workforce of highly skilled practitioners within the VSC and VSRP to respond to victims of this specific crime type which, though relatively infrequent, creates a need for the most intensive support when it does occur.

#### 3.5.1 Current state

VSSR does not currently provide a specific response to families bereaved by homicide other than the use of a priority VPeR to ensure a more rapid response by the VAP. More broadly, supports across the system for families bereaved by homicide include:

- counselling and bereavement support groups delivered through the Australian Centre for Grief and Bereavement, although these are not specific to families experiencing homicidal loss; and
- the Family Liaison Officer (FLO) roles in the Coroners Court, which provide regular updates to the senior next of kin, although the review indicated that these roles are under-resourced given the demand faced by the Coroners Court and still require considerable self-advocacy by families.

The review indicated that the first response to families bereaved by homicide is typically delivered via the local VAP and will include a home visit where the individual VAP has policies and procedures to facilitate this type of outreach. Persons bereaved by homicide who participated in the review indicated that the VAP met with the entire family in the first instance, but then nominated a single family member to act as the primary contact. This contact tended to be focused on criminal justice and coronial processes, as well as practical matters like securing an interim VOCAT award for funeral costs. This approach to support meant that the individual support needs of related victims were rarely explored or identified and, for those members of the bereaved family who are not nominated as the primary contact, there are few or no further interactions with the VAP, which meant that escalating needs were not identified or addressed and there were no opportunities for psychological first aid or incidental counselling.



Related victims<sup>87</sup> of homicide interviewed for the review also indicated that a lack of acknowledgment of their experience had left them feeling lost and forgotten. Equally, the constant demands of navigating the criminal justice and coronial system without assistance to remove 'roadblocks' had added to their trauma and overall exhaustion, as well as to a lack of confidence in the existence of any meaningful 'victim support system'.

Currently, VSSR provides behind-the-scenes support to families bereaved by homicide in more public or complex scenarios. This includes accessing brokerage to assist with travel for family members who are interstate or overseas, as well as brokerage to address the specific needs of vulnerable family members who are left without adequate care or support. This function, however, is not formally recognised or resourced, nor is it provided to all families bereaved by homicide.

The review found that the lack of an adequate response for families bereaved by homicide was primarily a product of the VAP network's reliance on self-advocacy rather than proactive support, which itself has resulted from overall demand pressures on the VAP network, as well as a service model and practice frameworks that do not reflect contemporary understandings of trauma. The focus on criminal justice tasks, to the detriment of more holistic needs, or other processes such as coronial processes, was also identified as a driver of inadequate support for bereaved families. The review found that this can leave some families who are in crisis after a loved one has been killed without support of any kind.

### 3.5.2 Case for change

*Families bereaved by homicide are known to experience a range of psychological, physical, economic and social harms.*

When someone is bereaved, the structure and pattern of their life is disrupted. Bereaved people can be left feeling temporarily helpless, disoriented or without purpose, and are known to experience health and psychosocial impacts, including clinical anxiety and depression.<sup>88</sup> Those who experience bereavement alongside other challenges and vulnerabilities are at greater risk of negative outcomes later in life, including in areas such as education, risk-taking behaviour and self-esteem.<sup>89</sup>

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<sup>87</sup> As defined in the Victims of Crime Assistance Act 1996, a related victim is a person who, at the time of the violent crime, was a close family member, dependent or had an intimate personal relationship with a deceased primary victim.

<sup>88</sup> See, e.g., Wesley Perkins and Lynne Harris, 'Familial Bereavement and Health in Adult Life Course Perspective' (1990) *Journal of Marriage and Family* 52(1); Colin Murray Parkes, 'Bereavement in adult life' (1998) *The BMJ* 316(7134).

<sup>89</sup> Mary McCarthy and Julie Jessop, *Young people, Bereavement and Loss: Disruptive Transitions?* (National Children's Bureau, 2005).

The evidence also suggests that the grief typically associated with bereavement can be further compounded for families bereaved by homicide, due to the unexpected and violent nature of their loved one's death. Those who have experienced homicidal loss are known to be at risk of:

- PTSD and depression;
- substance use disorders, particularly in the case of adolescent related victims;
- complicated grief and prolonged grief disorder, including, for some related victims, elevated risk of suicidal ideation and suicidality; and
- other forms of psychological trauma, which can have profound impacts on an individual's sense of security, sense of self and worldview.<sup>90</sup>

The stress and trauma of homicidal loss can negatively impact relationships, increasing conflict and relationship dissatisfaction within families, as well as causing feelings of isolation. Economic harm is also common, particularly where the primary victim was a source of economic support or unpaid work, such as child or elder care. Related victims also frequently need to take time away from work to manage the practical demands of homicidal loss, as well as the psychological effects.<sup>91</sup>

The breadth and depth of these impacts indicates a need for dedicated, individualised and proactive case management to understand and respond to the support needs of each individual and family, and to identify where support needs and risk factors change or escalate over time.

*It is also well recognised that families bereaved by homicide face significant practical demands in the weeks, months, and sometimes years following a homicide, alongside the significant grief and anger they may be experiencing due to the loss of their loved one.*

Alongside their grief, families bereaved by homicide face many practical demands, often in the immediate aftermath of the crime. This can include body identification; crime scene clean-up (where the crime occurred in the home); funeral arrangements, including arranging for the primary victim's body to be returned; the police investigation; and managing media attention.<sup>92</sup> Later demands include navigating criminal justice or coronial processes, including, eventually, parole decision making, and securing financial assistance. Where the offender is a young person, is found to be unfit to stand trial, dies before the trial can occur or resolve, or is never apprehended, this can impact the extent to which the family feels that their justice needs have been met. As restorative justice alternatives continue to become available, individuals and families bereaved by homicide may also pursue this as an option.

Managing all these practical demands can impact on the capacity of individuals bereaved by homicide to work or study, to parent their children, to maintain healthy relationships, and to maintain their own physical and mental health.

<sup>90</sup> Center for Victim Research, *Losing a Loved One to Homicide: What We Know about Homicide Co-Victims from Research and Practice Evidence* (2019).

<sup>91</sup> Ibid.

<sup>92</sup> See, e.g., Ministry of Justice (UK), *Review into the Needs of Families Bereaved by Homicide* (2011).

Many families whose loved ones have been killed in the context of violent crime find the processes that follow confusing and hard to navigate. Information regarding investigations can often be difficult to access and barriers to communication with authorities can compound existing distress. The review found that even well-functioning individuals who were experienced in navigating systems struggled to identify the support that they needed or to understand what to ask for at any given point.

*Often government is best placed to assist families in managing these demands, given their capacity to access information and coordinate with senior stakeholders across other government agencies, including police and the court system.*

While practitioners from community service organisations can often access information about criminal justice processes from police informants at a local level, this can become challenging in the context of high-profile matters being prosecuted in superior jurisdictions. Similarly, local practitioners may struggle to advocate for families bereaved by homicide in the context of other government agencies, including the Coroners Court and OPP. Effective communication and advocacy can therefore require a higher level of coordination and a 'bird's eye view' of the system to ensure that information is being proactively shared; supports are made available at the right time; and that all relevant services and agencies are working together to minimise the potential for re-traumatisation as families move through complicated and often protracted criminal justice and coronial processes.

*When support is provided to a key contact within the family, family members' individual support needs and issues can go unidentified and unmet.*

Homicide can impact individual family members in different ways. Equally, family members can experience different needs at different times, and can have co-occurring issues which can compound these needs. Further, family members can be dispersed across wide geographic areas and have different levels of communication. To ensure that each family member receives a tailored and comprehensive response, individual needs should be met through a dedicated worker in each family member's community, with a centralised coordinator ensuring this 'team around the family' is working together effectively to respond to individual and whole-of-family needs.

*The death of a loved one through homicide is a profound, life-changing event and gives rise to significant practical, therapeutic and justice needs which can easily overwhelm families. An integrated, specialist response that addresses these impacts can minimise the extent to which bereaved families are retraumatised by the criminal justice and broader system, as well as help families to manage both the practicalities and trauma of homicidal loss. Importantly, it also signals to the Victorian community that government will be there to provide families faced with this type of loss – the unlawful taking of a life – with compassion and comprehensive support.*

### 3.5.3 Future design

#### Client group

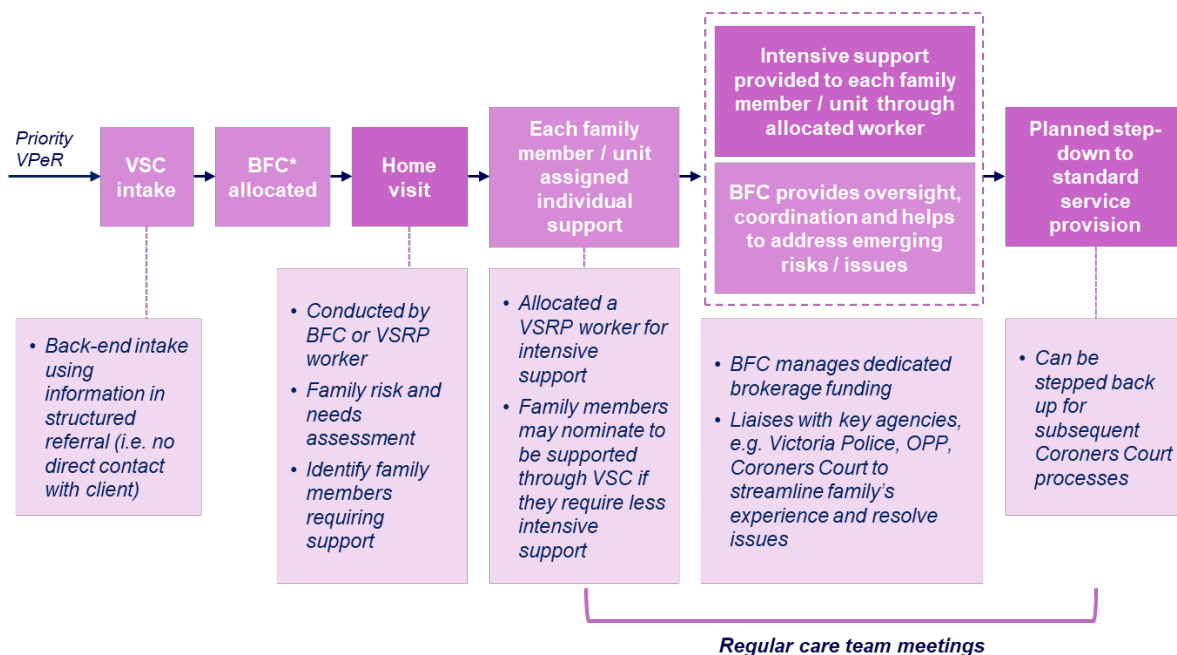
The proposed SSBF is for related victims of homicide and related offences, specifically murder, manslaughter (including new workplace manslaughter offences) and driving causing death. Related victim is defined in accordance with the Victims of Crime Assistance Act 1996, and means a person who had a genuine personal relationship with the primary victim at the time of the victim's death and who is:

- the spouse of the victim; or
- a parent, guardian or stepparent of the victim; or
- a child or stepchild of the victim or some other child of whom the victim is the guardian; or
- a brother, sister, stepbrother or stepsister of the victim.

#### Service response

The SSBF will provide families bereaved by homicide and related offences with comprehensive and highly specialised support to manage the effects of bereavement, including criminal justice and coronial processes. Direct support will be provided via each family member's local VSRP, with a centralised Bereaved Family Coordinator to sit in the VSC and coordinate the team around the family, liaise with key agencies, and help VSRP practitioners to respond to emerging risks and issues affecting the family. The following section outlines the detailed design of the SSBF, with a high-level overview of the flow of clients through the SSBF provided at Figure 11.

Figure 11: Flow of clients through Specialist Service for Bereaved Families



Source: Centre for Innovative Justice.

## **Centralised coordination and place-based support**

**Objective: A highly specialised and intensive response is provided to families bereaved by homicide to ensure that they are supported practically and psychosocially, as well as being assisted to navigate the complex justice system processes that may arise.**

Bereaved families will be flagged through the structured referral process and CRM workflow enhancements. Where this is not possible, the review of the case through the intake process will flag the need for a specialised bereaved service response.

Bereaved families will be immediately allocated a Bereaved Family Coordinator who sits within the VSC and leads the response. There is one Bereaved Family Coordinator for each family bereaved by homicide (i.e. each incident of homicide).

Bereaved Family Coordinators are drawn from a pool of suitably skilled and full-time VSC staff who have received specialist training to support them in assuming the Bereaved Family Coordinator function. When a Bereaved Family Coordinator is allocated, the VSC Manager or Supervisor will assess the likely impact on business-as-usual service delivery and adjust the VSC resource profile accordingly.

Bereaved Family Coordinators will be actively supported by the Principal Practitioner (see section 3.9.2.4), who will be responsible for keeping the VSA leadership team informed.

As a first step following notification, the Bereaved Family Coordinator will contact the police informant to gather more information on the family and the circumstances of their bereavement, including identifying (where possible) where additional family members not included in the original VPeR may require support. For family violence related homicides, additional information may be sought from relevant agencies in line with the FVISS and CISS.

For metropolitan clients, the Bereaved Family Coordinator will make initial contact with the family through outreach to the home. For regional clients, the Bereaved Family Coordinator will request that a suitably skilled practitioner from the relevant VSRP conducts the initial home visit.

The aim of the first contact is to:

- explain to the family what is likely to happen next and the support that is available to them;
- identify the number of family members requiring support;
- determine with the family how support will be provided, including whether they would like to engage with support services collectively or individually, with the BCF maintaining visibility of the whole family; and
- identify and respond to immediate practical, safety and psychological needs.

Following the initial session with the family, the Bereaved Family Coordinator will work with the Principal Practitioner to develop a family plan, including allocating individual family members or family units (i.e. where adult children have their own family) to a VSRP worker in the region where they currently reside. The Bereaved Family Coordinator will then convene a care team meeting with the relevant VSRP practitioner(s) to discuss the family's needs and dynamics, and the roles and responsibilities of each member of the care team. The Principal Practitioner will participate in the care team meeting to provide guidance and advice.

Allocated VSRP practitioners will deliver ongoing support to each family member or family unit that is in line with the broader VSRP response, but which represents an enhanced model of support to reflect the unique challenges faced by bereaved families. These challenges include grief, prolonged criminal justice involvement, involvement with coronial processes, media attention, specific tasks such as formal identification of their loved one's body and practical issues that arise following their death.

For the initial period following the crime, the Bereaved Family Coordinator will convene weekly care team meetings to ensure care across the family is coordinated, and to minimise unnecessary duplication of work. The Principal Practitioner will participate in these meetings where necessary. Once the family's needs have been stabilised, these will be decreased to monthly meetings.

VSRP practitioners will escalate risks and issues to the Bereaved Family Coordinator, who will draw on the broader VSA apparatus to address roadblocks and manage risks. This may include liaising and coordinating information transfer with relevant government agencies, including the OPP, the Coroners Court, and Victoria Police, as well as managing media.<sup>93</sup>

Families will be encouraged to contact the VSC if they require support outside of business hours. They will be supported to understand that VSC staff will be able to see their client file, including their circumstances and previous service interactions, so that they won't need to re-tell their story. The responding VSC practitioner will record any response they have provided and will actively notify the Bereaved Family Coordinator and relevant VSRP practitioner.

Families will remain in the SSBF until the Bereaved Family Coordinator and Principal Practitioner determine that they can be stepped down into standard VSRP or VSC support. Once stepped down, the Principal Practitioner may continue to monitor support provision as needed.

<sup>93</sup> This role is modelled on similar roles that exist within disability services and child protection, in which client-facing work is provided through a community service organisation, with behind-the-scenes coordination, oversight and information transfer across agencies supported by a dedicated resource in the relevant government agency.

The SSBF will have dedicated brokerage that VSRPs can request for expenses beyond what would reasonably be expected within VSRP service provision, with approval to be provided by the Bereaved Family Coordinator and Principal Practitioner. This could include:

- flights for families who reside interstate or internationally;
- education and training for adolescent children who have lost a parent; and
- childcare to provide bereaved adults with respite.

As with all VSA programs, the SSBF will be trauma-informed and underpinned by a robust Victim Support Practice Framework and clear and effective business processes to ensure that bereaved families receive the level of support they need; and experience the service response seamlessly, despite the multiple teams and services involved in their care.

The SSBF will be supported by clear guidance in relation to information sharing, including where multiple family members are receiving individual support. As an underlying principle, information should only be shared where it relates to processes impacting the entire family, such

#### Outputs:

- Each bereaved family member has their own worker that can respond to their individual needs.
- The broader family has a dedicated coordinator to manage the overall response.
- Bereaved families feel recognised and supported.
- VSA is kept informed of the support being provided to bereaved families, including emerging risks and issues.

#### Enablers:

- Victim Support Practice Framework.
- An enhanced CRM.
- VSRP contracts which include dedicated funding for intensive support to bereaved families.
- Processes to support case conferencing and coordination across central and VSRP practitioners.
- Established relationships with Crime Command, the OPP / VWAS, the Coroners Court and other key stakeholders.

#### Opportunities:

- Develop dedicated resources for families bereaved by homicide to help them understand what to expect as they move through criminal justice and associated processes.
- Consider establishing partnerships with specialist trauma services for children and young people to enable appropriate support for this cohort.





The allocated Bereaved Family Coordinator does a home visit to see Nadia and her family members within 24 hours of the homicide and conducts a risk and needs assessment. Nadia and her parents decide they want more intensive support and are allocated a practitioner from their local VSRP. Nadia's brother says that he doesn't want intensive support at this time but agrees to receive phone-based outreach from the VSC.

Nadia's VSRP practitioner immediately provides her with vouchers for food delivery and a cleaner in the first two weeks after her sister's death. Nadia feels relieved and has one less thing to worry about.

The VSRP practitioner also explains that if Nadia has urgent needs and cannot reach her, including on weekends, she can call the VSC. The practitioner explains that there is a role within the VSC that is responsible for coordinating supports for Nadia and her family, but if that person is not available when Nadia calls, her needs and circumstances are documented so that any worker will be able to assist her without Nadia being required to tell her story.

The week following her sister's death, the VSRP practitioner explains the coronial process and options for financial assistance so Nadia knows what to expect. They also provide a referral into the VLAS so that Nadia can access legal advice in relation to her sister's estate, as well as ensuring that she understands her rights in the coronial process.

Nadia's main concern is the impact of the crime on her capacity to parent. The VSRP practitioner guides her to useful resources to help her to talk to her children about death and grief, as well as assisting Nadia to access childcare subsidies.

Nadia receives weekly check ins from her VSRP practitioner by phone. They make her feel recognised and supported. If she has any specific concerns or needs further support, the calls provide her with an opportunity to raise this with her VSRP practitioner.

Even though Nadia and her parents have different VSRP practitioners providing their care, the delivery of supports is experienced by them as completely coordinated.

After four months Nadia is stepped down into regular VSRP service provision, and after six months she is stepped down into VSC service provision. Prior to exiting Nadia, the Bereaved Family Coordinator checks in with the Coroners Court and (with Nadia's consent) asks them to notify the VSC when the coronial process is starting.

Two years later when the coronial process commences, Nadia and her family members are linked back into the SSBF for support.

## 3.6 Victims Legal Advice Service (VLAS)

The VLAS is a new, specialised response to address the lack of a dedicated legal information and advice service for victims of crime. There are currently no specific legal services for victims of crime, despite evidence that victims of crime experience multiple legal needs. Like the tiered approach to wider supports, the VLAS is designed to maximise access across the state through phone-based legal advice, complemented by the availability of face-to-face or more intensive support as required.

### 3.6.1 Current state

Currently no dedicated or holistic legal service is available for victims of crime, with victims left to navigate a patchwork of legal support or, more likely, to receive no legal advice or assistance at all.

As noted by the VLRC, victims of crime in Victoria may seek dedicated legal advice and assistance from VLA or CLCs, both of which are means and merit tested, and impacted by significant demand and a lack of adequate funding.

In practice, prosecuting solicitors (that is, OPP or police prosecutors) are a primary source of information for victims of crime, although there are clear limitations to this support, including:

- any advice and assistance to victims of crime cannot conflict with the duty of prosecutors to act impartially and independently;
- prosecutors are subject to disclosure obligations which may prevent victims of crime from speaking freely;
- prosecutors may have varying levels of capacity to undertake broader issues spotting in relation to a victim of crime's legal needs; and
- victims of crime who participated in the review were highly cognisant that it is not the role of a prosecutor to advocate on their behalf, which undermined the extent to which victims of crime trusted that advice they received was comprehensive and reflected their interests or goals.

At present, victims of crime are funded to receive assistance with VOCAT applications through private practitioners, although the review found that the relatively low fees available for this work sometimes resulted in minimal engagement between legal practitioner and client. More broadly, the Sentencing Advisory Council has found in its review of *Restitution and Compensation Orders* that victims of crime experience significant difficulty obtaining advice on their compensation options.

Victims of crime who can afford it (which represented an absolute minority of the victims of crime who participated in the review) may also seek support from a private practitioner.

Victims of crime may also access legal information from various sources, including through their VAP practitioner and online. Non-legal professionals, however, must have a good understanding of the difference between legal information (which can be provided by anyone) and legal advice (which can only be provided by a qualified legal practitioner), and some examples were identified through the review where VAP staff appeared to have provided legal advice.

At the same time, interviews with victims of crime conducted for the review found that many participants had experienced issues which were legal in nature, but which had not been identified as such at the time of their interview. Other victims of crime volunteered that they had legal issues with which they required assistance - help which they did not know how to access or feared they could not afford. In either context, lack of access to broad legal advice and assistance resulted in many missing out on entitlements, as well as experiencing spiralling needs in relation to legal issues such as child protection, family violence, family law, migration, employment and social security. In some instances, victims' rights – as outlined in the Victims' Charter – were not upheld.

### 3.6.2 Case for change

*There is not currently a dedicated legal service for victims of crime in Victoria.*

Publicly funded legal services in Victoria are means and merit tested and are currently facing significant demand. For example, VLA receive more than 1,000 calls per year to their Legal Help line from individuals and families seeking information on coronial inquests and other matters following a death. Of these, only a very small proportion are able to be referred to full phone advice or casework assistance.<sup>94</sup>

In addition, existing legal services will not always have a strong understanding of the specific needs and experiences of victims of crime, including legal needs. As Deputy Chief Magistrate Felicity Broughton has stated, "You need to have people with expertise, who can make an assessment of the complexity of the situation from the victims' perspective, with a trauma-informed understanding, who actually understand not only the complexity of the sort of trauma related environment in which they are working, but also the really complex technical and legal questions that arise."<sup>95</sup>

The VLRC have previously noted that expanding the services provided through the VAPs to include legal assistance is seen by a number of stakeholders as the preferred way to facilitate victims' access to legal advice as it would enable victims of crime to obtain practical support, therapeutic support and legal assistance through a single service.<sup>96</sup>

*Victims of crime have a range of legal needs that are not currently being addressed and which have the potential to escalate and undermine their capacity to recover.*

When people think about legal advice and assistance for victims of crime, they tend to frame this support in terms of procedural matters and substantive legal rights relating to the criminal justice process. While there is a clear need for victims of crime to understand criminal justice processes, and to be adequately supported to assert their substantive legal rights, what the current review identified in its interviews with victims of crime and professional stakeholders was a broad range of unmet legal needs.

<sup>94</sup> Sentencing Advisory Council, *Restitution and Compensation Orders: Report* (2018).

<sup>95</sup> Ibid 96.

<sup>96</sup> 'The Role of Victims of Crime in the Criminal Trial Process 2016' (n 5) 124.

This could include procedural advice on the criminal justice process, but also legal advice in relation to a range of issues including family violence, family law and child protection, migration status and option for compensation and restitution. The review found that victims of crime are not always able to identify and articulate their legal needs, so skilled issues-spotting is crucial.

More broadly, evidence shows that there is a strong nexus between crime victimisation and legal need. For example, studies have estimated that multiple experiences of crime can increase the risk that a person will experience civil legal problems by 192 per cent, a greater rate than other commonly identified risk factors such as disability, sole parenthood, low income or dependence on social security.<sup>97</sup> This alarming overlap signals that interventions must attempt to address these issues holistically, rather than in isolation – particularly when, as research also confirms,<sup>98</sup> many people who experience unmet legal needs are often not able to identify these needs as related to legal problems.

*Access to legal advice and assistance in relation to a range of multiple needs will increase victims' sense that they are recognised and supported. It does not need to be unlimited, however, to be effective.*

Evidence in this area – in relation to both criminal justice and civil contexts - demonstrates that access to legal advice at an early stage can prevent escalation of legal needs down the track. In fact, research confirms that early access to legal advice can have a 'preventative' effect in terms of reducing compounding harms in some of the most vulnerable cohorts in the community.<sup>99</sup> In this way, targeted investment in legal issues spotting and advice at the 'front end' of a victims' journey can reduce costs to other service systems down the track, including mental health, child protection and the criminal justice system.

*There are clear opportunities in the future to build on a baseline legal response for victims of crime by including specialist legal assistance which responds to recommendations of previous reviews.*

Previous reviews conducted in Victoria have recognised the need for dedicated legal advice for victims of crime in relation to certain types of matters:

- In 2016, the VLRC recommended establishing a dedicated legal service for victims of violent indictable crimes to provide legal advice and assistance in relation to substantive legal entitlements connected with the criminal trial process, and to assert a human right, or protect vulnerable individuals, in exceptional circumstances (*The Role of Victims in the Criminal Trial Process*, Recommendation 23).

<sup>97</sup> Vicky Kemp, Pascoe Pleasance and Nigel Balmer, *The Problems of everyday life: Crime and the Civil and Social Justice Survey* (Centre for Crime and Justice Studies, 2007) 5.

<sup>98</sup> Ibid

<sup>99</sup> Pleasance et al, *Reshaping legal assistance services: building on the evidence base: a discussion paper* (Law and Justice Foundation of NSW, 2014).

- In 2017, one of the key themes of the Coronial Council's review of the coronial appeals process was the significant need for legal advice among families who engage in the coronial process, with the review recommending that a centralised Coronial Legal Advice Service be funded to provide this type of advice and support (*Coronial Council Appeals Review*, Recommendation 6).
- In 2018, the Sentencing Advisory Council recommended that the Victorian Government consider establishing a specialist victims' legal service that could provide comprehensive legal advice to victims of crime on their options for compensation, as well as legal information or advice throughout the criminal trial process where it is not provided by other agencies (*Restitution and Compensation Orders*, Recommendation 8).

A legal service for victims of crime, which provides issue-spotting, tailored legal information and advice, and very limited casework, could act as a referral point into one or more of the above specialised services, or could be expanded to deliver some of the highly specialised responses envisioned by the three reviews cited above. Further discussion of this opportunity is provided at section 3.6.3.

*Considerable evidence indicates that victims of crime experience a variety of legal needs, both criminal and civil, and that responding early to legal issues can prevent escalation. At the same time, a legal service for victims of crime should be sufficiently specialised - both in terms of knowledge of the legal issues faced by victims of crime, and application of trauma-informed approaches to the practice of law. A dedicated legal service for victims of crime has the potential to respond to a range of issues which exacerbate the impacts of crime and prevent recovery, and to position Victoria as a leader and innovator in victim support.*

### 3.6.3 Future design

#### Client group

To be eligible for support through the proposed VLAS, a person must reside in Victoria and be:

- a victim of crime against the person which occurred in Victoria; or
- a victim of a high-impact crime which occurred in Victoria; and
- be a client of a VSA service such as the VSC or VSRP; and
- have legal needs arising out of their experience of crime that cannot be met by other funded legal services, or through the provision of information and referrals by other VSA services.

Eligible legal needs will be those that can be reasonably associated with the victim's experience of crime, with referrals to be provided for other legal matters.

## Service response

The proposed VLAS will replicate the VSC-VSRP model, with a publicly funded legal service provider commissioned to co-locate staff at the VSC for the provision of phone-based legal advice and support; complemented by satellite legal services based at VSRPs for in-person or more intensive support. In both contexts, formal arrangements will need to be negotiated which can address any concerns in relation to legal privilege, including dedicated workspaces within the co-located area to avoid inadvertent sharing of clients' privileged legal information, as well as appropriately protected file pathways within the CRM or connected IT systems.

### Centralised phone-based response

**Objective: Victims of crime can access timely, phone-based legal advice and support that considers their legal needs holistically, with a view to addressing legal needs before they escalate and become protracted.**

Legal practitioners from a suitable legal service provider are funded to co-locate at the VSC for the purposes of providing specialised legal advice and support over the phone or by teleconference.

Clients cannot contact the legal service directly. They must be referred through a VSC staff member or VSRP practitioner following a comprehensive risk and needs assessment. Only clients whose legal needs cannot be met through information provision from a non-legal practitioner should be referred into the service.

VSC staff will link clients into the phone-based VLAS team by warm referral, introducing the client and explaining their needs and circumstances to the legal practitioner before exiting the call. If required, the legal practitioner will transfer the call back once they have addressed the client's legal needs.

Where a client requires legal advice and support but their circumstances, including the nature of their legal needs and how these relate to their crime victimisation, make them ineligible for a VLAS service, the VSC should warmly refer them to VLA's Legal Help Line or a local CLC for general legal support.

VLAS lawyers will 'issues spot' where a client has multiple legal needs but is not aware of their extent. This can include child protection, family violence, family law, employment, tenancy, social security and criminal procedure matters. This will assist the client to understand what legal options they have, empowering the client and the VSC to develop a holistic and legally informed service response to their needs.

VLAS lawyers will provide tailored legal information, initial advice and referrals, including encouraging VSRP clients to access support through the satellite VLAS co-location in their region or from other legal services in their region.

Where there are no suitable referral pathways for ongoing legal support, legal advice provided by the VLAS will aim to build the capacity of clients to self-help.

VLAS lawyers will be able to provide discrete task assistance, such as drafting letters of advice for duty lawyers in family violence matters (no more than one hour per client).

VLAS service provision will recognise that, for some clients, early intervention to address legal needs can prevent escalation and minimise the risk of future contact with the criminal justice system as offenders. Where clients are identified as being at risk of offending or criminalisation, they should be referred to the relevant satellite co-location for more intensive support.

VSC staff can draw on VLAS lawyers for secondary consultations, including to help determine where needs assessed are legal in nature so that early referrals to the VLAS can be facilitated.

VLAS lawyers will provide community legal education sessions to VSC staff to increase awareness across the VSC workforce of the relationship of victimisation to unmet legal need.<sup>100</sup>

#### Outputs:

- Clients have early access to phone-based legal advice which can 'issues spot' and address unmet legal needs.
- Clients' legal needs are addressed in a holistic, rather than siloed way.
- Where clients have legal needs that cannot be addressed by the VLAS, they receive an appropriate referral.
- Capacity of non-legal VSC staff to provide legal information is increased.

#### Enablers:

- Formal arrangement to address concerns regarding legal privilege.
- Effective CRM.
- Well-designed commissioning approach.
- Clear service scope.

<sup>100</sup> This will be based on capacity of VLAS lawyers to meet service demand, with client work to be prioritised over other role functions.



### Opportunities:

- Collect comprehensive data on legal needs of victims of crime so that eligibility criteria and program scope can continue to be refined.
- Depending on the final FAS design, the VLAS may support victims of crime in developing their applications for financial assistance.
- Consider developing a legal help tool for victims of crime, such as the LINC Online Navigator developed by the Legal Information Network of Colorado, which asks victims of crime a series of questions and then generated a customised report that has the legal information and resources that best meet their needs.
- Work with the Judicial College of Victoria to develop resources and training on common legal issues affecting victims of crime, for VSA staff as well as the broader legal community.



Anthony is alerted that the police found his car, but after six months it still has not been returned to him and they are not responding to calls from him or the VSC. Anthony is referred into the phone-based VLAS, which advised him of his rights in relation to return of his property and provides him with a letter to send to Victoria Police. Anthony's car is subsequently returned to him, which significantly increases his independence.

### Satellite co-locations

**Objective: VSRP clients will be able to access face-to-face legal advice that considers their legal needs holistically, with a view to addressing legal needs before they escalate and become protracted.**

As part of the VSRP commissioning process, potential providers will nominate a preferred partner for the provision of co-located legal advice and support.<sup>101</sup>

The funding and subsequent resource profile of each VLAS satellite will be weighted based on projected demand.

As with the phone-based service, satellite legal services will:

- 'issues spot' where a client has multiple legal needs but is not aware of their extent;
- provide tailored legal information, initial advice and referrals; and
- provide discrete task assistance (up to two hours per client, although practitioners will have the flexibility to determine the extent of support based on demand).

<sup>101</sup> Must be a publicly funded legal service provider, not a for-profit provider.

VLAS service provision will recognise that, for some clients, early intervention to address legal needs can prevent escalation and minimise the risk of future contact with the criminal justice system as offenders or repeat victims. Within the service model, practitioners will have autonomy to identify and prioritise clients at risk of future offending and criminalisation, and to provide them with more intensive support to mitigate that risk.

VSRP practitioners draw on the VLAS lawyer for secondary consultations, including to help determine where needs assessed are legal in nature so that early referrals to the VLAS can be facilitated.

VLAS lawyers will provide community legal education sessions to VSRP practitioners to increase awareness across the VSRP workforce of the relationship of victimisation to unmet legal need.<sup>102</sup>

Outputs:	<ul style="list-style-type: none"> <li>○ Clients have early access to face-to-face legal advice which can 'issues spot' and address unmet legal needs.</li> <li>○ Clients' needs are addressed in a holistic, rather than siloed way.</li> <li>○ Where clients have legal needs that cannot be addressed by the VLAS, they receive an appropriate referral.</li> <li>○ Capacity of non-legal VSRP practitioners to provide legal information is increased.</li> </ul>
Enablers:	<ul style="list-style-type: none"> <li>○ Formal arrangement to address concerns regarding legal privilege.</li> <li>○ Effective CRM.</li> <li>○ Well-designed commissioning approach.</li> <li>○ Appropriate space at VSRP premises to meet with clients and store confidential documents.</li> <li>○ Clear service scope.</li> </ul>

<sup>102</sup> This will be based on capacity of VLAS lawyers to meet service demand, with client work to be prioritised over other role functions.

**Opportunities:**

- Collect comprehensive data on legal needs of victims of crime so that eligibility criteria and program scope can continue to be refined.
- Depending on the final FAS design, the VLAS may support victims of crime in developing their applications for financial assistance.
- Consider providing more intensive legal support, including casework, to some cohorts and/or victims of specific crime types. For example, the UK Homicide Service has historically provided up to 15 hours of free legal advice via a phone-based service on matters such as probate and property issues, employment and child custody and guardianship.<sup>103</sup>



Nadia and her siblings were struggling to engage with the coronial system, despite support provided through the SSBF. Nadia's practitioner made an appointment for Nadia and her siblings to see the co-located lawyer at the VSRP premises. The lawyer was able to provide independent advice about the Coroner's Court matter. Nadia and her siblings felt supported and perceived the coronial process as fair and balanced.

### **Scoping an expanded Victims Legal Advice Service**

As noted in section 3.6.2, the VLRC, Coronial Council and Sentencing Advisory Council have all recommended, through separate reviews, the establishment of a dedicated legal service for victims of crime. There is potential to create an integrated legal service model for victims of crime by expanding the VLAS to address the recommendations of these reviews, including by providing:

- legal advice and assistance in relation to substantive legal entitlements connected with the criminal trial process for victims of violent indictable crimes;
- legal advice to families engaged in the coronial process; and
- comprehensive legal advice to victims of crime on their options for compensation.

Recognising that such a model is significantly more complex than the VLAS model proposed in this report, VSA should consider commissioning a feasibility study to determine whether the VLAS could and should be adapted to provide the types of legal advice and assistance envisioned by the relevant reviews. Extensive consultation with key professional stakeholders, including the OPP, Victorian Bar Association, VLA and the community legal sector will be vital, both in assessing feasibility, and in progressing to detailed design of any future service.

<sup>103</sup> See, e.g., Ministry of Justice (UK), *Meeting the Service Needs of Families Bereaved by Homicide* (2011).

## 3.7 Critical incident response

As outlined in Victoria's Emergency Management Manual, the current VSSR is responsible for providing support to people affected by emergencies caused by criminal acts. VSSR has defined these emergencies as critical incidents.

### 3.7.1 Current state

Victoria has tragically experienced several critical incidents in recent years. This includes the 2017 Bourke St incident, which resulted in more than 1200 referrals from Victoria Police to support services.<sup>104</sup> Like populations in other jurisdictions around the world, Victorians are now prepared for the fact that critical incidents of this nature will likely be a feature of life in a 21<sup>st</sup> century urban community in a way which was never contemplated or imagined at the time of the establishment of the current victim services system.

VSSR has provided immediate support in recent critical incidents, drawing on the dedication of Helpline and VAP staff to respond in the context of highly traumatic events. Support provided through these services has included:

- on-the-ground assistance in the immediate aftermath of critical incidents - for example, attending hospitals, police stations and triage points;
- responding to referrals arising from critical incidents through the Helpline, including providing information and psychological first aid; and
- providing ongoing support to those impacted by critical incidents through the VAP.

This includes one metropolitan VAP which supported approximately 200 clients in response to the 2017 Bourke St incident, many of whom are still engaged with the service.

In response to the increasing prevalence of critical incidents and the need for victim-centred support for those affected, in 2019 VSSR developed a draft Critical Incident Framework that reflects best practice and acknowledges the need for an ongoing and specialist critical incident response moving forward. Based on its current resources, however, VSSR has been limited in its capacity to train staff in critical incident responses, including how to manage vicarious trauma in these contexts.

### 3.7.2 Case for change

*Critical incidents are increasing and can have significant numbers of victims and witnesses who require support.*

Comparative jurisdictions around the world have acknowledged that critical incidents are now an ongoing risk in contemporary urban contexts. As such, many international jurisdictions have developed comprehensive frameworks for responding to these incidents, including the development of protocols and the production of toolkits for victim service providers; and the establishment of national Helplines.

<sup>104</sup> Professional stakeholder consultation.

Victoria – which has experienced a significant number of critical incidents in relation to its per capita population – should keep pace with these jurisdictions and formally recognise and support the need for a specialist response to victims and witnesses of critical incidents.

*Staff are exposed to a significant risk of vicarious trauma if they are not supported to do this work in a safe and appropriate way*

As well as supporting Victorians, a specialist critical incident response must ensure that the workforce delivering this response is well-supported. While critical incidents will remain rare, attending as a first responder or providing support to victims and witnesses in the immediate aftermath of a critical incident can be severely traumatising for staff where they do not have appropriate training or capacity for debriefing.

*Surge capacity is essential so that critical incidents do not impact negatively on 'business as usual' service provision*

Currently critical incidents have a significant impact on the day to day operation of the Helpline and relevant VAPs. A strengthened service model should have the capacity to maintain other responses, and to continue to support existing clients while providing a surge response in the case of a critical incident.

*A specialist, victim-centred response to critical incidents alleviates pressure on other key responders, including Victoria Police, and allows them to focus on investigation.*

Communities who experience critical incidents expect police forces to respond and investigate swiftly and comprehensively. At the same time, the provision of specialised, face-to-face support in the immediate aftermath of a critical incident, including psychological first aid, information and referrals, emotional and practical support, is essential to ensuring that victims' trauma is addressed more effectively.

Where this support is provided by an appropriately skilled and specialist workforce, police can focus on investigation tasks in the knowledge that victims and witnesses of a critical incident are appropriately supported. Victims and witnesses of critical incidents who are appropriately supported are also more likely to give comprehensive statements to the police and contribute more effectively to the investigation process.

*The delivery of specialised, trauma-informed support to victims and witnesses of critical incidents, including mass critical incidents, are vital to the capacity of the Victorian community to recover from these events. Given their existing expertise and experience supporting people who have experienced crime, VSA are well-placed to deliver this support. Adequate funding of VSA's operations, however, is vital to ensure critical incident readiness across the workforce*

### 3.7.3 Future design

The first 24-48 hours following a critical incident are particularly important for supporting victims and witnesses. Victims of a critical incident may be responded to in the immediate aftermath of a critical incident (i.e. through attending triage centres, police stations and hospitals) or may subsequently be referred to the VSC for support through a structured referral pathway (VPeR) or self-referral.

The critical incident response consists of a flexible pool of skilled staff who can provide on-the-ground support immediately following a critical incident, a centralised team to manage and coordinate the response, and flexible resourcing to scale up operations across the VSC, VSRP and SSBF to provide ongoing support.

**Objective: Establish a structured response for supporting victims and witnesses in the immediate aftermath of a critical incident, as well as meeting their ongoing support needs.**

VSA has clear processes in place for responding to critical incidents, including:

- the role of the VSC, VSRP and Executive-level staff;
- a resourcing strategy to rapidly scale up service provision within the VSC and VSRP based on scale, nature and location of the critical incident; and
- liaison points with other relevant agencies and departments involved in critical incident response.

VSA maintains a pool of appropriately skilled Critical Incident Responders which can be deployed to provide on-the-ground support in critical incidents. Responders will have an understanding of people's reactions to critical incidents, the needs of people after a critical incident, and best practices in delivering support in critical incident situations.

In the event of a critical incident:

- the Director of Victim Support assumes the role of Critical Incident Response Manager until the immediate impact of the critical incident subsides;
- the VSC Operations Manager assumes the role of Critical Incident Response Coordinator until immediate impact of the critical incident subsides;
- the Assistant Director, Victim Services, is responsible for managing and monitoring ongoing support to critical incident victims and witnesses; and
- the Principal Practitioner – Victim Support is responsible for monitoring the overall critical incident response provided by VSA to ensure that it is done in a way that is safe and supports the safety and wellbeing of responding staff.

This group comprises the Critical Incident Leadership Team.

Immediately following notification of a critical incident:

- Critical Incident Leadership Team conducts a rapid assessment of the scale, nature and location of the critical incident, and its anticipated impacts on business-as-usual service delivery;
- a notification is sent out to the critical incident responders pool requesting on-the-ground assistance;
- a notification is sent out to all VSC staff not currently rostered requesting in-house assistance;
- the Critical Incident Response Coordinator establishes a Critical Incident Response Team of suitably skilled and senior staff within the VSC to support coordination of the response; and
- VSRPs are immediately notified of the incident and anticipated impacts on service delivery, including their role in the crisis response.

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Where it is assessed as being safe, necessary and appropriate, a team of critical incident responders will be deployed to provide on-the-ground support. This team will be drawn from the critical incident responder pool and existing VSC staff, with a senior VSC staff member leading the on-the-ground response (or, where support is being provided at multiple sites, a team leader allocated to each individual site).

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Incoming structured referrals in relation to the critical incident will be received by the Critical Incident Response Team, assessed and allocated on a priority basis, with the initial response to be provided by the VSC.

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Where clients are identified through the VSC's risk assessment processes as having more intensive support needs, or requiring face-to-face support, the VSC will allocate the client to the relevant VSRP for follow-up.

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Where the critical incident has resulted in deaths, appropriately skilled VSRP practitioners and / or Bereaved Family Coordinators will be rapidly deployed to provide immediate assistance to bereaved families. Decisions relating to deployment of staff will consider the resources required to support the broader critical incident response, as well as the need to maintain core business-as-usual functions.

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Responses will be determined based on nature and severity of the critical incident and will recognise the impact of a critical incident on witnesses and broader family members.



In the event of mass critical incidents with multiple victims and witnesses requiring support, the nature of support provided should reflect the needs of the individual, as well as the capacity of the system at that time to manage demand. This will include considering the availability of informal supports and mainstream services such as EAP where these are assessed, by the VSC and the client, as being suitable to meet the client's needs. This will be underpinned by proactive follow-up by the VSC, as agreed with the client, to identify whether these types of supports have been effective or whether more specialist support is required.

Understand clearly the provision of critical incident support through the VPS award, and ensure that all job roles within the VSC and VSRP acknowledge a requirement to deliver support in the event of a critical incident. Ensuring that critical incident response is part of a role description does not mean that all staff members must be involved. Trialling an opt-in system to provision of support in the event of a critical incident may be beneficial.

Ensure that the CRM has a functionality that is able to collect and create profiles for all assisted persons following a critical incident to enable resource allocation. Mobile technology will assist in capturing this information at the scene of an incident.

The VSC will provide follow up outreach to each victim of the critical incident to see how they are managing and to ensure they are receiving the support they need.

Those involved in delivering the critical incident response will be paid as follows, with VSA to be funded for these costs retrospectively:

- critical incident responders from the pool will be paid for hours worked based on VPS casual award rates;
  - VSC staff (including those providing backfill) will be paid based on VPS overtime provisions or VPS casual award rates, or will receive time in lieu;
  - VSRP providers will receive additional funding based on the immediate response they provided based on time spent on client related work and an additional allocation for back-of-house coordination of the response; and
  - VSRP providers will receive additional funding for ongoing support provided to critical incident victims and witnesses based on number of clients, to be provided where the VSRP has already met, or is likely to meet, its target client numbers for the financial year.
- In managing rosters and staff work hours following a critical incident, VSA must comply with OHS requirements regarding time away, as well as recognising that critical incidents are high-stress incidents and that staff may experience vicarious trauma.

Counselling and appropriate supervision will be provided to all critical incident responders, as determined by the Principal Practitioner, with VSA to be funded for these costs retrospectively.

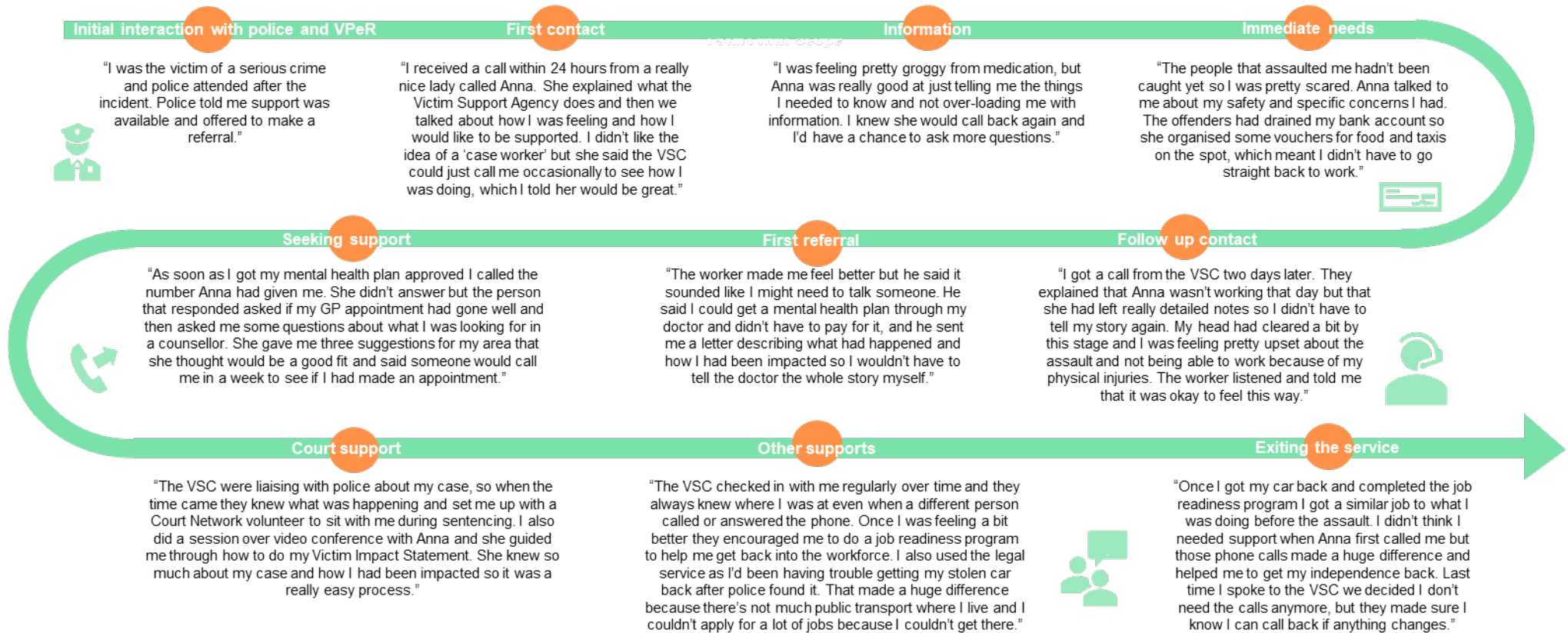
The VSC, including the Principal Practitioner and management team will lead critical incident readiness, including education and training, continuous improvement of critical incident processes and practice, ongoing stakeholder management and participation in relevant cross-government governance.

Outputs:	<ul style="list-style-type: none"> <li>○ A surge response to critical incidents to provide specialised support to victims and witnesses.</li> <li>○ Ongoing support to victims and witnesses of critical incidents to support recovery.</li> </ul>
Enablers:	<ul style="list-style-type: none"> <li>○ Critical Incident Response Framework and Operations Manual that is understood by staff.</li> <li>○ Effective referral pathways, including VPeRs and health services pathway.</li> <li>○ CRM functionality that enables mobile working.</li> <li>○ A skilled workforce supported by continuous training and professional development.</li> <li>○ Robust supervision arrangements.</li> <li>○ Resourcing strategy, including backfill arrangements.</li> <li>○ Promotion of the VSC immediately following a critical incident so victims and witnesses of a critical incident can self-refer and receive timely support.</li> <li>○ Participation in relevant cross-government critical incident and emergency governance mechanisms.</li> </ul>
Opportunities:	<ul style="list-style-type: none"> <li>○ Continue to collect data on critical incidents to inform service and resource planning, including understanding the impacts of critical incidents on business as usual.</li> </ul>

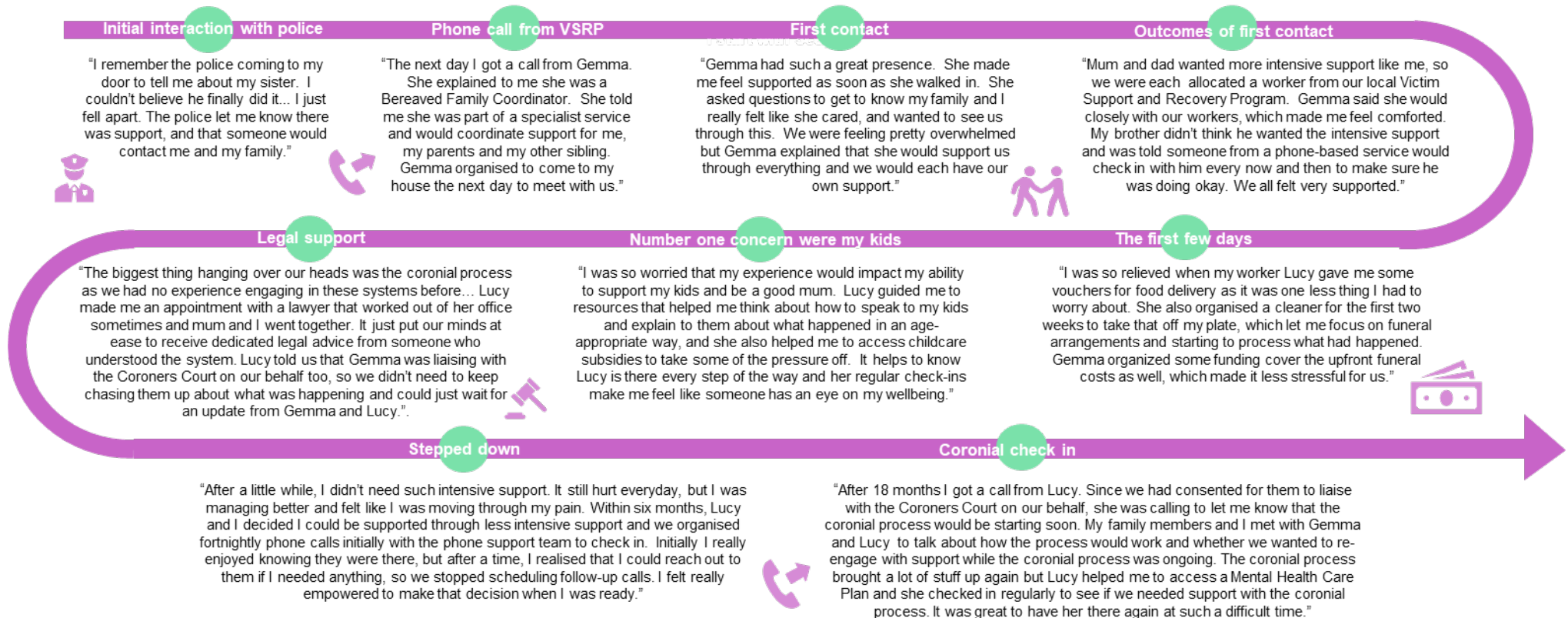
### 3.8 How the new Victim Support System is experienced

The following pages (overleaf) outline how the new Victim Support System is experienced by victims of crime with a range of circumstances, presenting needs and support goals.

## Anthony | Experiences a serious assault and is supported through the VSC



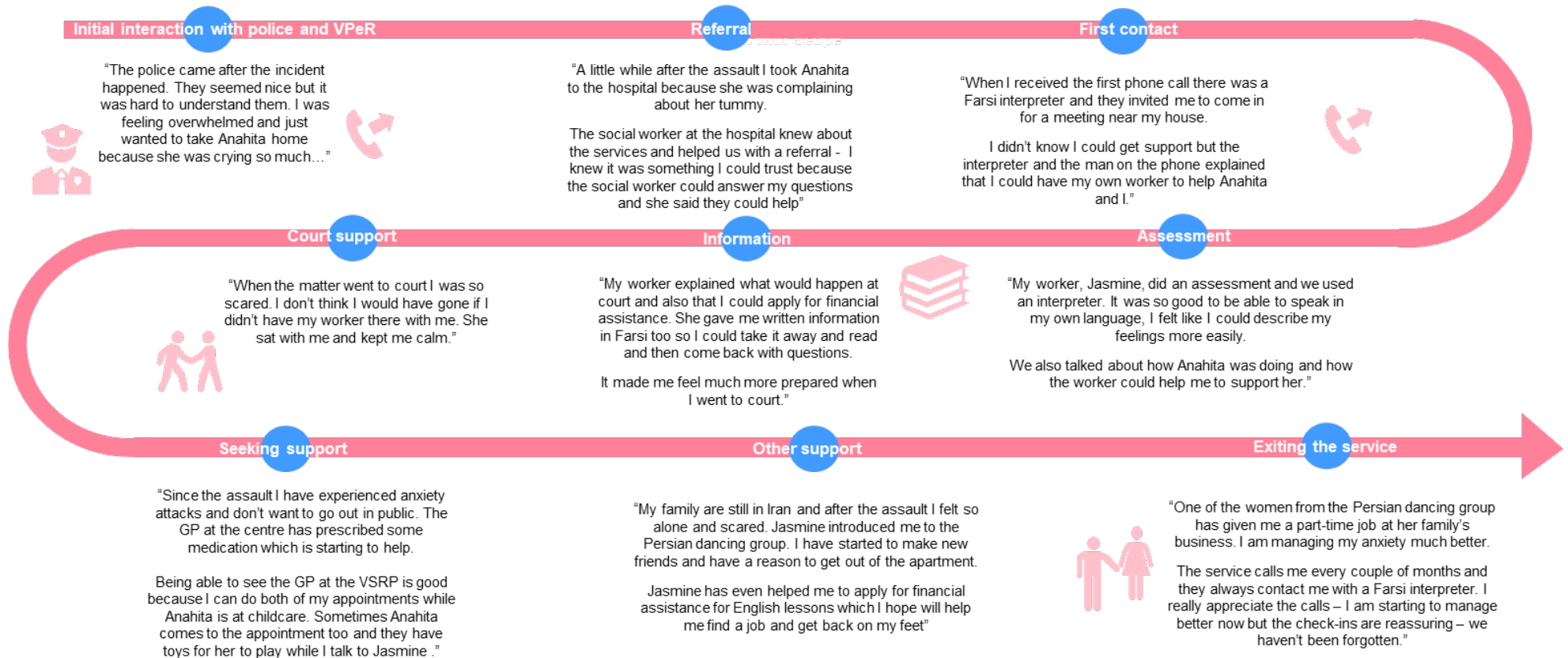
## Nadia | Secondary victim of homicide supported through the bereaved family service



## George, Mary and Chris | Family with multiple and complex needs supported through the VSRP



## Roya and Anahita | A mother and daughter from a CALD background who experience an assault





## 3.9 Fundamental requirements

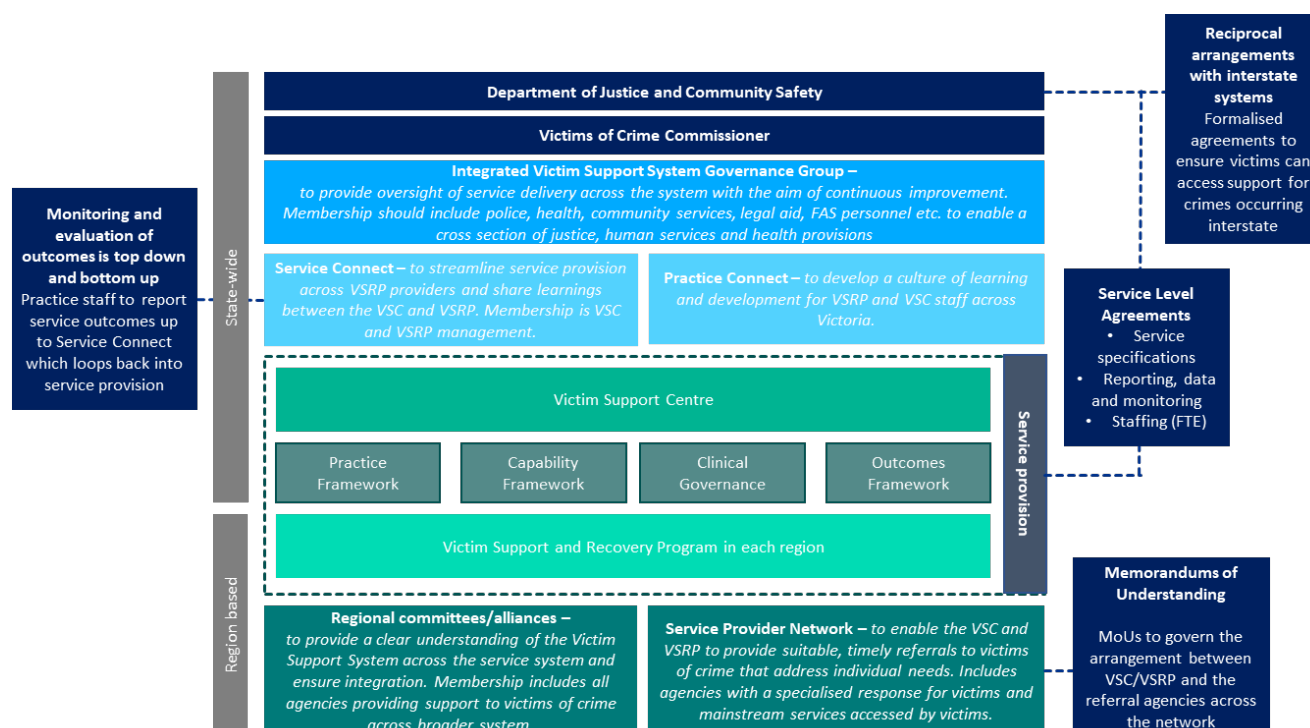
This reform aims to design a service model and associated ways of working that not only respond to the increasing complexity of the system which victims of crime are required to navigate, but also the complexity of needs with which victims of crime present. So far, this section has detailed the future design of each element of VSA's own service model, including considering points at which it will leverage or integrate with the broader system. However, as noted in section 2, victims of crime are often required to interact with multiple services and agencies, each with varying levels of capacity to respond appropriately to experiences of victimisation.

Given the need to create an effective VSA service model to navigate victims of crime through the system, as well as enhanced capacity to work with victims of crime across the system overall, the following section describes several key enablers which are intended to underpin VSA's service model. These key enablers are also intended to drive improved knowledge, coordination and ways of working across the service system.

### 3.9.1 Governance

The future Victim Support System must be supported by robust governance structures and processes. Figure 12 proposes a structure to strengthen strategic oversight of the system; facilitate better integration and coordination across the system (both at a state-wide and local level); clarify roles and responsibilities; improve monitoring and evaluation of service outcomes to promote a culture of continuous improvement; and formalise relationships across the service network.

Figure 12: Proposed governance framework for future Victim Support System



Source: Centre for Innovative Justice.



The regional governance structures described at Figure 12 are intended to support effective ways of working at the operational level within each region. These will ensure that all services have a clear understanding of the VSRP program scope and level of specialisation and that, conversely, VSRP practitioners have a clear understanding of the scope, strengths and limitations of services which victims of crime in their area may need to access. These regional arrangements should provide a forum for local services to develop practices and protocols to support timely referrals, co-case management and other coordinated service delivery models; as well as build a better understanding across the system of how to support victims of crime through knowledge sharing.

Arrangements between the VSC and VSRP, including the proposed Service Connect and Practice Connect, will support seamless service delivery between the VSC and VSRP. This will be vital as clients 'step through' the model based on changes in their level of need and capacity to self-manage. It will also support critical incident responses and responses to families bereaved by homicide, both of which will be delivered jointly by the VSC and VSRP and will require strong working relationships, clear understanding of roles and responsibilities, and protocols to support coordinated care.

High-level governance arrangements, most critically the Integrated Victim Support System Governance Group (IVSSGG), will drive system-level change and continuous improvement. In chairing this group, VSA will clearly signal their strengthened role in driving whole-of-government responses to victims of crime. As part of this role, VSA will also need to establish a strong working relationship with the Victims of Crime Commissioner and may consider inviting the Commissioner to jointly chair the IVSSGG. A strong, collaborative relationship between VSA and the Commissioner, while needing to be cognisant of the Commissioner's role in system oversight and complaints management, will ensure that the efforts of VSA and the Commissioner's Office are not duplicative; that data and research to identify problems and solutions are shared between the two entities; and that efforts to improve the system are coordinated and based on a shared vision.

### **Key implementation activities**

PHASE 1	<ul style="list-style-type: none"> <li>○ Develop Terms of Reference for all governance groups.</li> <li>○ Develop and document evidence-based approach to clinical governance.</li> <li>○ Establish the Integrated Victim Support System Governance Group, including identifying members and convening first meeting.</li> </ul>
PHASE 2	<ul style="list-style-type: none"> <li>○ Detail expectations in relation to governance as part of VSRP commissioning process.</li> <li>○ Develop process measures as part of Monitoring and Evaluation Framework to monitor the establishment and ongoing operation of governance groups.</li> </ul>
PHASE 3	<ul style="list-style-type: none"> <li>○ Establish Service Connect and Practice Connect Forums.</li> <li>○ Work with VSRPs to develop and maintain a comprehensive Service Provider Network, including state-wide and local services, as well as services which work with specific cohorts.</li> </ul>

## PHASE 4

- Work with Attorney-General and Victims of Crime Commissioner to explore potential to establish reciprocal arrangements with interstate systems, in accordance with previous National Framework of Rights and Services for Victims of Crime.
- Monitor and support operation of all governance groups.

### 3.9.2 Workforce

The future design must be coupled with uplift in workforce capability across services delivered and funded by VSA, as well as greater understanding of, and provision for, victims of crime across all services across the Victim Support System. This should include training and development opportunities, including individualised training and professional development plans for staff, to ensure a highly professional VSA workforce; and a Workforce Capability Framework that outlines core competencies of workers across the system.

#### 3.9.2.1 Workforce Capability Framework

A key recommendation of the first stage of the review was that the current VSA should lead the development of a robust and comprehensive Workforce Capability Framework for all services working with victims of crime. The purpose of the Workforce Capability Framework is to describe the broad capabilities required by staff across the Victim Support System and to identify a common language for the knowledge, skills and personal attributes which are critical for professionals working with victims of crime.<sup>105</sup> The framework would also facilitate better integration across services, as well as reflecting similar work conducted in the family violence context to acknowledge the need for specialist, core, mainstream and universal services to have baseline levels of capability in family violence prevention and response.<sup>106</sup> The Workforce Capability Framework should:

- identify key skillsets required for staff working with victims of crime;
- identify minimum qualifications required for staff working with victims of crime, informed by the scope and intended outcomes of each service;
- improve service provision quality by helping to identify what constitutes quality;
- increase capacity for professional development;
- improve career pathways and recognition for staff;
- enable more flexible professional practice through better integrated services; and
- improve overall recruitment and retention.<sup>107</sup>

<sup>105</sup> Department of Health and Human Services, *Community Sector Workforce Capability Framework: Tool Kit*, 4 (2017). Accessed [online](#).

<sup>106</sup> See, e.g., Family Safety Victoria, *Building from Strength: 10-Year Industry Plan for Family Violence Prevention and Response* (2017). Accessed [online](#).

<sup>107</sup> Ibid. Note that the objectives from the DHHS *Community Sector Workforce Capability Framework: Tool Kit* have been proposed here as the Tool Kit is intended to be transferable, is designed for a comparable sector and may already apply directly to community service providers that deliver services to victims of crime.

The Workforce Capability Framework should be developed in line with the overarching system principles set out at section 3.1.2 and outcomes (see section 3.1.3) and should describe the key activities required to achieve these outcomes in line with the principles. This can be achieved by identifying:

- broad capability streams – for example, community relations, leadership, service delivery, program management and compliance;
- specific activities under each stream – for example, the service delivery stream would include working with clients, case management, maintaining awareness of client issues and ensuring client confidentiality);<sup>108</sup> and
- the skills and knowledge required to work with victims of crime based on what an individual would need to do to complete each activity – for example, to maintain awareness of client issues an advanced practitioner would be required to build knowledge of client issues and requirements to improve practice.<sup>109</sup>

VSA might also choose to develop the Workforce Capability Framework using a tiered system, where the skillset required for an activity is tailored to a particular role, function or team. This tiering could be by level (e.g. caseworker, manager, executive) or by the level of support provided to victims of crime (e.g. intake officer, case manager, clinician). Alternatively, VSA might choose to have different frameworks for the VSC, the VSRP and broader agencies that provide services to victims of crime.<sup>110</sup>

Where the Workforce Capability Framework incorporates baseline capabilities for non-VSA workforces, it will need to be tested with relevant stakeholder groups to ensure applicability and buy-in. The IVSSGG could support this aspect of the work, with members responsible for ensuring that their home agencies or sectors contribute to the framework development and driving the subsequent change process within their agency or sector.

### 3.9.2.2 Victim Support Centre workforce

The transition of the current Helpline into the more robust VSC will require more specialised capabilities than currently exist within the Helpline. The future workforce will require a foundational skillset to deliver the service elements as outlined in the detailed design of the VSC (see section 3.3.3). This baseline capability includes:

- understanding of the experiences of victims of crime, including how trauma impacts their wellbeing;
- understanding of how different cohorts might experience victimisation, including specific needs, barriers to access and engagement, and the differing roles of family, community and identity in an individual's recovery;

<sup>108</sup> Department of Health and Human Services (n 105).

<sup>109</sup> Department of Health and Human Services (n 105).

<sup>110</sup> Ibid; see also, Queensland Family and Child Commission, *Career and Capability Framework: Interim User Guide* (2016).

- engaging effectively with clients accessing the VSC, including capacity to 'hold' victims over time;
- identifying and assessing the risk and needs of victims of crime;
- incidental counselling and de-briefing (psychological first aid);
- case coordination and practices to support effective referrals;
- encouraging help-seeking and supporting clients to increase resilience and capacity to self-manage;
- specialist skill development in responding to male victims of family violence;
- specialist skill development in conducting predominant aggressor assessment and making appropriate corresponding referrals;
- specialist skill development in working with families bereaved by homicide;
- specialist skill development in responding to critical incidents;
- basic level skill development in awareness of the relationship of victimisation to legal needs;
- comprehensive understanding of the service system and how to access services;
- working knowledge of the criminal justice system;
- understanding of vicarious trauma, self-care and reflective practices; and
- understanding of expectations in relation to record keeping, including effective case notes, and data collection.

The development of the Workforce Capability Framework will assist in articulating the skills required to deliver these functions at the VSC. These capabilities sit across a number of professions, and the provision of services within the VSC will be bolstered by a multidisciplinary approach to workforce recruitment, including social workers, psychologists, counsellors and other professions which can meet the foundational skill set required.

Formalised career pathways should be developed to help the workforce specialise where there is interest and opportunity. These specialisations could help build the workforce capability as a whole and enable staff to more effectively and holistically respond to the needs of victims of crime. Strategies to develop breadth and depth of specialisation could include rotations across specialised teams and functions within the VSC (i.e. L17 Response Team, Victims Register and SSBF); secondment opportunities into the VSRP; secondment opportunities across other key sectors, including family violence and sexual assault; and clear pathways to progress into quality control, policy and practice development roles within the broader VSA structure.

It is necessary to keep in view the future capabilities required to meet the needs of victims of crime and enable service delivery to adapt and change over time, as required. Continuous improvement should, therefore, be an underlying principle of the VSC workforce and resourcing strategy, recognising the rapid and profound change both in service users and the service system alike.

Multiple strategies will enable this, including:

- attracting and retaining a dedicated and skilled workforce who want to develop and grow their expertise in the delivery of victim services;
- providing ongoing professional development to drive continuous improvement, including professional pathways; and
- nurturing and developing purposeful leaders who look to build capability and culture across the VSC workforce.

To enable ongoing workforce development, the modelling and costing assumes a reduction from current Helpline practice in number of hours during which VSC staff answer calls. This will enable VSC staff to combine direct service delivery and client-facing work with broader administration time, data entry, specialised training, reflective practice, community engagement and continuous improvement activities.

### **3.9.2.3 Victim Support and Recovery Program workforce**

The underlying premise of the VSRP is to provide quality case management services which meet the practical, emotional and psychological needs of clients, while building client capacity to respond to their own needs over time. This will require an agile, responsive and flexible workforce. It will also require a workforce with key capabilities that include:

- understanding of the experiences of victims of crime, including how trauma impacts their wellbeing;
- understanding of the impacts of trauma on help-seeking;
- understanding of how different cohorts might experience victimisation, including specific needs, barriers to access and engagement, as well as the differing roles of family, community and identity in an individual's recovery;
- working knowledge of the criminal justice system;
- working knowledge of available financial entitlements and benefits;
- strong coordination skills, including collaboration, negotiation and advocacy;
- ability to sequence care provision to ensure that a client is not being overwhelmed but feels support through their recovery process;
- strong interviewing and client engagement skills;
- comprehensive understanding of the services available to victims of crime, both state-wide and local;
- family violence risk assessment skills, including predominant aggressor assessments;
- capacity to provide victim support in relation to Youth Justice Group Conferencing;
- capacity to work with the broader family, including children and young people;

- understanding of vicarious trauma, self-care and reflective practices; and
- understanding of expectations in relation to record keeping, including effective case notes, and data collection.

Delivering on a streamlined experience for clients, particularly for those who will move between the VSC and the VSRP, consideration should be given to providing access for VSRP practitioners to VSC training and development opportunities (consistent with current practice, in which VAP and Helpline staff have joint training opportunities every six months). This would enable a common understanding across the different providers, bolstered by the development of a Victim Support Practice Framework, discussed in section 3.10.1.

As it is expected that the VSRP service will be commissioned to be delivered by non-government providers, the commissioning process will need to provide parameters around workforce requirements. This may include minimum experience and / or educational standards and clear requirements in relation to supervision, cultural safety, mandatory training and ongoing professional development. These should be actively monitored and incorporated into reporting arrangements.

### **3.9.2.4 Practice Leadership**

The proposed model incorporates a Principal Practitioner, Victim Support, who will be responsible for leading clinical governance across the VSC and broader VSA services, as well as ensuring that service design and delivery is trauma-informed and reflects contemporary, leading practice.

The Principal Practitioner will be supported by a Cultural Safety Practice Lead and Family Violence Practice Lead:

- The Cultural Safety Practice Lead will work closely with the Koori Justice Unit within DJCS to drive improvements in cultural safety. This will include contributing to the design of any future services to ensure that they are safe and appropriate for Aboriginal and Torres Strait Islander clients; ensuring that cultural safety is a core consideration of continuous improvement activities; facilitating ongoing professional development in relation to cultural safety; and participating in relevant governance groups to ensure that VSA is aligned with AJA4 and other initiatives across health, human services and criminal justice to improve outcomes for Aboriginal and Torres Strait Islander communities. This role will also lead the development of cultural safety standards for commissioned services, including the VSRPs, and coordinate ongoing monitoring, including through regular cultural safety audits.
- The Family Violence Practice Lead will have direct responsibility for the L17 Response Team, as well as ensuring that the broader VSC workforce has a strong understanding of family violence related risk, and that ongoing risk assessment is a core aspect of victim service delivery, including for victims of non-family violence related crime. This role should also contribute to the development of minimum requirements for VSRP providers in relation to family violence competency, including predominant aggressor assessments.

The model also incorporates additional roles across the VSRP network who will support consistent practice, quality control and clinical governance. These are described at section 3.9.6.2.

### 3.9.2.5 Change management

An approach to change management will need to be developed prior to commencing implementation. This approach should include:

- identifying change leaders and champions at different levels of VSA;
- conducting a gap analysis of the Workforce Capability Framework against current workforce capabilities, including consideration of workforce culture;
- conducting a change readiness assessment to identify and understand the groups that will be impacted by change and drivers and types of resistance likely to be encountered;
- developing a clear Communication Plan and supporting tools, which considers internal and external audiences, key messages and timing / sequencing of communications;
- developing a clear and comprehensive Change Management Plan;
- delivering training to managers and supervisors on how to manage change; and
- establishing processes for managing change, including collecting employee feedback.

Change management will need to be monitored closely and should include formal and informal opportunities to celebrate success as the VSA workforce undertakes this significant transition, including highlighting the positive impacts of change on VSA's clients.

#### Futureproofing through culture

VSA should establish an organisational culture across all service providers which places victims of crime at the centre and adapts as the needs of the client change. This includes a move towards more agile and adaptive leadership functions to reduce siloed service delivery and continually develop practice. Leadership should retain a clear focus on achieving outcomes and be underpinned by a strong brand view that reflects the core purpose of VSA and the broader Victim Support System.

A focus on practices which achieve outcomes, rather than which prescribe service responses based on system outputs, is consistent with broader Victorian Government policy and the launch of Outcomes Reform in Victoria to deliver a better public service. The outcomes approach drives public servants to think and work in fundamentally different ways and supports better use of available evidence. It is also underpinned by an outcomes architecture based on international best practice, with a strong focus on tracking impact.<sup>111</sup>

<sup>111</sup> Victorian Government, Outcomes Reform in Victoria (2019). Available at <https://www.vic.gov.au/sites/default/files/2019-02/Outcomes-reform-statement.PDF>.



## **Key implementation activities**

PHASE 1	<ul style="list-style-type: none"> <li>○ Recruit Practice Lead roles.</li> <li>○ Develop Workforce Capability Framework, including expectations in relation to VSA workforce and broader system.</li> <li>○ Conduct workforce gap analysis against Workforce Capability Framework.</li> <li>○ Conduct change readiness assessment.</li> <li>○ Develop Communication Plan and tools.</li> <li>○ Develop Change Management Plan to support internal workforce transition.</li> </ul>
PHASE 2	<ul style="list-style-type: none"> <li>○ Detail expectations in relation to workforce capability as part of VSRP commissioning process.</li> <li>○ Implement Communication Plan.</li> <li>○ Implement Change Management Plan, including delivering change training to managers and supervisors and establishing processes for monitoring change.</li> <li>○ Develop process and outcome measures as part of Monitoring and Evaluation Framework to monitor the establishment and ongoing development of a professional, highly specialised workforce.</li> </ul>
PHASE 3	<ul style="list-style-type: none"> <li>○ Continue implementation of Communication and Change Management Plans.</li> <li>○ Develop a cross-government strategy for implementing the Workforce Capability Framework across non-VSA workforces.</li> </ul>
PHASE 4	<ul style="list-style-type: none"> <li>○ Continue to monitor and support ongoing development and capability uplift of the VSA workforce.</li> <li>○ Implement the cross-government capability uplift strategy.</li> </ul>

### **3.9.3 IT infrastructure**

A new, fit-for-purpose CRM is a critical component of the proposed VSA service model. The first stage of the review identified the current IT infrastructure as a key barrier to quality and coordinated service delivery across VSA's services. During the detailed design process, it became even more evident that the integrated, stepped and proactive support model envisioned would not be able to be operationalised without significant investment in IT infrastructure.

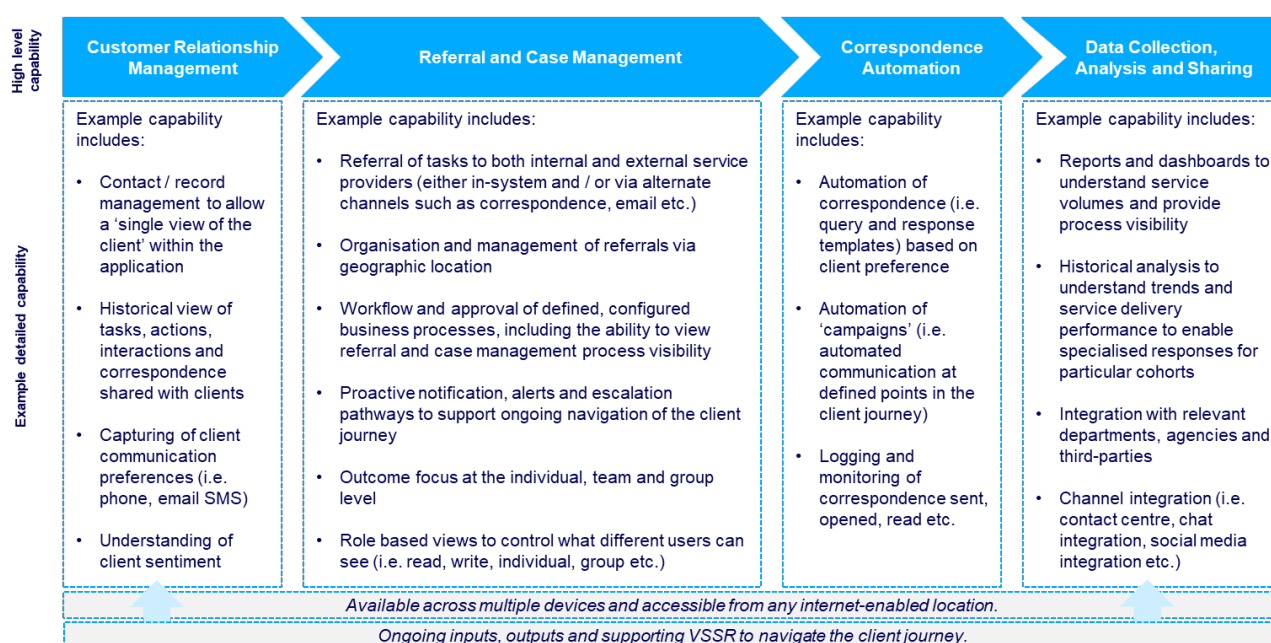
To enable delivery of the proposed model, the CRM should:

- include functionality that enables proactive, holistic and coordinated case management practice;
- incorporate relevant tools, including risk and needs assessment;
- be implemented consistently across the VSC and VSRP providers to ensure consistent and seamless case management and client interaction;

- support transferability between the VSC and key referral services, including Safe Steps, the Men's Referral Service and VLA's Legal Helpline;
- be effectively integrated with IT systems of partner services, including the L17 Portal, to reduce the need for double handling, manual data entry and working across multiple systems;
- replace the current Prisoner Information Management System (PIMS) to enable more automated processes within the Victims Register;
- consider opportunities for integration with the future FAS CRM; and
- enable significantly enhanced data capture to inform continuous improvement, knowledge and practice development.

Figure 13 sets out the core functional capabilities of the technology system required to support the proposed service model.

Figure 13: Functional capabilities of a technology system to support the core service model.



Source: Consideration of IT requirements commissioned by Centre for Innovative Justice.

The service model and system response detailed in this document is wholly dependent on an upgrade to the CRM to enable all four functional capabilities listed above, as well as brokerage management.

### 3.9.3.1 Preferred technology solution

As part of the redesign process, four technology options were proposed to VSA. The four options offer similar functionality, with each option delivering and integrating the required functionality to varying degrees. The options were explored at a Technology Options Workshop, which provided VSSR with the opportunity to commence its thinking on which option is the likely 'best' fit for the proposed service model.

On balance, the review team determined that option four was the best fit – that is, the reuse or repurpose of an existing sector CRM. This option leverages the extensive work already undertaken by another government agency to develop a suitable CRM platform, and therefore involves lower investment, shorter deployment timeframe and pre-built integration.

### Futureproofing through IT infrastructure

Technology is a cornerstone of the future system, enabling more streamlined integration between services delivered by VSA, as well as coordination externally through the service network. Technology will also enable the collection of real time data and analytics to provide the information needed to develop targeted interventions for specific cohorts, as well as to enable continuous improvement of both services and workforce.

Responding to the insights delivered through technology will be important. Adjusting eligibility or service provision based on what the data is showing in relation to best practice responses will enable more targeted service provision, including for priority cohorts and common, or shared, clients. Alongside this, technology and data analytics can be used to monitor trends relating to crime and victimisation, as well as the impact of this on the system – for example, responding early to emerging crime types such as online fraud may save government resources over the longer term. More sophisticated data collection and analytics can be used to understand whether earlier intervention for a broader range of people who have experienced crime reduces the overall cost burden on government.

The DJCS Insights and Evidence Unit will play a central role in the intelligent use of data, although individual services and program areas should also be encouraged to utilise data in proactive ways to drive service improvements and to identify and respond to trends over time.

### Key implementation activities

#### PHASE 1

- Complete high-level solution design.
- Develop technology implementation approach.

#### PHASES 2-4

- Contingent on final solution design and implementation approach.

### 3.9.4 Integration

Integration refers to the 'joining-up' of social services for the benefit of users and providers, and can include co-location, collaboration and cooperation.<sup>112</sup> It requires factors such as:

- improved communication between services and teams to monitor client progress;
- streamlined and shared processes, including identification of any areas of duplication;
- development of a single 'plan' for the client, including actions and responsibilities of various practitioners; and
- sharing of knowledge and practice frameworks across services.<sup>113</sup>

Integration of social services has been found to improve outcomes for vulnerable populations who are often in need of multiple services; better consolidate service provision which reduces costs and increase job satisfaction among professionals within service providers.<sup>114</sup>

Services and agencies across the Victim Support System must be well integrated in the future design. This includes better integration within the suite of services delivered or funded by VSA, as well as collaboration and cooperation across agencies and services that sit within the broader Victim Support System. Further, core victim services should be integrated with other reforms, including the proposed FAS and family violence reforms.

#### 3.9.4.1 Integration across Victim Support Agency services

The first stage of the review and redesign process found that services offered by the current VSA are well integrated internally, with awareness and referrals between the services relatively high. At an absolute minimum, this strong understanding across VSA's suite of services of the scope, eligibility and benefits for clients of other VSA services should be maintained. This is particularly true for the VSC and VSRP, who should be proactively identifying through needs assessments where clients would benefit from referral into other VSA service offerings, including Restorative Justice Services and Vulnerable Witness Services.

Table 5 (overleaf) summarises the relationships and level of integration between VSA services within the future model.

<sup>112</sup> Dominic Richardson and Paulina Patana, *Integrating service delivery: why, for who, and how?* (Organisation for Economic Co-operation and Development, 2012).

<sup>113</sup> Queensland Council of Social Service, *A Guide to Integrated Service Delivery to Clients: For Community Service Organisations* (2013) 5.

<sup>114</sup> Ibid 3.

Table 5: Summary of relationships between key VSA services.

	CORE VSC RESPONSE	L17 RESPONSE	VICTIMS REGISTER	VSRP	SSBF	VLAS	YJGC SUPPORT	FVRJ SERVICE	CWS	IPP
CORE VSC RESPONSE		Fully integrated	VR sits within VSC	Integrated via stepped model	Fully integrated	Fully integrated	Cross referrals, co-case mgmt.	Cross referrals, co-case mgmt.	Cross referrals, co-case mgmt.	VSC to refer in
L17 RESPONSE	Fully integrated		L17 to refer in	Integrated via stepped model	N/A	Fully integrated	N/A	Cross referrals, co-case mgmt.	Cross referrals, co-case mgmt.	L17 may refer in
VICTIMS REGISTER	VR sits within VSC	L17 to refer in		Cross-referrals, co-case mgmt.	Cross-referrals	Cross-referrals	N/A	Cross-referrals	CWS to refer in	N/A
VSRP	Integrated via stepped model	Integrated via stepped model	Cross-referrals, co-case mgmt.		Fully integrated	Fully integrated	Fully integrated	Cross-referrals, co-case mgmt.	Cross referrals, co-case mgmt.	VSRP to refer in
SSBF	Fully integrated	N/A	Cross-referrals	Fully integrated		Cross-referrals	N/A	Cross-referrals	Cross-referrals, co-case mgmt.	SSBF to refer in
VLAS	Fully integrated	Fully integrated	Cross-referrals	Fully integrated	Cross-referrals		Cross-referrals	Cross-referrals	Cross-referrals	VLAS to refer in
YJGC SUPPORT	Cross referrals, co-case mgmt.	N/A	N/A	Fully integrated	N/A	Cross-referrals		Shared practice framework	See CWS Review	N/A
FVRJ SERVICE	Cross referrals, co-case mgmt.	Cross referrals, co-case mgmt.	Cross-referrals	Cross-referrals, co-case mgmt.	Cross-referrals	Cross-referrals	Shared practice framework		N/A	N/A
CWS	Cross referrals, co-case mgmt.	Cross referrals, co-case mgmt.	CWS to refer in	Cross referrals, co-case mgmt.	Cross referrals, co-case mgmt.	Cross-referrals	See CWS Review	N/A		Co-located
IPP	VSC to refer in	L17 may refer in	N/A	VSRP to refer in	SSBF to refer in	VLAS to refer in	N/A	N/A	Co-located	

Source: Centre for Innovative Justice.

In the future state, integration will be supported by a fit-for-purpose CRM which will enable staff from any VSA service to understand a client's needs, history and previous service interactions. This should include when making warm referrals across VSA services, or when jointly supporting clients through a co-case management approach.

Due to the stepped nature of the model, excellent communication will be required across the VSC and the VSRP to 'hold' victims of crime in an integrated and client-focused way, minimising the need for clients to repeat information multiple times. This will be greatly supported by the CRM, as well as a shared Victim Support Practice Framework (discussed below in section 3.10.1) to support a consistent understanding of systems and processes, and therefore increase ease of cooperation.

Services sitting within the VSC should also be well integrated. For instance, a client on the Victims Register should be able to access the same service responses provided by the broader VSC staff without being passed between multiple practitioners. This could be achieved by ensuring that Victims Register staff have the capability to provide broader VSC services (including risk assessment, information and advice, referrals and access to brokerage). All VSC staff should also be trained to identify where clients have unmet legal needs so that they can be referred to the VLAS for a specialist response.

Internal integration across *all* VSA services should be supported through strategies such as joint training and opportunities for staff to rotate across different services. VSA should also consider where services are based, with 'like' services (such as VSA's Restorative Justice Services and, separately, existing and future Vulnerable Witness Services) being physically located together to support sharing of knowledge, practice development and informal de-briefing.

#### **3.9.4.2 Integration across the Victim Support System<sup>115</sup>**

It is equally as important when responding to victims of crime that different services across the Victim Support System are better linked, particularly given the reliance that the VSC and VSRP will have on the service network for referrals. Broader system integration will be of particular importance for clients with multiple and complex needs, as it is likely that they will access multiple services and that the quality of their experience will be influenced by the extent to which those services actively coordinate with each other.<sup>116</sup>

<sup>115</sup> Note that integration across the broader system will differ. There are some opportunities for more formal integration of certain systems and processes, and other opportunities for co-location, collaboration or cooperation.

<sup>116</sup> Australian Government Productivity Commission, *Introducing Competition and Informed User choice into Human Services: Reforms to Human Services*, Inquiry report No. 85 (2017) 76. Accessed [online](#).

Past system reforms, as well as research and evaluation of programs in comparative sectors, have demonstrated the importance of integration of varying levels across different types of services and agencies. The Australian Law Reform Commission found that integrated responses, including communications protocols between police and victim support services and co-location, improved the experience of victims of family violence who are involved in multiple proceedings across different legal frameworks.<sup>117</sup>

Integrated service delivery is also seen as a critical aspect of youth services and involves the 'joining up' of services which address youth wellbeing, including health, education, housing and social support.<sup>118</sup> The Navigator Pilot Program in Victoria provides an example of a partnership between community service providers, the Department of Education and Training (DET) and schools to provide disengaged young people with case management support to help them re-engage with education.<sup>119</sup> An evaluation of short-term outcomes found that, of the students who received case management support, 71 per cent returned to education. The evaluation indicated that the program facilitated a concerted effort between the education and community service sectors, providing fertile ground for significant innovation and impact.<sup>120</sup>

A study by KPMG on collaboration between family violence and sexual assault services, undertaken as part of the broader suite of recommendations emerging from the RCFV, found that children and young people experiencing sexual assault have often experienced this in the context of family violence. The report found that co-occurrence of victimisation provided a significant opportunity to enhance collaboration across these two types of service provider to address clients' needs holistically and to bring to bear different forms of specialisation.<sup>121</sup>

Based on the above scan of research and reform in comparable sectors, the following have been identified as key opportunities for various levels of integration with the future Victim Support System:

- Consider establishing additional protocols between Victoria Police and the VSC in relation to referrals, not only at first contact (as is current practice), but also when victims of crime require subsequent support. This could include referring victims of crime for support with Victim Impact Statement development; in relation to YJGC processes; or to the Victims Register once an offender has been sentenced. Protocols with Victoria Police should also consider how to streamline the provision of a client's case information where they have authorised the VSC or VSRP to make enquiries on their behalf.

<sup>117</sup> Australian Law Reform Commission, *Family Violence – A National Legal Response* (2010) 29. Accessed [online](#).

<sup>118</sup> Sharon Bond, *Integrated service delivery for young people: A literature review* (Brotherhood of St Laurence, 2010) 6. Accessed [online](#).

<sup>119</sup> Department of Education and Training, *Navigator Pilot – Evaluation Snapshot* (2016) 1. Accessed [online](#).

<sup>120</sup> Ibid 2. Note that this figure has been provided on the assumption that students who returned to education via a Navigator referral were provided case management support. Of the entire cohort of students who were referred to Navigator, 66 per cent received case management support.

<sup>121</sup> KPMG, *Collaboration between family violence and sexual assault services: Recommendation 31* (Report for Family Safety Victoria, 2018).



- Develop clear protocols with CASAs and specialist family violence services, including The Orange Door which outline when, how and why clients should be referred to VSA services. Protocols will need to be developed collaboratively by VSA and the relevant services, with the Principal Practitioner to lead the process within VSA. Protocols should, at minimum, establish a consistent approach to:
  - the VSC or VSRP 'holding' clients while they are waitlisted for specialist services;
  - stepping clients down from specialist services into the VSC or VSRP for ongoing support;
  - complementing the provision of specialist service responses by enabling the VSC and VSRP to assist with criminal justice tasks; and
  - ensuring timely referrals of clients who present to specialist services but are not able to be supported due to eligibility or demand pressures, including historical victims of sexual assault and / or family violence.
- Ensure strong engagement between the VSC and the broader service network, particularly in relation to referrals (see section 3.9.1). This could be supported by joint training opportunities, the development of tools and resources by VSA which can be shared across the system, and governance groups (see section 3.9.1).
- Consider the potential for some level of integration of the new CRM system with systems used by other services (see section 3.9.3).
- Consider the potential for co-location of the VSRP with other support services accessed by victims of crime, including specialist family violence services, CASAs, counselling services and mental health and AOD services. This would support seamless client access, knowledge sharing between services, and allow for real-time coordination for joint clients. Any decisions to co-locate should be supported by clear decision-making criteria and objectives, as well as by minimum requirements for effective co-location.

#### **3.9.4.3 Integration with the Financial Assistance Scheme**

Currently, financial assistance for victims of crime is provided via the Victims of Crime Assistance Tribunal (VOCAT), which operates from all locations of the Magistrates' Court of Victoria (MCV). In 2017-18, VOCAT made 5,119 awards totalling \$59.4 million. At 30 June 2019, there were 8,176 applications pending finalisation.

In 2016, the Government asked the VLRC to review the operation and effectiveness of the *Victims of Crime Assistance Act 1996* in relation to victim survivors of family violence. In 2017, these terms of reference were expanded to review the Act and VOCAT for *all* victims of crime.

The VLRC report made 100 recommendations in total, including that a new administrative model of financial assistance be established to replace the current quasi-judicial model. This work is well underway, presenting a rare opportunity to draw these two major reforms together.

Any improved Victim Support System must be integrated with the future FAS. For example, the VSC could be the gateway to the FAS, helping victims of crime to make applications and providing immediate assistance; sharing an integrated IT platform to avoid people having to tell their story repeatedly; and linking people legal advice for more complex FAS applications. Recognising that the FAS is expected to be a more streamlined and timely process than the current quasi-judicial model, integration may also include establishing processes for VSC brokerage funding to be used in certain circumstances to bridge the wait times between award and when victims of crime need access to financial assistance. One example of this is funeral costs for families bereaved by homicide, which represent a time-sensitive and considerable financial burden on families coping with bereavement. In addition, this type of expense is clearly within scope of any subsequent FAS award and so has a high likelihood of being able to be recouped.

The exact nature of integration with the FAS will need to be developed once the FAS model is finalised, and should have the overarching goals of improving access, streamlining financial assistance processes for victims of crime and reducing the need for service responses to be duplicated.

### **Key implementation activities**

PHASE 1	<ul style="list-style-type: none"> <li>○ Negotiate protocols with key sexual assault and specialist family violence services, including CASAs and The Orange Door.</li> <li>○ Negotiate protocols with Victoria Police.</li> <li>○ Determine nature and scope of FAS-Victim Support integration.</li> </ul>
PHASE 2	<ul style="list-style-type: none"> <li>○ Incorporate integrated care into the VSRP commissioning process, including by asking providers to demonstrate experience in integrated / coordinated practice, as well as strong partnerships with key services in their area.</li> </ul>
PHASE 3	<ul style="list-style-type: none"> <li>○ Develop a co-location framework.</li> <li>○ Work with key services, including sexual assault and family violence services, to identify an approach to joint, in-kind training opportunities.</li> </ul>
PHASE 4	<ul style="list-style-type: none"> <li>○ Work with VSRPs to identify and implement in-reach and outreach co-locations which will support more integrated service delivery, including for specific cohorts.</li> <li>○ Work with relevant agencies to pilot an integrated approach that reflects that victims of crime require support across systems (including the Common Clients reform).</li> </ul>

### 3.9.5 Engagement and communications

#### 3.9.5.1 A Victim Support System Strategy

The reforms will require a clear vision for the Victim Support System that is shared by VSA and the multiple stakeholders (both individual and organisational) that play a substantive role in the way in which victims of crime experience the service system. A Victim Support System Strategy will ensure that the future system is widely understood by government, service providers, victims of crime and the broader community, and will lay the foundations for the broader reform efforts.

Development of the Victim Support System Strategy should be led by VSA but will reflect, in both its development, scope and implementation, the role of other government agencies and non-government service providers which respond to victims of crime. The Strategy should articulate:

- a shared purpose and vision for victim support in Victoria;
- priority areas, goals and intended outcomes of the Strategy; and
- how the Strategy will be achieved and how progress will be measured over time, including by identifying opportunities for collaboration among key agencies and services.

The Strategy should also consider areas which are critical to establishing an effective *system response* to victims of crime, including:

- improving and increasing access to the Victim Support System through expanded and formalised referral pathways;
- opportunities for partnerships, integration and, where appropriate, co-location, so that victims of crime experience coordinated, seamless service delivery, including where they are receiving support from multiple services; and
- increased opportunities for collaboration and knowledge-sharing across services who work with victims of crime.

The Strategy will provide a framework for decision making and will support improved communications and brand positioning both across, and external to, government. The mission, values, principles and outcomes which the current VSSR established through the strategic planning process it undertook this year could form the basis of the strategy, aligning key aims and activities for the near future with these elements. The strategy does not need to be lengthy or provide unnecessary detail.

#### 3.9.5.2 Communications and branding

It is imperative that government and the wider Victorian community are aware of, and understand, the Victim Support System and VSA's role in delivering that system.

Victims of crime participating in the review often referred generically to the services with which they had interacted as "Victim Support". This signalled and described what they were expecting from the system – namely, that it functions as a cohesive *system response*.

To support increased 'brand recognition' of the part of government responsible for coordinating a whole-of-government response to victims of crime, the review recommends:

- referring to the overall suite of services currently delivered or commissioned by VSA as 'Victim Support';
- transitioning the area of government currently known as VSSR to its previous name of VSA to convey a clear message about the system leadership role of this agency;
- promotion of VSA's services online and through community-facing agencies; and
- a clear strategy to build community knowledge and awareness of the system for victims of crime and service providers.

### 3.9.5.3 Stakeholder buy-in

This document outlines an ambitious program of reform that will have implications for other agencies, services and parts of the service system. As such, stakeholder buy-in at senior levels will be critical. The process of developing the Victim Support System Strategy will be a first step in introducing a strengthened VSA to the broader system and building stakeholder buy-in for the proposed reforms. Cross-government governance arrangements (see section 3.9.1); strong relationship with key stakeholders; and a robust Change Management Plan and Communications Plan (see section 3.9.2.5) will also enable VSA to build and maintain buy-in across the system.

### 3.9.5.4 Knowledge and practice leadership

Although it is beyond the scope of the current redesign and has not been included in the design or costings, the initial review identified a clear opportunity for VSA to establish a Victims of Crime Centre for Excellence (CfE). There are many examples of these types of policy and research bodies, which draw on the evidence base and well as expert practice and knowledge from within a specialised workforce to develop and publish resources for professionals and victims of crime themselves.

These resources both increase the capacity of professionals to work with victims of crime, as well as enabling victims of crime to self-navigate and self-manage towards their recovery goals. In addition, establishing a CfE would further cement VSA's role as a system leader and expert in supporting victims of crime.

### Key implementation activities

PHASE 1	<ul style="list-style-type: none"> <li>○ Formally transition VSSR to the name VSA.</li> <li>○ Develop a Victim Support System Strategy.</li> </ul>
PHASE 2	<ul style="list-style-type: none"> <li>○ Develop and document approach to service promotion, including digital strategy.<sup>122</sup></li> </ul>

<sup>122</sup> This should build on the Digital Engagement Strategy recently commissioned by VSSR.

## PHASE 3

- Implement service promotion approach.

## PHASE 4

- Scope CfE, including identifying whether existing project, policy and practice roles within VSA are sufficient to support its ongoing maintenance.

### 3.9.6 Quality control

#### 3.9.6.1 Clear expectations for Victim Support services

VSA staff and commissioned service providers need to have a clear understanding of their program scope relating to the provision of services to victims of crime.

To facilitate this, VSA should establish program guidelines for each of their services that outline a clear program logic; minimum standards for service delivery; any relevant eligibility criteria; case closure procedures, including auditing mechanisms; and the intended system outcomes.

Programs should have relevant KPIs that do not simply measure volume but seek to measure key functions, such as completion of case plans and exit plans, as well as the extent to which services are engaging in professional development, community engagement and other activities that are recognised as resulting in higher-quality service delivery.

#### 3.9.6.2 Expectations and quality control for outsourced services

For those services that are commissioned out, clear expectations in relation to the delivery of services must be underpinned by a robust approach to contract management. This is to ensure that outsourced services are delivered as contracted and to the required quality; as well as that VSA upholds its duty of care to clients accessing outsourced services. This is particularly true given that the VSRP, which will be outsourced, is intended to support the most vulnerable and complex clients.

The recent Victorian Auditor-General's Office (VAGO) report, *Contract Management Capability in DHHS: Service Agreements*, identifies practices representing effective, risk-informed contract management. This includes:

- clear performance standards in the agreement, linked to deliverables where relevant, so that providers are better able to understand and respond to expectations;
- ensure that service agreement deliverables are not simply output-driven, but reflect expectations in relation to service quality and desired service outcomes;
- ensure that administrative and compliance requirements are commensurate with service risk, organisation size and level of funding;
- adopt a performance-management approach to contract management, with a strong focus on relationship management;

- align contract management Position Descriptions with better practice contract management skills and capabilities;<sup>123</sup>
- provide ongoing training and professional development to contract management staff; and
- develop a performance monitoring framework that monitors service quality and performance issues, in addition to legislative and policy requirements.

Given that contract management is not core business for VSA or DJCS more broadly, VSA may want to identify opportunities for staff in contract management roles to participate in DHHS training in relation to effective performance management, as well as to align the VSA performance management framework to the approach taken by DHHS where applicable. Given that VSRP providers are also likely to have contracts through DHHS, this will create greater consistency across government in terms of the management of health and human services contracts and, in turn, reduce administrative burden on providers.

To support quality control of outsourced services, the proposed model recommends additional roles to support quality control, clinical governance and continuous improvement across the network of VSRP providers. As implementation of the proposed model evolves, VSSR should assess whether these roles should be employed within VSA or may sit within contracted providers.

### **3.9.6.3 Supporting quality for non-funded services**

Through an established service network, the proposed service model will leverage the broader system of supports and entitlements available to victims of crime.

It was a finding of the review that referrals by victim services into mainstream services are not always effective. A key example of this is referrals to private psychologists. While almost every VAP client interviewed had received a referral to a private psychologist, and many noted that the support which they had received through the psychologist was of a high quality, this was not always the case. This included one incident in which a practitioner to whom a victim of crime had been referred indicated that they did not have a background in trauma. More broadly, victims of crime who were not happy with the support they received from their psychologist felt that the practitioner was not sufficiently available, resulting in victims of crime going a month or more between appointments. Victims of crime felt that this prevented them from addressing issues early and in the immediate aftermath of their experience of crime when their need for psychological support was greatest.

Counselling accounts for the majority of current brokerage expenditure and as such, there is a need to ensure quality referrals. While individual VAPs have established panels of private practitioners to whom they refer clients, this should be strengthened and standardised. Under the new model, referrals to private practitioners will also be provided by the VSC, creating a further imperative to create a rigorous, standardised process for vetting or accrediting private practitioners.

<sup>123</sup> See for example: Australian National Audit Office, *Developing and Managing Contracts* (2012).

Any accreditation process for private practitioners in Victoria to support victims of crime should include clear, measurable minimum standards relating to level and nature of experience. Where practitioners cannot meet those standards, there should be a further review process so that any final decision balances relevant factors - for example, slightly modified standards may need to be applied in regional areas. Similarly, where a practitioner has limited experience working with victims of crime, but has expertise working with a specific cohort or community, this should be considered.

Private practitioners could also be required to demonstrate a minimum level of understanding in relation to the needs of victims of crime, criminal justice processes and the broader system with which victims of crime interact. This could occur by developing and requiring completion of an online module, including an assessment component. Importantly, this type of resource could be rolled out more broadly for other key services and practitioners working with victims of crime, including GPs, legal practitioners and mental health services.

Any accreditation process should be commensurate with the level of risk, recognising that while psychologists and counsellors play a central role in victims' recovery, they are also qualified professionals with a strong understanding of duty of care. As such, the process should not be overly onerous, and should focus solely on ensuring specialised knowledge and capability to work with victims of crime. Development of the accreditation process should be led by the Principal Practitioner, in consultation with relevant peak bodies. Once rolled out, the accreditation process should be managed centrally by the VSC, with Practice Leads providing oversight and contributing to decision reviews.

#### **3.9.6.4 Continuous improvement**

Transitioning to a leading practice Victim Support System will be an ongoing process, particularly as VSA builds collaborative relationships with the broader service system to establish multi-agency and multidisciplinary ways of working. The transition will require a commitment to self-reflection and assessment, as well as an openness to learning and responding to new evidence and information, which should be led by Executive-level and management staff.

The overarching aim of improvement initiatives should be to strengthen the capacity of services, and the system overall, to improve outcomes for victims of crime. This may occur through creating efficiencies to manage demand; building expertise through professional development; addressing barriers to collaboration across the service system; trialling new interventions; and listening and responding to client feedback about how they want to access services.

Continuous improvement should be data-informed and documented to ensure a shared understanding of what is being tried, what it is aiming to achieve, what it did achieve and what the next steps are. Continuous improvement activities should occur at all levels, including:

- at the individual worker level, with a focus on building personal capabilities and skills;
- at the team or provider level, with a focus on how a particular service is delivered;
- at the program level, including considering whether adaptations to the overall program design are needed; and



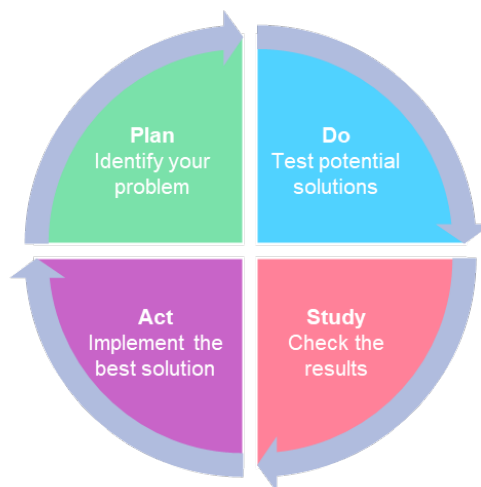
- at the system level, to ensure that services and agencies victims of crime interact with are working together effectively to respond to victims of crime.

Continuous improvement activities should be driven and coordinated centrally as required to ensure that efforts are not duplicative, and that providers and program areas can build on each other's learnings.

There are several ways of conceptualising continuous improvement processes. One method is the Plan-Do-Study-Act Cycle (PDSA Cycle) shown at Figure 14, which is frequently used to drive continuous improvement initiatives in the healthcare sector. It broadly comprises:

- problem definition;
- scoping the initiative to be trialled, assigning responsibility for managing the trial, and deciding how to measure the effects of the trial;
- carrying out the trial and collecting data about its impacts;
- analysing the data to determine if the initiative being tested resulted in any change, including considering unintended consequences; and
- acting on what was learned in the trial, for example by adjusting the improvement initiative and trialling it again, or by rolling it out where it was shown to be effective.

Figure 14: Plan-Do-Study-Act Cycle



Source: Institute for Healthcare Improvement.

Individual services, including the VSRPs, should be encouraged to share success stories and learnings from continuous improvement efforts through the Service Connect and Practice Connect forums (see 3.9.1). This not only allows for different services and providers to build on each other's learnings but will also provide VSA with a window into the initiatives being trialled and scaled by contracted providers. This will enable innovation and place-based approaches to be developed while still ensuring that the required level of consistency across providers is maintained. For system-level initiatives, the IVSSGG - which consists of senior stakeholders from across key agencies and services - will play a central role in leading continuous improvement.

Continuous improvement should also be underpinned by a strong feedback culture, with all services to establish client feedback processes. VSA should also ensure regular opportunities for staff across their suite of services to provide feedback.

### **Key implementation activities**

PHASE 1	<ul style="list-style-type: none"> <li>○ Develop clear program guidelines for all VSA services, including a program logic, minimum service standards and KPIs.</li> <li>○ Develop Position Descriptions for contract management and quality control roles.</li> <li>○ Develop a Performance Management Framework.</li> <li>○ Develop a Continuous Improvement Framework.</li> </ul>
PHASE 2	<ul style="list-style-type: none"> <li>○ Develop an accreditation process for private practitioners.</li> <li>○ Detail expectations in relation to continuous improvement as part of VSRP commissioning process.</li> </ul>
PHASE 3	<ul style="list-style-type: none"> <li>○ Negotiate with DHHS to participate in performance and contract management training opportunities.</li> </ul>
PHASE 4	<ul style="list-style-type: none"> <li>○ Develop and implement strategies to improve quality service delivery to victims of crime across other services not delivered or funded by VSA.</li> </ul>

## **3.10 Service delivery considerations**

### **3.10.1 Practice Framework**

While the focus of this report is the design of an improved service model for victims of crime, as well as the fundamental enablers required for service delivery and a more coordinated system response, VSA must also consider *how* it will implement and deliver services. A clear and purposeful Victim Support Practice Framework can provide staff working across VSA's suite of services with a key set of objectives and values to guide their work and help to encourage consistency in the quality of services provided to victims of crime.

Separate to a Workforce Capability Framework (discussed above in 3.9.2.1) which focuses more on the skills and capabilities required, the Victim Support Practice Framework should outline standards and how to operationalise them. This is to provide a clear purpose to the work in which service providers engage and an overall ethos on which the delivery of services to victims of crime will be based. The Victim Support Practice Framework and Workforce Capability Framework should, however, be based on the same set of principles and outcomes (see sections 3.1.2 and 3.1.3), making it clear that service delivery is built on a strengths-based approach that is victim-focused; seeks to empower victims of crime in navigating services; and has a lens of continuous improvement. The purpose and values identified through the strategic planning exercise (undertaken as part of this review - see section 3.1.4) will also be a critical input to both frameworks.

The Victim Support Practice Framework should include consideration of clinical governance, supervision, caseloads and workflow. In developing the Victim Support Practice Framework, VSA may also wish to align (where relevant) with practice frameworks used by other key services, including specialist family violence and sexual assault services. Shared practice frameworks are one mechanism by which services can improve coordination and integration, resulting in a more streamlined user experience. In the future, VSA may also consider developing a practice framework for broader use which can guide the work of mainstream services and other agencies when working with victims of crime. This work should be led by the Principal Practitioner and the IVSSGG and should also include consultation with the broader system to ensure that the practice framework is applicable and user-friendly.

### 3.10.2 Accessibility

A strengthened VSA should consider how it can make the services which it delivers or funds accessible to all victims of crime. The delivery of accessible services should include the following:

- Physical accessibility - for example, ensuring that the services can be accessed by public transport and have wheelchair access.
- Communication accessibility – for example, using translators and interpreters, communication aids, providing service options for those with limited technology access or literacy, and considering the accessibility and language requirements of any written or promotional materials.
- Safe and inclusive practice – for example, requiring contracted services to achieve Rainbow Tick accreditation and to demonstrate culturally safe practices (see section 3.10.3).

Service delivery should also be cognisant of the needs of specific groups, including barriers to reporting and engagement. Some of these needs are detailed at **Appendix C**.

Processes and practices to support accessibility should be included in the Victim Support Practice Framework and service-specific practice manuals. The current VAP Practice Manual provides an excellent example of how practice documents should set out clear expectations and activities to better support specific cohorts and should form the basis of this work.

### 3.10.3 Cultural safety

The review identified a need for substantial uplift in cultural safety and competency across existing VSA services. This is to ensure that future AEPs are appropriately supported to work within a culturally safe and competent system, as well as to increase the capacity of VSA services more broadly to engage with and respond to the needs of Aboriginal and Torres Strait Islander (Aboriginal) communities. In addition, the need to increase engagement with Aboriginal communities in the context of high rates of crime victimisation has been identified as a headline priority in the AJA4.

To ensure culturally safe service delivery, and to contribute to the goals of AJA4, VSA should:

- work closely with the Koori Justice Unit to develop a Cultural Safety Framework and Strategic Plan;
- recruit a Cultural Safety Practice Lead to lead the development and implementation of cultural safety initiatives across VSA's suite of services;
- ensure that, in addition to reporting lines within the organisation by which they are employed, AEPs are actively supported by and receive supervision through the Cultural Safety Practice Lead; and
- ensure that contracted providers are meeting minimum requirements in relation to culturally safe service delivery and workplaces, with this work to be led by the Cultural Safety Practice Lead and recognised as a core requirement of service agreements.

It will be vital that the Cultural Safety Practice Lead is not isolated or expected to carry the 'cultural load' across VSA, but instead work closely with the Koori Justice Unit and a dedicated Cultural Safety Project Officer, which has been recommended as part of the CWS review. The Cultural Safety Practice Lead should also work closely with the Principal Practitioner, signalling that improving cultural safety is not a discrete function, but must be fully embedded across all practice development activities.

### 3.10.4 Work environment

#### 3.10.4.1 Infrastructure for the VSC

The expanded VSC will require a fit-for-purpose physical space to deliver the intended outcomes for victims of crime and ensure a well-supported, collaborative and highly professionalised workforce. The VSC is expected to be delivered from a single, dedicated location and should:

- house the phone lines and staff on the phone lines;
- have confidential spaces for debriefing, support and staff development;
- have consultation rooms for face-to-face support and videoconferencing facilities;
- be close to public transport to ensure accessibility;
- be supported by building security that aligns with VSC operating hours, as well as safe and secure parking for staff working outside of normal business hours; and
- have suitable workspaces for relevant teams to be based with the VSC, including the Victims Register, VLAS and male L17 Response Team.

VSA should also determine whether other VSA services might be housed in the same physical premises, including Restorative Justice Services and staff responsible for the administration of the National Redress Scheme. VSA will also need to determine which management and Executive-level staff will be based at the VSC location, either full-time or occasionally, although at minimum it is expected that the Assistant Director, Victim Services will be based at the VSC.

### 3.10.5 Commissioning

The VSRP represents an enhanced VAP program model that will be underpinned by clear minimum standards of service quality, new KPIs and new ways of working. As such, a renewed focus on commissioning is recommended to align the commissioning approach with leading practice in other health and human services sectors. This will be an important mechanism for implementing the required change and improving outcomes for victims of crime.

The commissioning approach should support flexibility while also ensuring the achievement of outcomes, as well as a level of consistency in relation to core elements of service delivery. It should:

- incorporate outcomes-based incentives that encourage collaboration and partnership;
- establish clear processes to ensure service quality across service providers, including through detailed program guidelines, clear and achievable targets, processes to manage risk, accreditation processes, service auditing (see section 3.9.6);
- recognise the required skills within VSA that are needed to monitor performance and risk effectively within service providers and actively develop these (see section 3.9.6); and
- require commissioned services to participate in relevant governance structures to develop practice across the state on a continuous basis and to ensure shared values and standards across multiple providers (see section 3.9.1).

Commissioning documentation will need to clearly define the required outputs and intended outcomes of the delivery of the VSRP clearly, as well as the tiered approach to service between the VSC and the VSRP.

Any change to funded service providers will require extensive transition planning to ensure that service provision is not interrupted. This may involve a facilitated process between any current and future provider with a view to minimising any unintended consequences for service users, the workforce and providers. Any changes to funded providers should also be underpinned by a detailed communication plan to inform service users, community, current and future service providers, referring services and agencies, and other stakeholders about the commissioning and transition process.

The detailed design has assumed that a VSRP is commissioned in each DHHS area. The basis of this recommendation is to reduce misalignment of service funding arrangements between DJCS and DHHS, simplifying referral processes and alleviating the need for practitioners to have knowledge of, and relationships with, services across multiple regions. It is also expected that this will enable the development of stronger service networks; will reduce extensive travel time for practitioners covering large regions; and will enable more clients to receive face-to-face support. When developing the commissioning approach, VSA will need to assess whether this is the best approach. Alternatively, they may choose to 'package' multiple DHHS areas or to retain the current nine regions.

## Futureproofing through commissioning

Increasing demand pressure, resource constraints and changing expectations in relation to how services are accessed and delivered have forced governments around the world to rethink the way they provide services to their community. A key example of this is the NDIS, which has seen Australia transition from a model of block funding and a significant proportion of disability services being directly delivered by government, to a fee-for-service, market-based approach in which government has progressively withdrawn from service provision, and instead plays the role of market steward.

More broadly, government is increasingly recognising the benefits of leveraging the capabilities and infrastructure of private and non-government organisations to deliver services, with the public sector focusing on commissioning and oversight.<sup>124</sup> The NSW Government's *Commissioning and Contestability Policy* notes that rigorous commissioning approaches enable government to:

- design systems of service that leverage innovation and value from inside and outside government;
- provide macro-level oversight that is critical for managing whole systems of delivery;
- focus on assessing whether services are meeting client outcomes and the expectations of the community; and
- ensure that services are run well, monitored, avoid duplication and are safe, timely and efficient.<sup>125</sup>

While VSA's current model favours direct delivery of services, once the future service model is well-established, VSA should continually assess whether elements of the core service model, or other services currently delivered by VSA, would benefit from outsourcing. While it is likely that some of VSA's services can be best delivered by government, strategic commissioning of some services has the potential to enable more cost-effective service provision, as well as allowing VSA to develop expertise and greater capability in commissioning and contestability. Most crucially, strategic outsourcing would also enable VSA to focus its efforts on coordination, system leadership and macro-level oversight of the Victim Support System.

<sup>124</sup> See, e.g., Government of New South Wales, *NSW Government Commissioning and Contestability Policy: Policy and Guidelines Paper* (2016).

<sup>125</sup> Ibid.

### **Key implementation activities**

PHASE 1	<ul style="list-style-type: none"> <li>○ Develop a Victim Support Practice Framework.</li> <li>○ Recruit a Cultural Safety Practice Lead.</li> <li>○ Work with the Koori Justice Unit to develop a Cultural Safety Framework and Strategic Plan.</li> <li>○ Confirm requirements for VSC premises.</li> <li>○ Develop an overarching approach to commissioning the VSRP.</li> </ul>
PHASE 2	<ul style="list-style-type: none"> <li>○ Detail minimum requirements for cultural safety as part of VSRP commissioning process.</li> <li>○ Detail minimum requirements for accessibility as part of VSRP commissioning process.</li> <li>○ Secure suitable premises for the VSC.</li> </ul>
PHASE 3 - 4	<ul style="list-style-type: none"> <li>○ Continue to monitor and refine application of the Victim Support Practice Framework and Cultural Safety Framework.</li> </ul>

### **3.11 High-level staging of implementation**

Figure 15 provides a high-level overview of implementation, noting that activities and timing are indicative only and will need to be refined based on strategic priorities, funding allocations and internal resourcing at different stages of implementation.



Figure 15: High-level timing for implementation



Source: Centre for Innovative Justice.

## 4 Conclusion

The CIJ's review demonstrated that our understanding of the diversity and complexity of victims of crime will continue to evolve, and that there is a clear need to engage victims of crime in the design and delivery of services that aim to support them.

The review indicated, surprisingly, that while some victims of crime prefer to receive services face-to-face, for many victims of crime a proactive phone call to 'check in' and see how they are doing was sufficient. For other victims of crime who participated in the review, there was a clear need for intensive and holistic support that extends beyond simply restoring them to the position they were in prior to their experience of crime, and instead addresses underlying risk factors that made them more vulnerable to crime victimisation in the first place. The ripple effects that crime victimisation can have on a family were also apparent throughout the review, highlighting the need for practitioners to assess and respond to whole-of-family risk and needs – this was particularly true in relation to dependent children, but also intimate partners, some of whom had assumed significant caring duties.

Each of these examples illustrates that, while the existing system of victim support provides a solid foundation, it needs to be more responsive to the needs of each individual and family, understanding risk and needs holistically and delivering a tailored – rather than one-size-fits-all – response.

The proposed recommendations, therefore, reflect a pragmatic and staged approach to reform that retains the considerable strengths of the current service model, while expanding its capacity to intervene early and effectively, including for victims of crime with multiple and complex needs.

At the heart of this enhanced response is a specialised and professionalised workforce, as well as processes and practices that align with contemporary understandings of trauma. Better use of technology, including a fit-for-purpose CRM system that supports proactive, coordinated delivery of support - as well as providing VSSR with a more comprehensive understanding of clients' needs, outcomes and journeys through the service system – will be critical, modernising the delivery of victim support and bringing it in line with data-informed approaches in adjacent sectors and service systems. Greater coordination between services and agencies is also a focus, leveraging the broader service system more effectively than currently occurs and ensuring that victims of crime are connected with the supports they need, when they need them, with proactive follow-up to confirm whether referrals have been effective.

Victims of crime who participated in the review said that they wanted their experience to be recognised and validated. They wanted to feel that the system had an eye on their wellbeing and to know that there was someone walking beside them on their journey towards recovery.

After more than two decades of somewhat fragmented reform and service delivery, the findings and recommendations of the current review represent a timely opportunity to establish Victoria as a genuine leader in victim support – doing so through targeted investment and a program of reform that is directly informed by the needs, goals and expectations of victims of crime.

## Appendix A: Summary of service-specific findings

This section provides a high-level summary of findings from Stage 1 of the review that related to specific services funded or delivered by VSSR, and which informed the subsequent detailed design.

### Victims of Crime Helpline

#### VICTIMS OF CRIME HELPLINE AT A GLANCE

- In the period 2017-18 the Helpline received more than 26,000 referrals comprising self-referrals (13 per cent), Victoria Police eReferrals (VPeRs) (32 per cent) and L17 referrals for those identified by police as male victims of family violence (55 per cent).
- Although the Helpline's target client group is victims of violent crime against the person, it is marketed as a service for all victims of crime and 'non-eligible' victims of crime represent a significant proportion of its referrals.
- The Helpline can provide victims of crime with risk and needs assessments; advice and support, including psychological first aid, information about criminal justice processes and information about available entitlements; and referral into appropriate services.
- Almost 30 per cent of all Helpline referrals are subsequently referred to VAP for community-based support. Other referral pathways are limited – Helpline staff typically refer to another phone-based service or use the Know Your Council website or Google to identify services.
- Responding to male L17s, despite being highly complex and specialised work, is currently undertaken by the same staff performing the Helpline's general victim support functions.

The review found that a phone-based service that can provide immediate support to victims of crime, referring on as required, is consistent with models in other national and international jurisdictions. VSSR's role in direct delivery of the Helpline also means that there is strong communication between frontline staff and VSSR's Executive team, enabling resources to be mobilised quickly, particularly for crimes and critical incidents with a significant impact on the community.

Acknowledging the increasingly vital role that the Helpline has played in responding to critical incidents, and the significant volume of L17 referrals managed by the service, the review found that, in relation to its core function as a service for victims of crime, the Helpline is operating primarily as a through-put to the VAPs. This has resulted in significant demand on the VAPs and subsequent delays in victims accessing necessary supports, as well as limited or no support for those victims of crime who are not VAP eligible.

As such, the following opportunities for reform were identified, with a view to expanding the Helpline's capacity to provide comprehensive front-end support to a wider range of victims of crime.

### **Strengthen access pathways, with a particular focus on those cohorts who are less likely to report or engage with police**

Trauma research suggests that timely access to support can have a positive impact on victims' recovery trajectories.<sup>126</sup> The current focus on VPeRs as the primary source of referrals - while providing timely access for many victims - means that some victims of crime are not being supported to access services at the earliest opportunity, if at all. This includes victims of certain crime types, such as sexual assault, as well as cohorts that are less likely to report or engage with police, or who may face barriers when they do report – for example, Aboriginal people; people from culturally and linguistically diverse (CALD) communities; people with disability; and people experiencing homelessness.

The development of new structured referral pathways with key services, including health services and specialist sexual assault and family violence services, will increase the number of victims of crime who are receiving timely access to victim services, and reduce opportunities for victims of crime to 'fall through the cracks' as they are referred between services.

In addition to new referral pathways, VSSR should continue to work with Victoria Police to strengthen referral protocols and practices. This includes shifting from the current practice of a single opportunity for referral at first contact, to recognising that the responsibility to provide information about victim services, and to offer a referral, is ongoing and may occur in subsequent interactions with victims of crime, particularly where informants identify unmet support needs. This approach is more consistent with evidence on the impacts of shock and trauma, as well as the accounts of victims themselves, who frequently described feeling overwhelmed in the immediate aftermath of the crime.

### **Ensure flexibility and capacity to respond to victims of a range of crime types**

Available evidence shows that, where crimes do not result in death or physical injury, victims can still experience profound impacts, including psychological trauma.<sup>127</sup> The current Helpline response, however, is geared primarily towards victims of violent crime against the person, with very limited referral pathways available for victims of other crime types.

A best practice approach to service provision should be needs-based, rather than being defined entirely by crime type. This includes ensuring that a baseline level of service, such as information provision and psychological first aid, is available to all victims of crime who seek assistance via the Helpline. It would also involve significantly expanding referral pathways to encompass a range of community-based services that might address victims' needs, particularly those who are ineligible for VAP support. Enhanced data capture should underpin these changes so that VSSR can build a better understanding of the circumstances, needs and trajectories of all victims of crime who seek help (not just victims of violent crime against the person), with a view to informing service planning.

<sup>126</sup> Hill (n 55).

<sup>127</sup> 'The Role of Victims of Crime in the Criminal Trial Process 2016' (n 5).

### **Reconfigure the Helpline from a central intake point to a genuine front-end service response**

The Helpline typically provides immediate support and assessments before referring on to the VAP for ongoing support. This throughput to the VAPs assumes that all victims of serious offences require or want face-to-face support. The review found, however, that many victims of crime, including victims of significant offence types such as homicide, were comfortable receiving phone-based support *where that support was sufficiently proactive*.

According to victims of crime, a phone call to check-in reminded them that the system recognised their experience and was there to support them if they needed, as well as providing an opportunity to re-assess and respond to their changing needs. This finding is consistent with the increasing use of technology in the delivery of health and human services more generally, including for service users who may struggle to attend services in person due to distance, mobility issues, lack of access to transport or practical considerations such as work and childcare.<sup>128</sup>

Building the capacity of the Helpline to 'hold' those clients for whom a phone-based response is suitable and sufficient would enable VSSR to provide a more timely response; reduce the need for victims of crime to interact with multiple services; and reduce demand on VAPs so that they have the capacity to provide more intensive support to those who need it. It is also consistent with the goals of empowerment and recovery, offering an alternative response to clients who have the capacity to self-manage or wish to build that capacity through light-touch support.

### **Ensure that contemporary understandings of trauma and its impacts are embedded in Helpline processes and practice**

To respond effectively to a wider range of victims of crime, and to 'hold' those clients who are able to be supported through a phone-based service, it is vital that contemporary understandings of trauma and its impacts are embedded in Helpline processes and practice.

Trauma-informed care encompasses all aspects of service delivery – for example, it can involve providing information in a way that is staged so that clients do not become overwhelmed; offering multiple opportunities to engage and help-seeking; scaffolding and supporting clients to engage with referrals; and understanding that clients will not always be able to self-advocate, and that skilled assessment and case planning are important tools to assist clients to understand and articulate their experiences, needs and recovery goals.

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<sup>128</sup> See, e.g. Morneau Shepell, *The effectiveness of video counselling for EFAP support* (2013); Susan Simpson, 'Psychotherapy via videoconferencing: a review' (2009) *British Journal of Guidance and Counselling*, 37:3; and, Diana S Dorstyn, Arthur Saniotis and Farah Sobhanian, 'A Systematic Review of Telecounselling and Its Effectiveness in Managing Depression Amongst Minority Ethnic Communities' (2013) *Journal of Telemedicine and Telecare*, 19:6.

Trauma-informed care also means actively resisting re-traumatisation and ensuring that all victims of crime feel that their experience has been recognised and validated. This includes having an understanding of, and capacity to work with, people who may present at different times as a victim of crime and an offender, many of whom may never have had their experience of victimisation recognised or responded to by the system.

Embedding trauma-informed care in Helpline processes and practice includes reviewing and refining existing practice guidance and tools to reflect best available evidence and approaches to trauma-informed care; building specialisation and understandings of trauma through core training and individualised professional development opportunities for practitioners; and supporting service delivery through a fit-for-purpose CRM system that can act as a single source of information, minimising the need for clients to re-tell their story and enabling proactive, phone-based outreach.

### ***Recognise assessing and responding to L17s as a separate and specialist function***

Responding to male L17s is highly specialised and complex work that requires a very specific skillset, practice framework and understanding of risk when compared with the work of the Helpline more generally. Current Helpline staff have noted the challenge of switching throughout the day between a purely therapeutic response for victims generally, to a response that requires them to identify first if a 'victim' is in fact a perpetrator.

The current arrangements are not consistent with the broader investment and reform that has occurred across government in relation to responding to family violence - both in terms of ensuring a high-quality response for males who are victims of family violence, as well as ensuring that predominant aggressors who present to the system as a 'victim' are correctly identified and receive a response that works to reduce risk and hold them in view of the system.

Given the above, and the fact that male L17s comprises more than half of Helpline referrals, the review recommended establishing a dedicated team or function within the Helpline to undertake this highly specialised work. This team should be supported through appropriate supervision and ongoing training and professional development opportunities to ensure that responses reflect contemporary best practice in family violence prevention and intervention. There is also a need to establish specialised pathways for male L17s to ensure that male victims of family violence are able to access ongoing, specialist support, alongside dedicated brokerage funding to address system gaps for this cohort, particularly in relation to crisis accommodation.

## Victims Assistance Program

### VICTIMS ASSISTANCE PROGRAM AT A GLANCE

- The target client group is victims of violent crime against the person, although providers have some discretion to accept non-eligible clients, such as victims of property crimes with complex needs or witnesses to serious violent crimes, such as homicide.
- The majority of VAP referrals come from the Helpline, although VAPs also accept direct referrals from police, health services, community agencies, legal services and self-referrals. VAPs also co-locate at police stations to facilitate timely referrals.
- Most VAPs have a Koori Engagement Worker to undertake community engagement and education, and to provide direct support to Aboriginal clients. More broadly, however, community engagement is not a funded activity under current VAP contracts.
- Client numbers per VAP range from less than 1,000 in the regions, to over 4,000 in metropolitan areas. Given this variability in demand, caseloads for individual workers ranged from 20 to as high as 80 and regional providers are typically able to provide more hours of service per client.
- Practical support is the most common form of support (approximately 40 per cent of client-facing service hours), with criminal justice tasks accounting for 18 per cent and therapeutic intervention accounting for 8 per cent. Travel time ranges from 14 per cent of client-facing work to 1 per cent.
- VAPs have access to brokerage funding, which is primarily used for counselling but may also be used to address practical and safety concerns - for example, installing locks or security cameras; taxi and food vouchers; and costs associated with regional clients attending court.
- VAPs use a range of strategies to manage demand, including a single session model; engaging with clients primarily by phone; narrowly interpreting service scope, with a focus on criminal justice tasks; and limiting discretionary intake of non-eligible victims of crime. These strategies have significant implications for the level and nature of service across the regions.

Despite a number of skilled and highly dedicated practitioners supporting delivery of the program, and some promising innovations at the local level to meet clients' needs more effectively, demand pressure on the VAPs and a lack of rigorous, outcomes-focussed performance management has resulted in significant variability in terms of the nature and quality of service provision.

The sheer volume of clients has meant that VAPs are often able to provide light-touch case coordination at best and are heavily reliant on clients to seek help actively. As a result, the program is at times ineffective in engaging and supporting the most vulnerable and complex clients.

The increasing focus on criminal justice tasks by some providers is also not aligned with the evidence on victims' support and recovery needs, which are multiple and often inter-related. Similarly, some practitioners highlighted capacity to undertake harm prevention work, including working with the whole family, as a significant program gap.



Opportunities for strengthening the VAP are focused on increased accountability, including aligning funding and performance indicators with intended program outcomes, as well as providing practitioners with greater flexibility to provide more intensive support to clients with complex needs.

***Increase capacity for VAPs to undertake community engagement to support more equitable access, including for specific cohorts***

A consistent theme in consultations with VAP practitioners was the lack of capacity to undertake community engagement and education. As community engagement is not currently a funded activity under VAP contracts, this work could often only be done by regional services with lower client numbers. Those providers who had been able to allocate practitioner time to building relationships with under-represented cohorts reported improvements in access and service engagement. All VAPs were able to identify multiple cohorts who they felt were not being referred to, or otherwise engaging with, their service. Future VAP contracts should recognise the importance of community engagement and education, especially in enhancing access for cohorts who are less likely to report to police.

The existing Koori Engagement Worker role, which the review regarded as a vital component of the program, should also be strengthened. This includes implementing the position across all VAPs, including, where possible, funding a male and a female practitioner to increase cultural safety; ensuring that the role purpose and key accountabilities are consistent across providers; and, ideally, establishing a Cultural Safety Lead to provide practice leadership and support across all VSSR services, as well as providing culturally-specific supervision to Koori Engagement Workers.

***Enable VAPs to provide more holistic, needs-based support***

Research shows that crime victimisation can have impacts across a range of life domains, including mental health; physical health, including substance misuse; interpersonal relationships; connection to culture; and education, employment and financial wellbeing.<sup>129</sup> Interviews with victims of crime and consultations with practitioners indicated a strong focus within the VAP on criminal justice tasks. This was to the detriment of other needs, which were just as crucial and liable to escalate if not addressed. Practitioners also stated that failing to address the spectrum of a victims' needs undermined the efficacy of therapeutic interventions or prevented clients from engaging in these altogether.

Holistic responses that address the multiple and often interrelated impacts of crime victimisation are likely to be more effective at reducing future reliance on the service system, including reducing contact with the most intensive, high-cost service responses such as criminal justice involvement, child protection involvement, and the use of other acute service responses, such as emergency department presentations and acute mental health.

<sup>129</sup> See, e.g., RCIRCSA 2017 (n 6); 'The Role of Victims of Crime in the Criminal Trial Process 2016' (n 5); 'Review of the Victims of Crime Assistance Act 2018' (n 4).

Comprehensive assessment; appropriate caseloads; a flexible service model that allows for the application of professional judgment and practice experience; and robust data collection to track the effectiveness of interventions, are all necessary components of a more needs-based and holistic VAP service response.

### ***Strengthen performance management of VAPs to ensure consistency and accountability***

The Victorian Auditor General's Office has acknowledged the importance of contract management capability for assuring that outsourced services are delivered as contracted, to an appropriate standard, and in a way that is consistent with client safety. This includes having clearly defined performance standards and deliverables, with performance measures linked to desired service system outcomes; ensuring that contract management roles align with better practice contract management skills and are supported by access to appropriate learning and development opportunities; and a risk-informed performance management and monitoring approach that can inform future service agreement and funding decisions.<sup>130</sup> To date, resource constraints and significant limitations around data collection have resulted in a lack of sufficient oversight and consistency in relation to the VAPs. A renewed focus on leading practice commissioning and contract management approaches, supported by a fit-for-purpose CRM system would provide an opportunity to realign contracts with desired service system outcomes and ensure that services are developed as intended and in a high-quality, consistent manner across Victoria.

### ***Provide a specialised, gender-inclusive response to male victims of family violence***

Although family violence is a gendered form of violence that predominantly affects women and children, men can be subject to physical violence, as well as other forms of family violence including threats, psychological, sexual, emotional, verbal and financial abuse and social isolation.<sup>131</sup> As the primary service response for male victims of family violence, VAPs need to incorporate a specialised response that more closely reflects supports available to women and children. This includes expanded eligibility criteria to align with legislative definitions of family violence; a greater brokerage allocation to reflect the lack of services, including crisis accommodation, for this cohort; and an appropriate level of specialisation to respond to male victims of family violence, including male children; older men who are victims of elder abuse; and gay, bisexual and transgender men.

The difficulties associated with identifying predominant aggressors in cases of intimate partner violence are also well known, as are the serious consequences of incorrect assessments for victim survivors. These consequences include exclusion from services; removal of children; and incarceration.<sup>132</sup>

<sup>130</sup> Victorian Auditor-General's Office, *Contract Management Capability in DHHS: Service Agreements* (2018).

<sup>131</sup> State of Victoria, *Royal Commission into Family Violence: Report and recommendations, Vol V, Parl Paper No 132* (2014-16).

<sup>132</sup> See, e.g., Women's Legal Service Victoria and Monash University, "'Officer she's psychotic and I need protection': Police misidentification of the 'primary aggressor' in family violence incidents in Victoria" (Policy Paper 1, July 2018); Ellen Reeves, 'Family violence, protection orders and systems abuse: views of legal practitioners'

This makes specialisation in predominant aggressor assessment crucial, to ensure that males who self-identify as victims of family violence but who are in fact predominant aggressors are not leveraging the system to their advantage and further perpetuating harm against their (current or former) partner and children. Predominant aggressor assessments should be underpinned by strong warm referral protocols to services such as the Men's Referral Service.

## Victims Register

### VICTIMS REGISTER AT A GLANCE

- As of 30 June 2018, there were 910 victims on the Victims Register. It is only available to victims where the offender in their matter is in prison for a violent crime such as threats to kill, sexual offences, culpable driving or homicide; is on parole or subject to a post-sentence order; or is on an interim or final FVIO.
- The Victims Register has broad family violence provisions, with spouses or domestic partners of a prisoner or offender only required to demonstrate a documented history of family violence.
- Under relevant legislation, the Victims Register may provide certain information to victims of crime, including length of sentence; changes to sentence; when an offender applies for parole, parole release dates and changes to parole conditions; when an offender is transferred, escapes or dies during their sentence; and when an offender is released from prison.
- Victims Register staff may also assist victims to make submissions to relevant decision-making bodies, including courts, the Adult Parole Board and the Post Sentence Authority. This work can be very intensive – for example, clients involved in Post Sentence Authority processes, while representing a very small group, have often experienced significant harm and trauma.
- The Victims Register actively links victims of crime into other supports through VAP referrals. Referrals may occur at any time in a victim's journey, with Victims Register staff engaging with clients via telephone at key points - such as when an offender is returning to the community - to assess whether changes in an offender's status give rise to any safety or other support needs.

Previously administered by Corrections Victoria, the transfer of the Victims Register to VSSR in 2007 has meant that the program is delivered in a way that is victim-centric and by staff that are highly attuned to the impacts of trauma, including the potential for victims to experience trauma responses many years after an offence has occurred. Though it operates as a discrete service due to the technical and legislative requirements of the program, the Victims Register is very well-integrated with other VSSR services, with good practice demonstrated in relation to identifying Victims Register clients' support needs and making subsequent referrals into VSSR's core services.

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(2020) *Current Issues in Criminal Justice*, 32:1; and, State of Victoria, *Royal Commission into Family Violence: Report and recommendations*, Vol III, *Parl Paper No 132* (2014-16).

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### ***Build awareness of the Victims Register across key services to improve access***

Awareness of the Victims Register was identified as the primary barrier to access. While it is standard practice for the OPP to send out a letter advising a victim of crime of the availability of the Victims Register, few other services or agencies other than the VAP are still in contact with a victim at the point of sentencing. These challenges are exacerbated where a person has been the victim of previous offending by the perpetrator and is not related to the offence for which they are currently imprisoned. There is a clear need to build awareness of the Victims Register across services that may have an ongoing relationship with eligible victims of crime, including specialist family violence and sexual assault services.

### ***Create efficiencies through automation of administrative and technical requirements***

The review also noted that the Victims Register, as with other VSSR services, would benefit from a fit-for-purpose CRM system. This was seen as particularly beneficial for the Victims Register due to the volume of administrative tasks with the potential to be automated, enabling staff time to be redirected towards directly supporting clients, as well as engaging with key stakeholders to build awareness of the Victims Register and encourage referrals.

## **Child Witness Service**

### **CWS AT A GLANCE**

- The service is available to children and young people aged under 18 years who are witness to a crime, including where they are the victim. It receives approximately 500 new referrals annually and holds approximately 1,100 open cases, the majority of which are sex offences.
- Referrals to the service typically occur through Victoria Police informants and should occur within seven days of charges being laid to ensure early access to support. Where this has not occurred, the OPP may make a referral later in the criminal justice process.
- Work with a child witness includes psychosocial assessment; helping the child to understand their role as a witness, what to expect on the day and possible outcomes; safety planning for court days; facilitating effective communication between the child witness, police and their legal team; providing court support on the day; and debriefing and referrals for ongoing support. Support is also provided to the broader family, including parents and siblings.
- The metropolitan service operates out of stand-alone premises in the court precinct and hosts child-friendly remote witness facilities, as well as providing a safe comfortable space where child witnesses and their families can engage with their legal team.
- In regional areas the CWS uses an outreach model, including utilising the local VAP where the CWS is unable to respond to demand. Child witnesses provide evidence from remote witness facilities at regional courts and generally do not have access to child-friendly spaces.

A separate review of the CWS, conducted by the CIJ in parallel to the broader review, found that the CWS is regarded as one of the most valuable components within Victoria's criminal justice landscape and is delivered by highly specialised and committed staff. Criminal justice stakeholders valued the CWS because it helped them to focus on their own professional roles, knowing that potentially distressed children and their families were well-supported. Stakeholders involved in prosecuting matters noted that the support provided by the service enabled prosecutions to proceed.

As part of the review, CIJ researchers also interviewed a small number of parents and young people who had received support through the CWS. They described the CWS as having "someone on [their] team" and providing "humanity" to what was otherwise a "brutal" process. Parents who responded to a survey issued by the CIJ were unsure how they or their child could have gone through with the criminal trial process without the support of the CWS and observed that the provision of support had enabled them to care and advocate for their children more effectively.

The review of the CWS found that further targeted investment should aim to increase coverage and equitable access. The level of specialisation within the service also represents a valuable opportunity to strengthen and formalise the role of the CWS in capacity building and training across other VSSR services, with a view to ensuring that all services are able to provide age-appropriate, trauma-informed support to children and young people who have experienced or witnessed a crime.

### **Improve referral processes and access, including for under-served cohorts**

CWS data and stakeholder consultations suggested that particular cohorts of children and young people are under-represented within the CWS client group. For example, while the service does support Aboriginal children and young people and those within the out of home care and youth justice systems, referrals for these cohorts are not commensurate with likely rates of victimisation. This accords with findings from the broader review relating to cohorts which are over-represented as victims of crime but under-represented in terms of receiving support.

Consultations with members of the Aboriginal Justice Forum, Executive Officers from the Regional Aboriginal Justice Advisory Committees (RAJACs) and the Commissioner for Aboriginal Children and Young People highlighted the need for a dedicated focus on cultural safety within the CWS. This included through the creation of a VSSR Cultural Safety Lead role and improving access to the CWS for Aboriginal children and young people as a discrete action under outcome 1.2.2 of *Burra Lotjpa Dunguludja* (Phase 4 of the Victorian Aboriginal Justice Agreement). The review also found that there is need for a renewed focus on establishing referral pathways for young witnesses in out-of-home care, particularly given recent findings by the Commissioner for Children and Young People on rates of sexual abuse or exploitation of children while they are in care, as well as rates of victimisation for this cohort generally.<sup>133</sup>

<sup>133</sup> Commission for Children and Young People, *'In our own words': Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system* (2019).

Given the complex needs of these cohorts, and the persistent barriers to reporting and service access that they are likely to face, the review indicated a need to commission dedicated research projects to explore how pathways and services responses for these cohorts can be strengthened.

The CWS would also benefit more generally from alternative referral pathways. While the OPP typically 'catches' young witnesses who have not already received a referral for indictable matters, there is no such safety net for summary offences and practitioners gave examples of matters where eligible young people had not been referred. A young person interviewed for the review provided a stark example of breakdowns in the referral process. Aged 17 at the time of the proceedings, this young woman was not referred to any services by the police and presented at the first court event with no support, including from her parents, who were living overseas at the time. This points to a general need to build awareness of the CWS across a range of agencies and services so that, where police do not make a referral, there are further opportunities for young witnesses to be connected with critical supports prior to the court event.

### *Increase resourcing to support continued, high-quality service delivery*

Despite the CWS being the subject of praise across all consultations, surveys and interviews, the limitation most consistently reported was that the service was "stretched". Responses from interviews and surveys indicated that, for some service users, the scope of service which was able to be offered was not what they would have liked, and that post-court support would have been valuable. Stakeholders described proceedings being delayed because CWS staff had not been available and observed that the workload of CWS staff was immense and "not sustainable". CWS staff similarly expressed concern that they were not always able to deliver the quality and depth of service which the role required and which their own disciplinary expectations demanded. Opportunities for staff supervision and debriefing were also reported as often being compromised by the demands of service delivery.

Given the complexity and time-sensitive nature of the work undertaken by the CWS, the review identified a clear need to increase staffing levels so that caseloads can be reduced, including new positions to service regional catchments and additional staff within the metropolitan service. This would enable the service to continue to provide a specialist, trauma-informed response to a growing client base, including specific and currently under-served cohorts such as Aboriginal young people, young people in out-of-home care and young people in custodial settings. Increased resourcing would also enable the CWS to extend support beyond the court event, and to continue to identify and, where appropriate, expand access to, young witnesses for whom no support is currently available, such as young witnesses aged 18 to 21 in summary offence matters.



### *Formalise and strengthen the CWS's capacity building and training function*

CWS practitioners have a deep understanding of the impacts of trauma on children, young people and the broader family unit, in addition to strong working knowledge of criminal justice processes.

Reflecting this level of specialisation, the CWS currently provides training sessions to VAP and Helpline staff; judicial officers; CASA clinicians; and specialist teams within Victoria Police, subject to service demand. The service is also regularly called on by the Commonwealth Home Affairs Office, Modern Slavery and Human Trafficking Branch, to conduct information sessions for international delegations about managing child sexual offences.

Despite the CWS's expertise, capacity to work effectively with children and young people was identified as a key gap in VAP service provision by both the review of the CWS and CIJ's broader review of victim services. Helpline client data also indicates that approximately 5 per cent of clients are under the age of 18, as are almost 10 per cent of clients receiving Victim Support for YGGC. Appropriate resourcing and formalising of a training, research and clinical consultation role across VSSR's suite of services would better leverage the expertise within the CWS. This is consistent with the approach taken by similar specialist services, such as the South Australian Witness Assistance Service; the Young Witness Service in the UK and Northern Ireland; and the London Family Court Clinic in Ontario, all of which have increasingly assumed a broader capacity building role.

### *Aim to ensure the availability of safe, age-appropriate facilities across Victoria*

The metropolitan CWS service aims to create a space that is child-friendly and comfortable. This includes the availability of toys and children's drawings on the wall, which stakeholders noted have the powerful effect of reminding children and young people that they are not alone in their experience.

Due to its location in a building that also houses court mediation meeting rooms, however, clients are required to go through security screening, including security guards and metal detectors. As many young witnesses are highly traumatised and may already feel stigma associated with the criminal justice proceedings, this experience can compound their trauma, and may be particularly acute for children and young people who have had prior experience in institutions.

Despite the efforts of practitioners to create a comforting environment, the premises are also not entirely fit-for-purpose. Families noted that it becomes crowded when there are multiple families present and private rooms are not sufficiently soundproofed to ensure confidentiality. Practitioners also reported a shortage of remote witness rooms, as well as the need to create comfortable, age-appropriate spaces both for very young children and for adolescents – the latter of whom may feel disempowered by an environment which is primarily geared towards young children. New metropolitan premises which can accommodate the growing service and cater to clients of different ages would therefore be likely to improve the therapeutic effects of the service.



A significant issue identified by almost all stakeholders was the lack of suitable remote witness facilities in regional areas. Existing facilities were described as run down, too small, not soundproof and not child friendly. Examples were given of children and young people giving evidence in rooms near police cells where accused persons were audibly screaming and swearing, with one remote witness room described as a 'thoroughfare' where people sometimes traverse while a child is giving evidence. The availability of fit-for-purpose, secure and child-friendly remote witness facilities was seen as a critical element of equitable access, with multiple stakeholders noting that young witnesses in regional areas are significantly disadvantaged. Increasing access to safe, comfortable remote witness facilities was also a recommendation of the RCFV, with potential opportunities to draw on work already undertaken by the Magistrates' Court of Victoria to implement this recommendation.

## Intermediaries Pilot Program

### IPP AT A GLANCE

- The IPP was introduced on 1 July 2018 and was initially funded until 30 June 2020.
- Legislation permits the use of intermediaries for two categories of witnesses, those being child complainants (aged under 18 years) and adult complainants with a cognitive impairment. As at 21 February 2019, the pilot had received 227 requests for intermediaries for a total of 214 complainants.
- Intermediaries may be used across all court jurisdictions in the Melbourne legal precinct, and the County and Supreme Courts may bring regional matters to Melbourne on a case-by-case basis where the use of an intermediary is deemed necessary. Intermediaries also service Victoria Police Sexual Offences and Child Abuse Investigative Team (SOCIT) sites at Frankston, Fawkner, Box Hill and Geelong. Due to the nature of the program, referrals may only come from courts, Victoria Police or the OPP.
- The service is delivered using a panel of 32 contracted intermediaries and six in-house intermediaries. Intermediaries have allied health backgrounds, including tertiary qualifications in areas such as speech pathology, occupational therapy, psychology and social work. VSSR is responsible for matching appropriately skilled intermediaries to eligible parties, as well as overall program management and coordination.
- Intermediaries assess a complainants' needs and provide either on-the-spot verbal recommendations regarding suitable communication methods (for Victoria Police video and audio recordings of evidence) or, in the case of evidence being provided in court, will participate in a Ground Rules Hearing which brings together all parties, intermediaries and the judge to address issues relating to the questioning and communication needs of the witness.
- Intermediaries are officers of the court and are not intended to function as an access point to the broader system. As such, they do not make further referrals, even where they identify unmet support needs.

As a pilot program, the IPP was subject to a separate evaluation and so was not a focus of the review. The review did note, however, that the IPP is a vital and evidence-based program and aligns well with VSSR's broader functions. Senior OPP staff consulted indicated that, much like the CWS, the IPP is highly valued by legal practitioners, reducing trauma for witnesses and contributing to the healthy functioning of Victoria's justice system.

The review also noted that, while the program's focus is on witnesses, it is highly likely that these witnesses will be victims of crime as well. This includes where they have been the victim of a crime other than the one being prosecuted, given that people with additional communication needs, including cognitive impairments or other forms of disability, are likely to be more vulnerable to victimisation throughout their lives.<sup>134</sup> Where IPP clients are victims of crime, or otherwise have unmet support needs, the program represents an important opportunity to refer into broader supports and consideration should be given to how this broader needs assessment and referral function might be performed without conflicting with the intermediary's role as an impartial officer of the court.

## Victim Support for Youth Justice Group Conferencing

### VICTIM SUPPORT FOR YJGC AT A GLANCE

- For the period 2017-18, Victim Support for YJGC received 155 conference requests representing a total of 460 clients. More than 85 per cent of conference requests resulted in a completed conference and 10 per cent of clients were aged under 18 years.
- The program is staffed by a Program Coordinator (VPS5) and Victims Liaison Officer (VPS4) who provide coverage for the entire state. In some instances, the program will also leverage suitably skilled VAP practitioners, particularly to provide support to clients in regional areas.
- Eligibility criteria for YJGC was expanded in 2015 to include new offence types. This has reportedly resulted not only in an increase in the number of conferences being conducted, but also an increase in the seriousness of offences subject to a restorative process, including offences involving multiple victims.
- Referrals are reliant on Victoria Police informing a victim of their right to participate in the conference and of the availability of support, as well as securing the consent of the victim to provide their contact details to program staff. This is reportedly a significant barrier to victims of crime accessing, or even being made aware of, support to participate in restorative processes.

<sup>134</sup> See, e.g., Carlene Wilson and Neil Brewer (1992) *The incidence of criminal victimisation of individuals with an intellectual disability* (1992) *Australian Psychologist*; 27(2); Australian Bureau of Statistics, 4530.0 - *Crime Victimization, Australia, 2017-18* (2019); Australian Bureau of Statistics, 4431.0.55.003 – *Experiences of Violence and Personal Safety of People with Disability, 2016* (2016); and, Australian Human Rights Commission, *Equal Before the Law: Towards Disability Justice Strategies* (2014).

The review acknowledged the therapeutic value of restorative engagement for victims of crime; the critical importance of the Victim Support for YJGC program; and the commitment of its staff in supporting and advocating for victims of crime, particularly in light of additional pressures created by the expanded eligibility criteria for YJGC, which was not accompanied by an increase in funding to support victims of crime who wish to participate in the restorative process.

In order to provide greater coverage across the state, the review identified an opportunity to establish a more formalised and supported role for VAPs in delivering direct support, with the existing program team to provide coordination and practice leadership. This would include conducting intake assessments and allocating eligible victims of crime to a suitably skilled VAP practitioner for support, as well as providing secondary consultations, training and oversight.

The central team should also be appropriately resourced to undertake critical stakeholder engagement, including with Victoria Police to improve referral practices; YJGC Convenors to build their understanding of victims' needs and experiences, including in relation to more serious offending; and agencies contracted to provide YJGC, so that targeted strategies to improve victims' participation can be developed and implemented.

## Family Violence Restorative Justice Service

### FVRJ SERVICE AT A GLANCE

- The FVRJ Service has commenced receiving referrals but, at the time of the review, no suitable referrals had been made or conference services delivered. Work is ongoing to strengthen referrals pathways for this service.
- Skilled convenors employed by the FVRJ Service are responsible for assessment and intake; working with participants to prepare for conferences; facilitating the conference; and debriefing. In addition, victim survivors will be allocated a Specialist Support Worker for additional support.

As the FVRJ Service will be formally evaluated once it is fully operational, it was not in scope for the current review. The review did, however, identify a clear opportunity for VSSR to continue to develop specialisation in the complex work of supporting victims of crime to participate in restorative processes. This includes providing direct support to victims of crime through programs such as Victim Support for YJGC, as well as advocating for the use of restorative justice and ensuring that new restorative justice models have a lens on the needs of victims of crime; the risk that is inherent in family violence contexts; and reflect best practice in terms of being genuinely victim-led. The review also observed that this crucial support work is distinct from the actual delivery of restorative justice conferences, which involves supporting both victims and offenders in a matter and requires specialist skills in conference convening that are distinct from the broader capabilities of the victim support workforce.

## Trauma Clean

### TRAUMA CLEAN AT A GLANCE

- Trauma Clean provides a vital service by cleaning at the site of crime scenes. While it has no dedicated funding, monies are received from DHHS for the administration of Suicide Clean, for which DHHS is responsible and has contracted VSSR to administer.
- In 2017-18, Trauma Clean provided cleaning services to 61 sites of violent crime and a further 37 sites of suicide through Suicide Clean. The service only accepts referrals via Victoria Police, with homicide accounting for more than half of Trauma Clean sites.
- Due to a lack of resources, Trauma Clean and Suicide Clean referrals are currently managed by Helpline supervisors during operating hours, and are managed by the Manager, Strategy and Stakeholder Engagement outside of Helpline hours.

Trauma Clean provides a vital response to victims and their families in the aftermath of trauma by reducing their exposure to a potentially distressing crime scene, including where the crime occurred in the home. The review found, however, that as the service is not designed to interact, or have any direct contact, with victims of crime, it does not align with VSSR's broader service response or the specialist capabilities of the VSSR workforce.

The review also found that current arrangements for delivery of the program are inefficient and significantly increase the risk of vicarious trauma for the VSSR workforce by exposing staff – who are already undertaking a challenging supportive and therapeutic role for victims of crime – to detailed descriptions of trauma scenes. A lack of appropriate funding has also resulted in a diminished capacity to ensure quality control of the contracted cleaners, with direct, negative impacts on the wellbeing of victims of crime.

The review, therefore, recommended that the program be transferred back to Victoria Police, supported by adequate funding and a quality assurance framework to ensure the provision of high-quality trauma cleaning services. As Victoria Police themselves attend the trauma scene this will enable a more streamlined process for requesting cleaning services, with VSSR focused instead on providing direct practical and therapeutic support to victims of crime. Given that Suicide Clean is administered by VSSR due to its operational overlap with Trauma Clean and is not a service for victims or witnesses of crime, VSSR should similarly end its contractual arrangement with DHHS as part of the transfer of Trauma Clean.

## Critical incident response

### CRITICAL INCIDENT RESPONSE AT A GLANCE

- In response to recent critical incidents - including Bourke Street 1 in January 2017, the Flinders Street incident in December 2017 and Bourke Street 2 in November 2018 - VSSR deployed Helpline staff to provide support in the immediate aftermath, including psychological first aid, practical support and referrals. Helpline staff were deployed to police stations and hospitals where they could assist with triaging primary, secondary and related victims.
- In addition to the immediate response, VSSR extends ongoing support to victims and witnesses of critical incidents. This typically involves initial phone-based outreach and engagement by the Helpline, with subsequent referrals to the VAPs for ongoing case coordination and support where required.
- The impact of critical incidents, particularly mass critical incidents, on VSSR resourcing can be significant. For example, Bourke Street 1 resulted in approximately 1,200 VPeRs and individual VAP providers received up to 200 new clients as a result of the incident.
- VSSR does not receive any core funding for their role in critical incident response, although some additional funding was allocated following Bourke St 1 to mitigate the impacts on VSSR's resourcing and capacity to maintain business-as-usual functions.

VSSR is the lead government agency responsible for coordinating the victim support response in emergency or critical incidents. This important lead role recognises VSSR's specialist expertise in responding to victims and witnesses of crime; the continuum of services which VSSR provides; and its capacity, as a government agency, to coordinate with other agencies involved in the response. In response to recent critical incidents, VSSR has developed a comprehensive and evidence-based Critical Incident Framework.

Noting the work already undertaken by VSSR to ensure that it can respond to critical incidents in a way that is meaningful to victims and witnesses, and which supports the safety of its staff, the review signalled the need to continue to formalise VSSR's role in critical incident responses, including through the provision of core funding to train staff and maintain critical incident readiness to enable a surge in workforce capacity if required.

Incident-specific costs associated with critical incident response – such as backfill; additional casual staff; costs associated with additional supervision and debriefing trauma; and costs associated with ongoing service delivery to victims and witnesses – can continue to be funded on an as-needs basis using existing government processes for emergency funding. Incident-specific funding should account for the need to provide timely, genuine support to victims of critical incidents, as well as the need to minimise impacts on business-as-usual, particularly the continuing provision of support to other victims of crime.

## Coordination between services

The need to understand and improve the extent to which the service is coordinated and supports continuity of care for victims of crime was a primary goal of VSSR in commissioning this review.

The CIJ's research with victims of crime signalled that coordination between services is a critical determinant of the extent to which victims of crime feel supported by the service system and are able to access what they need to recover. Due to the impact of trauma and victimisation on the capacity of victims of crime to self-manage and actively help-seeking, effective coordination was critical in ensuring that victims of crime did not disengage without having their recovery needs met. This included the availability of effective, supported referral pathways between services, as well as the provision of genuine and effective case coordination to scaffold victims of crime as they navigated the service system, particularly when they were engaging with non-specialist services.

### Internal coordination

VSSR's suite of services appear to be relatively well-integrated with each other, both in terms of their awareness of each other's scope and capabilities, as well as practices in relation to cross-referrals. The Victims Register, in particular, uses case conferencing when working with clients that are also being supported by their local VAP. By contrast, the CWS tends to conclude its involvement in service delivery once a matter is resolved and the client has been referred to the VAP, with no transition period of joint servicing. The primary barrier to more sophisticated service integration is the lack of a fit-for-purpose CRM system, which would enable clients to move between services – including the Helpline and the VAP - more seamlessly.

### External coordination

The review found that, to date, VSSR has had a strong focus on direct service delivery, which has limited its capacity to assume a more high-level system coordination and leadership function.

For example, there is limited visibility of the scope and capabilities of VSSR's full range of service offerings across the system, including within key services such as The Orange Door, CASAs and VWAS. This means that, in practice, clients who cannot be supported through other specialist services for a range of reasons are typically not formally referred into either the Helpline or VAP for support. While VSSR has established good working relationships with some key agencies, such as Victoria Police, no interagency governance arrangements are in place to support concerted efforts across the system to improve responses to victims of crime.

At the service level, the review found that VSSR services - particularly the Helpline and VAP - often refer victims of crime to other services without sufficient follow-up to ensure that those referrals were appropriate and effective. As a result, victims of crime were more likely to disengage from the service system without having their needs met, and there was limited accountability for providers that consistently fail to meet victims' needs or provide an adequate service response.

Where VAPs did provide more robust case coordination, this was often a result of the dedication and practice experience of the individual worker, rather than the result of a clear, service-wide expectation that referrals are supported and are treated as a means, rather than an end.

Overall, the review found a need to significantly increase VSSR's capacity for coordination and collaboration with external services and agencies at both the system and service level, with a view to establishing VSSR's services as a 'lynchpin' that actively navigates victims of crime through the service system, maintaining an eye on their wellbeing and coordinating a range of services and interventions around each individual or family to support their recovery.

## Service gaps

The review indicated that, rather than requiring new services, identified service gaps can primarily be addressed through a dedicated focus on tailoring existing service responses and increasing the capacity of services and practitioners to work with and effectively support specific cohorts.

This includes providing learning and development opportunities for practitioners; developing comprehensive practice guidance and tools that consider the unique support needs of specific cohorts; establishing a diverse range of referral pathways that can address the needs of specific cohorts and afford victims of crime choice in how they receive support and from whom; and expanding access pathways, particularly for victims of crime who are less likely to report to police.

For certain cohorts, service gaps may also be addressed by expanding service eligibility criteria or affording services greater flexibility to accept non-eligible clients, including by:

- expanding VAP eligibility criteria so that male victims of family violence can receive support, including where the violence they have experienced does not constitute a violent crime against the person but does align with Victoria's legislative definition of family violence;
- enabling core services to accept victims of high-impact crimes other than violent crime against the person where a risk and needs assessment indicates a clear need for support; and
- clarifying VSSR's position on supporting clients who have both experienced and perpetrated crime to ensure that this cohort is not excluded from service and can receive a response that considers their needs (and risk) in a holistic way.

Increased use of technology will also play a role in closing service gaps by providing a range of ways for clients to engage, including victims of crime residing in rural or regional areas, as well as victims of crime who may otherwise struggle to attend services in-person for reasons such as work, child care commitments, mobility issues and safety concerns.

While the review found that VSSR's suite of services is generally comprehensive, it did identify two key service gaps that are unable to be addressed through existing services. The review, therefore, recommended the design and establishment of two new services for victims of crime – a victims legal advice service, and a dedicated service response for families bereaved by homicide and related crimes.



## Appendix B: Key agencies

This section provides a brief overview of key government agencies, statutory bodies and offices in Victoria that deliver, fund or otherwise support victims of crime (see Table 6). It does not include specific services or non-government organisations and providers.

Table 6: Overview of key Victorian government agencies which respond to victims of crime

Agency	Overview
Adult Parole Board	<p>The Adult Parole Board is an independent statutory body established under the <i>Corrections Act 1986</i> to make independent and appropriate decisions in relation to the release of prisoners on supervised conditional release, cancellation of orders and return of offenders to prison custody, and legislative reporting requirements relating to parole.</p> <p>The Adult Parole Board has established processes for victims of crime to make submissions relating to the release of a prisoner on parole.</p>
Commission for Children and Young People	<p>The Commission for Children and Young People is an independent statutory body that promotes improvement in policies and practices affecting the safety and wellbeing of Victorian children and young people, with a particular focus on vulnerable children and young people.</p> <p>The Commission for Children and Young People provides independent scrutiny and oversight of services for children and young people, particularly those in the out-of-home care, child protection and youth justice systems. It also advocates for best practice service responses to meet the needs of children and young people.</p>
Corrections Victoria	<p>Corrections Victoria is a business unit of DJCS that is responsible for implementing court judgments and orders of the Adult Parole Board, including managing the state's system of correctional facilities and developing programs for the management and rehabilitation of prisoners, as well as the community-based supervision of offenders.</p> <p>It provides information on individuals under sentence or supervision orders as part of the Victims Register and delivers some services to prisoners which respond to experiences of victimisation, such as family violence services for incarcerated women.</p>

Agency	Overview
Court Services Victoria and the Courts	<p>Court Services Victoria and the various courts comprise Victoria's judicial system. CSV is an independent statutory body corporate that provides services and facilities to Victoria's courts, administrative tribunals, and the Judicial College of Victoria.</p> <p>Each Court has individual responsibility for managing the judicial business of the court in accordance with law. Courts and tribunals within Victoria's judicial system include the Supreme Court; the County Court; the Magistrates' Court; the Children's Court; the Coroner's Court; VOCAT; and the Victorian Civil and Administrative Tribunal.</p>
Department of Health and Human Services (DHHS)	<p>DHHS is responsible for the delivery of policies, programs and services that support and enhance the health and wellbeing of all Victorians. DHHS' policy portfolio includes ageing, disability, mental health, housing and homelessness, alcohol and other drugs, child and family services (including Child Protection), ambulance services, public health, and health and wellbeing services.</p> <p>DHHS is also responsible for some specialist services for victims of crime, specifically CASAs and the Sexual Assault Crisis Line, as well as many specialist family violence services.</p>
Department of Justice and Community Safety (DJCS)	<p>DJCS is responsible for the design, delivery and reform of Victoria's justice and community safety system. It comprises the following areas:</p> <ul style="list-style-type: none"> <li>– Service Delivery Reform, Coordination and Workplace Safety – including Victim Support, Royal Commission responses and implementation, stakeholder engagement, intergovernmental relations, service delivery reform and the interface with the NDIS;</li> <li>– Justice Policy and Data Reform – including justice policy advice, justice system reform, development of legislation for the Attorney-General, system stewardship and Office of the General Counsel;</li> <li>– Corrections and Justice Services – including Corrections Victoria (see above), Justice Services and Justice Health;</li> <li>– Youth Justice – including the Youth Justice Commissioner, Youth Justice Community Services and Custodial Operations, and policy, reform and system coordination;</li> <li>– Aboriginal Justice – including the Koori Justice Unit, Native Title and Traditional Owner settlements, and work relating to self-determination;</li> <li>– Regulation – including information, dispute, assurance and regulators services;</li> </ul>

Agency	Overview
	<ul style="list-style-type: none"> <li>– Police, Fines and Crime Prevention – including community crime prevention, fines and enforcement services, and police policy and strategy; and</li> <li>– Community Safety Building Authority.</li> </ul>
Family Safety Victoria	<p>Family Safety Victoria is an independent agency established in 2017 to deliver family violence reform and to lead a coordinated, whole-of-government approach to preventing and responding to family violence.</p> <p>This includes the funding and delivery of some specialist services for victims of crime, specifically The Orange Door service and the administration of family violence FSPs. Family Safety Victoria is also responsible for implementation of schemes to support information sharing across services and agencies in relation to family violence related risk (FVISS and CISS), as well as the MARAM framework and supporting assessment tools.</p>
Office of the Public Advocate	<p>The Office of the Public Advocate is an independent statutory body established to promote and safeguard the rights and interests of people with disability, including in relation to the justice system.</p> <p>The Office of the Public Advocate provides advice and advocacy services to people with disability and administers the Independent Third Person Program to assist people with cognitive impairment or mental illness in interviews with Victoria Police.</p>
Office of Public Prosecutions (OPP)	<p>The OPP is Victoria's public prosecutions service and is responsible for prosecuting serious offences in Victoria's County and Supreme Courts as well as conducting criminal appeals in the County Court, the Court of Appeal and the High Court of Australia.</p> <p>The OPP represents the interests of the Director of Public Prosecutions, and not the government, the police, the victim, or any other person (although there is an expectation that OPP lawyers consider and respond to victims' needs).</p>
Post Sentence Authority	<p>The Post Sentence Authority is an independent statutory authority established in 2018, replacing the Detention and Supervision Order Division of the Adult Parole Board. It is responsible for the independent and rigorous monitoring of serious sex offenders and serious violent offenders on post sentence orders, and oversight of the post sentence scheme.</p> <p>The Post Sentence Authority is also responsible for reviewing coordinated service plans for serious sex offenders and serious violent offenders which are developed by a Multi-Agency Panel comprising DJCS, DHHS and Victoria Police.</p> <p>The Post Sentence Authority has established processes for victims of crime to make submissions relating to post sentence supervision of offenders.</p>

Agency	Overview
Victoria Police	<p>Victoria Police provides policing services to the Victorian community, including responding to calls for assistance, preventing crime through proactive community safety programs, detecting and investigating offences, supporting the judicial process, and supporting victims and ensuring fair and equitable treatment of victims and offenders.</p> <p>Victoria Police are a key access point for victim services.</p>
Victim Services, Support and Reform (VSSR)	<p>VSSR is a business unit of DJCS. It delivers and funds a range of programs and services for victims of crime and is responsible for coordinating a whole-of-government approach to supporting victims of crime. This includes direct delivery of the Victims of Crime Helpline, which acts as the 'gateway' to victim services in Victoria. The Executive Director of VSSR is also the Registrar of the Victims Register, and services provided under the Victims Register, Child Witness Service, witness support for Youth Justice Group Conferencing and Trauma Clean are overseen by VSSR, as are responses to critical incidents, as well as the Family Violence Restorative Justice and Intermediaries Program Pilots. A further major responsibility of VSSR, the Victims Assistance Program is outlined below.</p>
Victims of Crime Commissioner	<p>The Victims of Crime Commissioner is an independent and central point of contact for victims of violent crime who have experienced dealings in their difficulties with the justice system and government agencies. The first Victims of Crime Commissioner was established in 2014, and the role was formally established in legislation in 2015 through the <i>Victims of Crime Commissioner Act 2015</i>.</p> <p>The Victims of Crime Commissioner advocates for the recognition, inclusion and participation of victims of crime by government departments and agencies, and inquires and reports into issues that victims' experience. As of 2018, the Victims of Crime Commissioner is also responsible for managing complaints by victims of crime in relation to the Victims' Charter.</p>
Victims of Crime Consultative Committee	<p>The Victims of Crime Consultative Committee was established in 2012 and was given legislative recognition in 2015 through the <i>Victims of Crime Commissioner Act 2015</i>. The Victims of Crime Consultative Committee includes people with lived experience, as well as representatives of Victoria Police, the OPP, the judiciary, the Adult Parole Board and victims' service agencies.</p> <p>The Victims of Crime Consultative Committee provides a forum for victims of crime, justice agencies and victims of crime services to discuss improvements to policies, practices and service delivery relating to victims of crime, and to promote the interests of victims of crime in the administration of the criminal justice system</p>

Agency	Overview
Youth Justice	<p>Youth Justice is a business unit of DJCS that is responsible for the statutory supervision of young people in the criminal justice system, including providing programs and resources to assist young offenders to manage their lives without further offending.</p> <p>It is responsible for the delivery of Youth Justice Group Conferencing, which provides an opportunity for dialogue between young individuals who have offended and their victims.</p>

## Appendix C: Needs of victims of crime

This section summarises a growing body of literature relating to the impact of crime on victims and their corresponding support needs. It draws on recent reports, reviews and commissions of inquiry that have helped to consolidate understanding of the needs of victims of crime at a policy level.

### Impacts of crime

A challenge in providing effective services to victims of crime is accommodating the diverse experiences of victimisation and identifying the support needs that arise for any one individual. Victims of crime are not a homogenous group and the impact of crime is a highly individualised experience. The way in which a person responds can depend on personal factors (such as age, gender, abilities, health, ethnicity, culture, socio-economic status, social networks and previous experiences and interaction with the justice system); the type and seriousness of the crime;<sup>135</sup> and the nature of the victim's relationship with the offender.<sup>136</sup>

In its 2016 report, *'The role of victims of crime in the criminal trial process'*, the VLRC provides a useful summary of research findings on the impact of crime on victims. It outlines the most common effects of criminal victimisation, which include psychological injury, shock, guilt, physical injury, financial loss, a loss of trust in society and responses arising from a perceived risk of future victimisation.<sup>137</sup> The report draws the following insights on victimisation from the literature:

- Most victims of crime will have an emotional reaction to victimisation, with higher levels of emotional stress and persisting psychological, social and physical effects associated with more serious or violent offences;
- Sexual assault can lead to victims of this crime type experiencing feelings of guilt, self-blame, and unworthiness, and this internalised response contributes to low rates of reporting;
- While the effects of property crimes are typically not as severe and long-lasting as violent personal crimes, victims of property crime can nevertheless suffer emotional, psychological and physical health effects, sometimes to a severe degree;
- The effect of crime victimisation can compound, as well as be compounded by, pre-existing vulnerabilities in those already experiencing disadvantage or marginalisation, such as refugees,

<sup>135</sup> It is important to note that the impact of a crime on a person does not necessarily correspond to the 'seriousness' of the crime based solely on crime type. See, e.g., Elaine Wedlock and Jacki Tapley, 'What Works in Supporting Victims of Crime: A Rapid Evidence Assessment' (Victims' Commissioner and University of Portsmouth, 2016) 8.

<sup>136</sup> Bree Cook, Fiona David and Anna Grant, *Victims' Needs, Victims' Rights: Policies and Programs for Victims of Crime in Australia* (Research and Public Policy Series No 19, Australian Institute of Criminology, 1999); 'Review of the Victims of Crime Assistance Act 2018' (n 4).

<sup>137</sup> Joanne Shapland and Chris Hall, 'What Do We Know About the Effects of Crime on Victims?' (2007) *International Review of Victimology* 175 and 178; Diane Green and Naelys Diaz, 'Predictors of Emotional Stress in Crime Victims: Implications for Treatment' (2007) *Brief Treatment and Crisis Intervention* 7(3) 194.

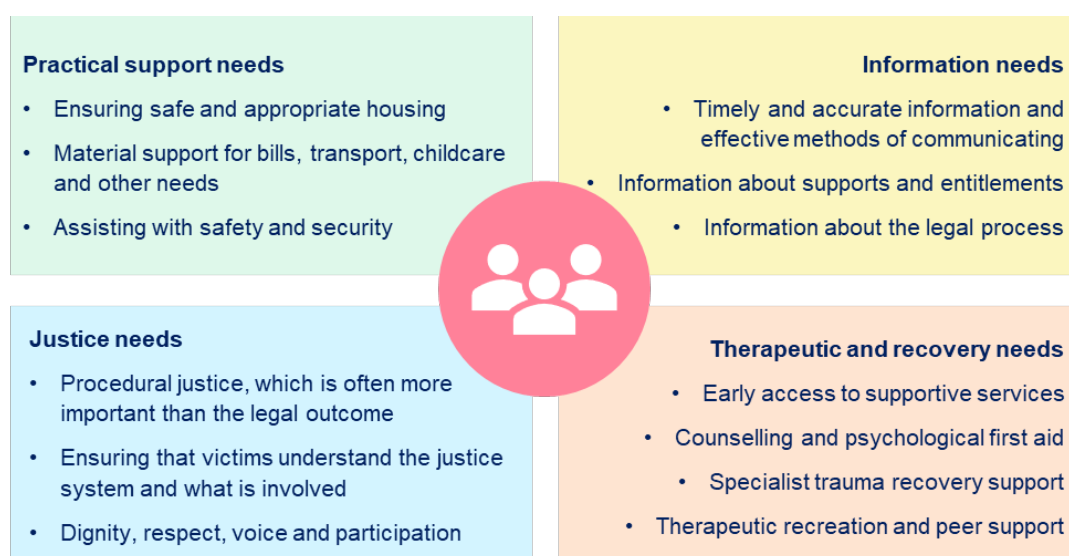
women escaping family violence, Aboriginal and Torres Strait Islander peoples, and people with disabilities.<sup>138</sup>

Victims' needs change over time, with some needs arising immediately after the criminal incident, and others requiring a longer-term approach. The trajectory of recovery from crime is dynamic and unlikely to be a linear process with the type of advocacy and therapeutic treatment needed changing over time.<sup>139</sup>

## Needs of victims of crime

Victims' needs can be grouped into four broad categories, being: practical support needs; therapeutic needs; justice needs; and information needs (see Figure 16).

Figure 16: Categories of victims' needs.



Source: Analysis of literature and stakeholder consultations.

A review of the literature identifies several elements of effective responses for victims of crime. These elements (outlined below) combine characteristics identified by the VLRC<sup>140</sup> as essential for an effective state-funded financial assistance scheme with findings from other sources, providing a useful starting point for considering elements of best practice in responding to the needs of victims of crime:

- Flexibility - Responses should recognise the diversity of victims' needs and that needs may change over time. Responses are required to address victims' needs in the immediate crisis period and over the long-term.

<sup>138</sup> 'The Role of Victims of Crime in the Criminal Trial Process 2016' (n 5).

<sup>139</sup> Dinisman and Moroz (n 34).

<sup>140</sup> 'Review of the Victims of Crime Assistance Act 2018' (n 4).



- Timely - Short-term, practical needs such as material and housing support, medical assistance and counselling should be addressed promptly. Long wait times for services can cause victims of crime to disengage.
- Holistic - Support that address all the needs with which a victim of crime presents should be provided in a 'central place', rather than navigating a fragmented system. Services should commence immediately after the crime occurs and include therapeutic and practical support, such as financial assistance, counselling and court support.
- Victim-centred and trauma-informed - Services should be informed by knowledge of the impacts of certain offences, and of particular vulnerabilities and shared experience of individuals and communities, with skilled responses to avoid re-traumatisation and social stigma. For Aboriginal people, service responses require an understanding of the impacts of trauma and appropriate engagement with a victim's culture, history and the effects of inter-generational trauma.
- Recognition of long-term needs - Responses should recognise that the impact of crime can be long lasting, sometimes persisting over a lifetime. Understanding that victims of crime may present with a range of needs, including for practical supports, at different points in the trajectory of their recovery.
- Tailored - Services should be targeted in ways which address the needs of diverse crimes, circumstances and victims of crime. For example, the RCFV found that current policy does not pay enough attention to the effects of violence on children, and their specific support needs.

## Needs of specific cohorts

Vulnerabilities associated with particular cohorts in the community can result in a greater likelihood of becoming a victim of crime, as well as acting to compound the impact of the crime. The following outlines the specific needs, barriers to access, and differences in practice needed to support some types or communities of people who have experienced crime appropriately. While these are presented as discrete cohorts, there is likely to be considerable overlap between the groups, with many experiencing multiple forms of disadvantage. In addition, the impact of crime be exacerbated for people living in rural, regional and remote areas where they are isolated and there is a lack of appropriate support services.

### Older people and elder abuse

Like most developed countries, Australia has a rapidly ageing population. At the 2017 census, 3.8 million people, or 15 per cent of the total population, was 65 years and over, compared with 1.3 million (or nine per cent) in 1977.<sup>141</sup> In 2017, over half of this age group was aged 65 – 74; a third were aged 75 – 84; and 13 per cent were aged 85 and over.

<sup>141</sup> Australian Institute of Health and Welfare, *Older Australia at a glance* (2018). Accessed [online](#).

While the classification of a person as 'older' or as an 'elder' generally refers to those over the age of 65 years in the general Australian population, for Indigenous Australians, given significantly lower life expectancy, the definition of 'elder' is set at the lower age range of 50 - 55 years.

Crimes against older people are generally divided into the two categories of 'conventional' crime, which includes robbery, theft, fraud, rape and homicide, and the 'covert' crime of elder abuse, which refers to the relatively hidden phenomenon of neglect and abuse, occurring in residential facilities, or in care by family.<sup>142</sup> Research consistently indicates that older people are significantly less at risk of criminal victimisation than other age groups, and yet report greater fear of crime victimisation.<sup>143</sup>

Victorian crime statistics for 2018 indicate that people aged over 65 accounted for 7.5 per cent of all reported crime.<sup>144</sup> Survey data from the National Aboriginal and Torres Strait Islander Social Survey for 2014-15 show that 6.5 per cent of Indigenous Australians aged 50 or older had experienced physical violence in the previous 12 months. Over half of these had been physically injured in the most recent incident; 86 per cent knew the offender; and around 60 per cent reported the incident to police.<sup>145</sup>

In recent times, elder abuse and its effect on the elderly has been recognised as a significant issue for ageing cohorts in Australia.<sup>146</sup> Elder abuse takes a variety of forms, including physical, social, financial, psychological, or sexual abuse, mistreatment and neglect. A 2015 Victorian study of elder abuse found that financial abuse and psychological or emotional abuse were the most commonly reported forms of elder abuse.<sup>147</sup>

In Victoria, elder abuse is recognised as a form of family violence under the *Family Violence Protection Act 2008 (Vic)*. The RCFV identified that, while women are over-represented as victims of family violence in general prevalence data, older men experience family violence at a higher rate than younger men. The RCFV also noted that older people are often reluctant to report abuse inflicted by an adult child, because of stigma and the desire to preserve family relationships.<sup>148</sup>

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<sup>142</sup> Marianne James, 'The elderly as victims of crime, abuse and neglect' (Trends and issues in crime and criminal justice, Australian Institute of Criminology, 1992).

<sup>143</sup> Marianne James and Adam Graycar, 'Preventing crime against older Australians' (Research and Public Policy Series. No. 32, Australian Institute of Criminology, 2000).

<sup>144</sup> These figures should be treated with caution as the evidence suggests that there is significant under-reporting among this cohort. Crime Statistics Agency, Crime statistics Year Ending 31 December 2018, Victim reports, Table 5.

<sup>145</sup> Australian Institute of Health and Welfare, 'Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over – in brief' (2019).

<sup>146</sup> Ibid.

<sup>147</sup> National Ageing Research Institute and Senior's Rights Victoria, 'Profile of elder abuse in Victoria. Analysis of data about people seeking help from Senior's Rights Victoria', *Summary Report* (2015).

<sup>148</sup> 'Royal Commission into Family Violence, Vol V' (n 44) 67.

Estimated prevalence rates of elder abuse in high or middle income countries ranges from two per cent to 14 per cent.<sup>149</sup> The majority of victims of elder abuse are women and, of all allegations of elder abuse, 90 per cent of perpetrators were related to the older person.<sup>150</sup> Seventy-five per cent of reported elder abuse cases involve the abuse of an older person with cognitive impairment.<sup>151</sup> Data from elder abuse Helplines suggests that Indigenous Australians may be over-represented among older Australians seeking assistance.<sup>152</sup>

## Vulnerabilities and needs

Ageing populations that experience crime, including financial losses from fraud and scams, may also encounter depression, anxiety, fear and feelings of unworthiness and other psychological stress.

While older Australians are a demographically diverse cohort, and regardless of whether crime is conventional, or covert, older people experience age-associated vulnerabilities which can increase the seriousness of the impact of crime. Decline in physical wellbeing, as well as cognitive impairment and dementia can result in slower recovery journeys than for young people, as well as in increased morbidity and mortality from injuries. Exposure to feelings of vulnerability associated with ageing may also trigger memories of historical abuse.<sup>153</sup> With greater dependency on carers and increased social isolation, these frailties can make people not only more vulnerable to abuse but less likely to be able to remove themselves from the abuse, or to access the services needed to assist recovery.<sup>154</sup>

Greater financial insecurity, due to a higher proportion of elderly people being reliant on government benefits, may make it harder for older people to accommodate the financial losses associated with being a victim of crime, and more vulnerable to “get rich quick” scams and consumer fraud.<sup>155</sup> The use of deception or threats of violence can coerce an elderly person into altering their will or making superannuation or banking withdrawals.

The RCFV noted a ‘significant lack of understanding within the community and by service providers of the nature and dynamics of elder abuse, which can create missed opportunities to intervene and provide support to victims’.<sup>156</sup>

<sup>149</sup> Rae Kaspiew and Rachel Carson, ‘Elder abuse: understanding issues, frameworks and responses’ (Research Report No. 35, Australian Institute of Family Studies, 2016).

<sup>150</sup> National Ageing Research Institute and Senior’s Rights Victoria (n 147).

<sup>151</sup> Blundell and Black (n 47).

<sup>152</sup> Australian Institute of Health and Welfare (n 145).

<sup>153</sup> RCIRCSA 2017 (n 6).

<sup>154</sup> Carlos Carcach, Adam Graycar and Glenn Muscat, *The Victimisation of Older Australians* (Trends and Issues in Crime and Criminal Justice No 212, Australian Institute of Criminology, 2001).

<sup>155</sup> James and Graycar (n 143).

<sup>156</sup> ‘Royal Commission into Family Violence, Vol V’ (n 44) 80.

The RCFV also recognised that most family violence services and intervention programs for perpetrators are not equipped to address the unique dynamics of elder abuse, and that appropriate service and accommodation options for older people escaping violence were needed.<sup>157</sup>

Interventions and supports for older victims of crime include: safety planning to enable victims of elder abuse to regain a sense of control and prepare for emergency situations; counselling programs to address therapeutic needs, especially where abuse is creating or exacerbating mental health conditions; medical care programs for addressing physical health conditions that are more prevalent among the elderly; appropriate accommodation to address housing needs, particularly where the abuser lives in the same home; and legal support to ensure that the victims of elder abuse are informed of their rights and referred to other services.<sup>158</sup>

## Children and young people, including those in out-of-home care

Of all crimes reported to police in Victoria in 2018, children accounted for almost nine per cent (18,903).<sup>159</sup> This is highly likely to be a significant underestimation of prevalence, given that children are unable, or less likely, to report violence directed towards them. This is particularly the case when it is at the hands of a family member or a person in a position of power. In addition, many instances of violence against children occur within contexts where the incident may not be recognised as criminal; be ordinarily addressed within the criminal justice system; or be likely to result in prosecution. Examples include child maltreatment or neglect;<sup>160</sup> corporal punishment; family violence that targets the child, (including from a sibling) or to which the child is a witness; family abduction; or violence between peers (i.e., bullying).

Child-specific surveys relating to children's experience of crime are not conducted in Australia, but national surveys in the United States provide some indication of the prevalence of crime victimisation amongst this cohort. The 1997 *National Crime Victimization Survey* found that rates of crime victimisation for children aged 12 - 17 were more than twice as high as for adults and constitute 25 per cent of all victims of crime.<sup>161</sup> In addition, children were found to be less likely to report the incident to police. The 2014 *National Survey of Children's Exposure to Violence* established that 37.3 per cent of young people aged 10-17 years had experienced a physical assault in the preceding

<sup>157</sup> Ibid 67. The commission noted that aged care facilities were not always an appropriate option for older people escaping violence.

<sup>158</sup> Yoshiko Takahashi and Chadley James, *Victimology & Victim Assistance. Advocacy, Intervention, and Restoration* (Sage Publications, 2019) 188-189.

<sup>159</sup> Crime Statistics Agency (n 144).

<sup>160</sup> In Australia, less than 10 per cent of all child protection matters involve the prosecution of an offender. See Australian Institute of Criminology, *Australian crime: Facts & figures: 2011*, Chapter 8: Spotlight on child victims – crime and child maltreatment. Accessed [online](#).

<sup>161</sup> Crimes Against Children Research Center, *Fact Sheet*. Accessed [online](#).

12 months, primarily at the hands of siblings or peers; with 9.3 per cent of youth experiencing an assault related injury. One in 20 girls 14 to 17 years old experienced sexual assault or abuse.<sup>162</sup>

ABS data and the Australian Institute of Health and Wellbeing's *Child Protection, Australia* provide some indication of the experience of crime victimisation of children from birth to 14 years. As with victimisation patterns for the general population, males aged 0 - 14 experience assault at a higher rate than any other type of violent crime. This is a higher per capita rate than that for female children in the same age range.

The rate of sexual assault of females aged 0 - 14 was almost four times higher than for males in the same age. A greater percentage of children aged 0-14 were assaulted or sexually assaulted by a non-family member who was known to them (43 per cent), with 34 per cent of perpetrators being family members and 19 per cent strangers. Younger children aged 0 – 9 were more likely to be assaulted by family members (61 per cent), with 23 per cent assaulted by non-family members and 13 per cent by a stranger.<sup>163</sup>

### Vulnerabilities and needs

Children, especially younger children, are an inherently vulnerable cohort in relation to crime victimisation. This is a result of their reliance on others to meet their primary needs, as well as the disproportionate effect of exposure to violence and sexual assault. In addition, children with history of maltreatment, trauma or victimisation have a higher likelihood of involvement in the criminal justice system as offenders.<sup>164</sup> In Australia, young people aged 10 – 16 years who are subject to a child protection order are twelve times more likely to be in the youth justice system than the general population of the same age.<sup>165</sup> See section 2.3.5 for a discussion of the complex, but well established, link between victimisation and offending.

The RCFV emphasised the high rate of children's exposure to family violence. The RCFV found that children under 18 years were present at 22,376 family violence incidents attended by Victoria Police in 2013–14, and that multiple children were often present at these incidents. In 2013–14, there were 11,053 incidents in which one child was present; 6,627 where two children were present; 2,866 where three children were present; 1,089 where four children were present; and 741 where five or more children were present.<sup>166</sup> In addition, the RCFV was advised that, of all people affected by family violence for whom police completed an L17, 5,781 were aged under 18 years.

<sup>162</sup> David Finkelhor, Heather Turner and Anne Shattuck, 'Prevalence of Childhood Exposure to Violence, Crime, and Abuse. Results from the National Survey of Children's Exposure to Violence' (2015) 169 *JAMA Pediatrics* 8, 749.

<sup>163</sup> Australian Institute of Criminology (n 160)

<sup>164</sup> Catia Malvaso, Paul Delfabbro and Andrew Day (2016), 'Risk factors that influence the maltreatment-offending association: A systematic review of prospective and longitudinal studies'. *Aggression & Violent Behaviour*, 1-15.

<sup>165</sup> Adam Dean, Young people involved in child protection and youth justice systems' (Child Family Community Australia, 2018).

<sup>166</sup> 'Royal Commission into Family Violence, Vol II' (n 53) 103.

Exposure to crime and violence have been shown to impact a child's development negatively, compromising their physical, social and psychological functioning.<sup>167</sup> The RCFV heard that exposure to family violence can have profound short- and long-term effects on children and young people which are similar to the impacts on children who experience direct physical violence, and not all of which may be immediately apparent. The RCFV heard that there is no 'safe' level of exposure to violence. Children can suffer from a variety of physical, emotional and mental health effects including depression, anxiety, low self-esteem, impaired cognitive functioning, learning difficulties and mood problems.<sup>168</sup> Child victims of sexual abuse are also likely to have multiple and interconnected needs and may need to access different services throughout the life course.<sup>169</sup>

One important consideration in looking at the support needs for children who have experienced or been exposed to violent crime, is understanding the extent to which they have access to available support services. Often described as the 'silent victims' of family violence,<sup>170</sup> children also risk being overlooked in responses to victims of crime generally.

In relation to family violence, children are 'frequently marginalised' in current responses. The RCFV heard that, although a child's safety and welfare are likely to be intrinsically linked to the mother's safety and welfare, the needs of the child can differ from, and at times even conflict with, the parent's rights. Evidence before the RCFV emphasised the gap in services for this cohort and the need for more (and more comprehensive) services focusing on the needs of children and young people.<sup>171</sup> The RCFV was of the view that children and young people are not 'passive' witnesses or 'secondary' victims, and that they should be recognised as 'victims in their own right'. Specialist approaches for children are needed to complement supports for women by working directly with the child or young person; with the mother and child together; or by helping the mother to support the child.

While no data was identified in relation to access to services in the general population of people under the age of 18, evidence from other jurisdictions indicates gaps in service provision to the particularly vulnerable cohort of children in institutional settings and out of home care. While this group is likely to have a high rate of need for victim support services, given that a significant proportion of them have been victims of violent crime prior to their entry into care, a 2010 report by the NSW Ombudsman found that a concerning small number of applications for crimes compensation had been made by the NSW Department of Community Services on behalf of children subject to a care order.<sup>172</sup>

<sup>167</sup> Alistair Lamont, 'Effects of child abuse and neglect for children and adolescents' (Resource sheet, National Child Protection Clearinghouse, 2014).

<sup>168</sup> 'Royal Commission into Family Violence, Vol II' (n 53) 103.

<sup>169</sup> 'RCIRCSA 2017' (n 6) 35.

<sup>170</sup> 'Royal Commission into Family Violence, Vol II' (n 53) 101.

<sup>171</sup> Ibid 103.

<sup>172</sup> The Victorian Department of Health and Human Services' Child Protection Manual states that '*Where child protection practitioners become aware a child has been a victim of crime, consideration should be given to referral (and support) of the child or family to the Victims of Crime Helpline*'. Accessed [online](#).



## People with a disability or mental illness

An estimated 1.1 million Victorians have a disability, of whom 32.7 per cent have a 'profound or severe disability'.<sup>173</sup> Every year, one in five Victorians experiences some form of mental illness or disorder, and 45 per cent will directly experience a mental health condition in their lifetime.<sup>174</sup>

As is the case with other vulnerable cohorts, people with a disability are likely to be more vulnerable to violence and to face barriers to disclosure. Eighteen per cent of people with disability report being victims of physical or threatened violence, compared with 10 per cent of those without disability.<sup>175</sup>

People with intellectual disability are three times more likely to be victims of assault, sexual assault and robbery, compared with people who do not have an intellectual disability.<sup>176</sup> Women with disability or a long-term health condition were more likely to have experienced violence in the preceding 12 months than women without disability or a long-term health condition (5.9 per cent compared with 4.3 per cent), while men were equally likely to experience violence, regardless of disability.<sup>177</sup> The RCFV heard that women with disabilities are at higher risk than men with disabilities, and are more likely to experience family violence than women without disabilities.<sup>178</sup>

The highest rates of violence against people with a disability or long-term health condition reported in the 2016 *Personal Safety Survey* were among people with a psychological disability (14.8 per cent), and intellectual disability (14.3 per cent), with around one in seven people in these groups reporting violence in the previous 12 months. For people with a physical disability, 5.0 per cent reported having experienced violence during the same period.<sup>179</sup>

In addition to conventional crime, people with a disability may face abuse at the hands of family and carers, professionals and co-residents in residential settings, and medical and transport staff. As well as physical and sexual assault, forms of carer abuse can include threatening to withdraw care; controlling access to medication; mobility aides and transport; and threatening to institutionalise the person.<sup>180</sup> Perceptions of people with disabilities as unreliable, not credible or incompetent makes it harder to report crime and contributes to their heightened risk of victimisation.<sup>181</sup>

<sup>173</sup> As reported to 'Royal Commission into Family Violence, Vol II' (n 53) 167.

<sup>174</sup> Website of the Royal Commission into Victoria's Mental Health System. Accessed [online](#).

<sup>175</sup> Australian Bureau of Statistics (2019), '4530.0 – Crime Victimisation, Australia, 2017-18'.

<sup>176</sup> Carlene Wilson and Neil Brewer (1992) *The incidence of criminal victimisation of individuals with an intellectual disability* (1992) *Australian Psychologist*; 27(2); Australian Bureau of Statistics (n 52).

<sup>177</sup> Australian Bureau of Statistics (2016), '4431.0.55.003 – Experiences of Violence and Personal Safety of People with Disability, 2016'.

<sup>178</sup> 'Royal Commission into Family Violence, Vol II' (n 53) 167-169.

<sup>179</sup> Australian Bureau of Statistics (n 177).

<sup>180</sup> 'Royal Commission into Family Violence, Vol II' (n 53) 167-169.

<sup>181</sup> Office of the Public Advocate (n 50). See also Australian Human Rights Commission (n 50).



## Vulnerabilities and needs

In addition to higher rates of victimisation, people with a disability, mental illness or long-term health issue face multiple forms of disadvantage. Sixty-seven per cent of people with a disability aged 15 years or over are categorised as being financially disadvantaged; 18 per cent have low education levels; and 59 per cent are aged 65 years or over. People with a mental illness are among the most vulnerable and disadvantaged in the community, with lower educational attainment and participation in employment, and higher financial disadvantage.<sup>182</sup>

In its 'Enabling Justice' and 'Supporting Justice' projects, the Centre for Innovative Justice has examined the over-representation of people with mental ill health and cognitive impairments in the justice system.<sup>183</sup> Nearly half of all adult male prisoners and more than one third of adult female prisoners in Victoria have an Acquired Brain Injury (ABI), compared with about two per cent of the general population.<sup>184</sup> Increased vulnerability to contact with the criminal justice system for people with disabilities correlates with high rates of victimisation in the prison population and may also be a consequence of their victimisation (such as a brain injury incurred in the context of family violence).

Respective findings and recommendations from the RCFV and the RCIRCSA relevant to victims of family violence and abuse who live with disability, can inform responses to victims of crime more broadly. These include the need for:

- appropriate and accessible emergency accommodation option (RCFV Rec 177);
- more flexible disability funding packages (RCFV Rec 176; RCIRCSA Rec 9.3);
- support services that are accessible and sensitive to disability (RCIRCSA); and
- therapeutic responses that accommodate a range of disabilities, including with cognitive impairments or complex communication needs. Group interventions may be more effective (RCIRCSA); and
- advocacy to support navigation through what is fragmented service system (RCIRCSA).

<sup>182</sup> Christine Coumarelos et al, *Collaborative planning resource – service planning* (Law and Justice Foundation of New South Wales, 2015) 66.

<sup>183</sup> Centre for Innovative Justice (n 33).

<sup>184</sup> Martin Jackson, Glen Hardy, Peter Person and Shasta Holland, (2011) *Acquired Brain Injury in the Victorian Prison System*, Corrections Research Paper Series, Paper No. 4, Department of Justice.

## Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander peoples are grossly overrepresented at all stages of the justice system, both as offenders and as victims of crime.<sup>185</sup> The RCFV provides the following useful overview of the prevalence of experiences of violence in the family context in Aboriginal communities:

- Victorian Aboriginal women are 45 times more likely to experience family violence than non-Aboriginal women.
- Nationally, Aboriginal women are 35 times more likely to be hospitalised due to family violence-related assaults; five times more likely to be victims of homicide; and five times as likely to experience physical violence.
- Aboriginal and Torres Strait Islander respondents in the International Violence Against Women Survey reported three times as many incidents of sexual violence in the previous 12 months compared to non-Indigenous women.
- Aboriginal and Torres Strait Islander males are 22 times more likely than non-Indigenous males to be hospitalised due to family violence related assaults.
- Where violence occurs, Aboriginal children are much more likely to have witnessed physical violence against their mother or stepmother than non-Aboriginal children (42 per cent in that study compared to 23 per cent of all children).<sup>186</sup>

In the context of victimisation, the over-representation of Aboriginal and Torres Strait Islander children in child protection systems should also be considered, including its links to high rates of family violence. Data from the Productivity Commission reveals that in 2014–15, 81.4 per 1000 Aboriginal and Torres Strait Islander children were subject to care and protection orders, compared with 6.6 per 1000 for non-Indigenous children. Aboriginal children now represent one in six Victorian children or young people being placed in care.<sup>187</sup>

### Vulnerabilities and needs

Many Aboriginal communities face multiple forms of disadvantage at a systemic, social, cultural and geographic level. Forty-nine per cent of Indigenous Australians are financially disadvantaged; 43 per cent live in outer regional or remote areas; 35 per cent have low education levels; nine per cent are unemployed; 13 per cent are single parents and seven per cent have a disability.<sup>188</sup> Rates of offending and crime victimisation amongst Aboriginal and Torres Strait Islander communities must be viewed within the context of this compounded disadvantage. This includes the legacy of colonisation; intergenerational trauma associated with government policies such as the removal of

<sup>185</sup> Referring to Australian, Canada and New Zealand, see Chris Cunneen, 'Decolonising Indigenous Victimisation' in Wilson and Ross (eds) *Crime, Victims and Policy* (Palgrave Macmillan, 2015).

<sup>186</sup> 'Royal Commission into Family Violence, Vol V' (n 44) 13.

<sup>187</sup> Ibid 13.

<sup>188</sup> Coumarelos et al (n 182).

children from their families; and the ongoing experience of discrimination, marginalisation and racism.

Aboriginal and Torres Strait Islander communities also face significant barriers to accessing legal, health and social support services. These include historical mistrust of the mainstream service system, a lack of culturally specific services, or of culturally safe mainstream services, as well as language and geographic barriers.

The RCIRCSA noted that a service system that is responsive to the specific needs of Aboriginal and Torres Strait Islander survivors of abuse should incorporate culturally specific healing approaches, in addition to culturally responsive mainstream services. The RCFV stressed the importance of services provided by Aboriginal Community-Controlled Organisations (ACCOs); tailored justice system responses; early intervention; greater investment in long-term service delivery; and evaluations of Aboriginal family violence programs and support services.

The Victorian Aboriginal Justice Agreement outlines the Victorian Government's commitments to improving justice outcomes for First Nation peoples.<sup>189</sup> The fourth iteration of the agreement has a specific focus on victimisation within Aboriginal communities, with the following strategies, as outlined in the Aboriginal Justice Framework, of particular relevance to victim support services:

- providing family-centred responses that coordinate support for families, when family members are involved in the justice system, to enhance their capacity to heal from trauma, and improve parenting, relationship, communication and problem-solving capabilities;
- meeting the specific needs of Aboriginal victims and witnesses of crime, particularly children;
- providing culturally informed support and enable access to the services they need to ensure that healing can occur, as well as support to enable access to services which assist in participation in the prosecution process, such as the CWS;
- meeting the particular needs of vulnerable children and young people in out of home care due to family violence and support them to access the services they need to avoid future involvement with the criminal justice system;
- addressing underlying causes of offending through healing and trauma-informed approaches that explore the intergenerational experiences of people affected by violence, strengthen protective factors and increase coping strategies;
- enabling Aboriginal stakeholders to self-determine program outcomes, design, deliver and evaluate justice services for Aboriginal people;
- building the capacity of justice services to provide family-centred, wrap around, holistic programs and services that promote the healing of the individual and contribute to the wellbeing of the community; and

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<sup>189</sup> Victorian Aboriginal Justice Agreement, *Burra Lotjpa Dunguludja Phase 4: A partnership between the Victorian Government and Aboriginal Community*. Accessed [online](#).

- creating opportunities for the voices of Aboriginal children and young people to be heard and contribute to decision making on key justice policy, legislative and / or service developments that affect them.

## People from culturally and linguistically diverse backgrounds

People from CALD communities represent a significant proportion of the Victorian population. In 2018, almost a third of Australia's population was born overseas numbering 7.8 million, with 26 per cent of those speaking a language other than English at home.<sup>190</sup>

The rates of general victimisation in CALD communities, and for family violence specifically, is not readily quantifiable. This is largely due to under-reporting. Factors contributing to under-reporting for this cohort, and which also impede access to appropriate services, include:

- language barriers;
- lack of knowledge and familiarity with available support services;
- lack of awareness about rights and legal protections;
- social stigma and shame relating to some crimes (such as family violence); and
- mistrust of authorities.<sup>191</sup>

Women from CALD communities who have experienced sexual violence face additional barriers of financial and emotional dependence on others, family, cultural, religious and community pressures.<sup>192</sup> A lack of culturally appropriate services, instances of racism, bias and over-policing may also undermine engagement of people from CALD communities with victim services.<sup>193</sup>

<sup>190</sup> Victorian Multicultural Commission, *2016 Census: A snapshot of our diversity*. Accessed [online](#).

<sup>191</sup> Segrave (n 54).

<sup>192</sup> Natalie Taylor and Judy Putt, *Adult sexual violence in Indigenous and culturally and linguistically diverse communities in Australia* (Trends & issues in crime and criminal justice, No. 345, Australian Institute of Criminology, 2007).

<sup>193</sup> Australian Institute of Family Studies, *Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia* (AFRC Issues, 3, 2008).

Restricted visa status can also impact eligibility for certain supports, where access to Centrelink benefits, income support, health services and public housing is non-existent or limited, or where this can result in significant administrative complexity when seeking access to supports. While these have primarily been examined in the context of family violence, some of these barriers relating to eligibility for support have broader applicability to temporary visa holders who have experienced a crime.<sup>194</sup>

While media reports suggest that high rates of crime are directed at international students in Australia, the prevalence and nature of victimisation by international students in Victoria is also hard to quantify and findings have been mixed. A study conducted by the Australian Institute of Criminology in 2011 found that international students experienced physical assaults at significantly lower levels than the general population, but that rates of robbery amongst this group of students were higher than the corresponding state average.<sup>195</sup>

Crimes against members of CALD communities may be conventional, such as theft or burglary, or may occur as results of their marginalisation in Australian society such as racially motivated hate crimes, or gendered-based family violence.

### **Vulnerabilities and needs**

Although CALD and newly emerging communities are not a homogenous cohort, as a group they share certain characteristics of disadvantage. Forty-six per cent of people from CALD communities are financially disadvantaged; five per cent are unemployed; and six per cent have a disability.<sup>196</sup>

Members of CALD communities and, in particular, recent humanitarian and other migrant arrivals, are also more likely to be marginalised from mainstream service due to cultural, language and literacy barriers, as well as limited resources and capability.

Specific considerations relevant to the provision of supports for victims of crime from CALD communities include:

- specific needs for refugees and people with experience of trauma, civil unrest and dislocation; and
- women who are sponsored or on limited visas may have no access to health care or financial support services. This may make women in these circumstances reluctant to report because of a perceived threat of deportation.

<sup>194</sup> Kate Thomas, Marie Segrave and InTouch Multicultural Centre Against Family Violence, *Research Brief: Support options for migrant women on temporary visas experiencing family violence in Australia* (2018).

<sup>195</sup> Jacqueline Joudo Larsen, Jason Payne and Adam Tomison, *Crimes against international students in Australia: 2005-09* (Special report, Australian Institute of Criminology, 2011).

<sup>196</sup> Coumarelos et al (n 182).

## People from lesbian, gay, bisexual, transgender and intersex communities

Contemporary surveys from Australia indicate that 75 per cent of people from LGBTI communities experience verbal abuse; 41 per cent experience threats of physical violence; and 23 per cent experience physical assault.

Victimisation rates are higher for transgender survey participants, with 92 per cent of trans women and 55 per cent of trans men experiencing verbal abuse, and 46 per cent of trans women, and 36 per cent of trans men experiencing physical assault. Survey data also suggests a lack of assistance sought by victims of crime from LGBTI communities. Of all respondents to the survey who reported victimisation in the two-year study period, only a quarter (25 per cent) sought help.<sup>197</sup>

An unknown percentage of these crimes could be characterised as homophobic or transphobic violence, or 'hate' crimes, i.e., arising in relation to the victim's sexual and gender identity. Hate crimes are most likely to be perpetrated against transgender people and younger LGBTI people. Of LGBTI people aged between 14 and 21 years surveyed in 2010, 61 per cent reported verbal abuse; 18 per cent reported physical abuse; and 69 per cent reported other types of abuse which they attributed to homophobia.<sup>198</sup>

LGBTI Victorians report high rates of family violence. The RCFV referred to research showing that:

- around one-third of people in same-sex relationships experience intimate partner violence;
- there are low rates of reporting family violence to the police. In one study, only 18 per cent of those who had experienced forced sex and 20 per cent of those who had been injured, reported the incident to the police;
- police data indicates that around eight per cent of all family violence incidents involving a male perpetrator, and three per cent of all incidents involving a male victim, related to violence between current or former same-sex partners;
- people from LGBTI communities are less likely to report violence; to seek support; or to identify experiences of family violence and abuse. This is partly because of a fear of 'outing', as well as actual or perceived discrimination and harassment; and
- the justice system, as well as service providers, are not always supportive of intersex individuals in particular.<sup>199</sup>

<sup>197</sup> Barman and Robinson (n 51).

<sup>198</sup> Lynne Hillier et al, 'Writing Themselves In: The Third National Study on the Sexual Health and Wellbeing of Same Sex Attracted and Gender Questioning Young People' (Australian Research Centre in Sex, Health and Society, 2010) 39 and 43.

<sup>199</sup> 'Royal Commission into Family Violence, Vol V' (n 44) 143.

## Vulnerabilities and needs

A disproportionate number of people in LGBTI communities experience poorer mental health outcomes and have a higher risk of suicidal ideation and behaviours than their peers.

The RCFV identified several issues relevant to the support needs of victims of crime from LGBTI communities generally, including:

- people may mistrust services such as the police, the courts, and health and community organisations;
- services and programs that do not recognise the unique experiences of people in LGBTI communities can lead to services being inaccessible or inappropriate for this cohort. For example, the fear of discrimination by faith-based providers of family violence services might discourage victims of crime with diverse sexualities or gender identities from seeking help; and
- people may not have support from their biological family to assist in recovery because of family estrangement in connection with the victim's gender identity or sexual orientation.<sup>200</sup>

## Victims of crime experiencing homelessness

The 2016 Census classified 116,427 people as being homeless on Census night (up from 102,439 persons in 2011). Most of the increase in homelessness between 2011 and 2016 was reflected in persons living in 'severely' crowded dwellings, up from 41,370 in 2011 to 51,088 in 2016.

Homeless people tend to be younger, with nearly 60 per cent in 2016 aged under 35 years. However, there was a 28 per cent increase in the number of homeless persons aged 55 years and above between 2011 and 2016.<sup>201</sup>

Despite a general perception of homeless people as offenders, research indicates a disproportionately high vulnerability to victimisation from other homeless people and from the public. A UK study found that homeless people were 13 times more likely than the general public to have experienced violence, and 47 times more likely to have been the victim of theft. One third of all violence experienced by homeless people is committed by members of the general public.<sup>202</sup>

## Vulnerabilities and needs

Homelessness is also associated with family and domestic violence, mental illness, alcohol and drug abuse, relationship breakdown, and unemployment. People who are homeless; at risk of homelessness; or who live in disadvantaged housing often face multiple types of disadvantage. They are more likely to have lower educational attainment than others (33 per cent versus 23 per cent); more likely to be unemployed (nine per cent versus three per cent); and more likely to have household incomes in the lowest quintile (35 per cent versus 18 per cent). Further, nearly two-thirds

<sup>200</sup> 'Royal Commission into Family Violence, Vol V' (n 44) 145.

<sup>201</sup> Australian Bureau of Statistics, *Australian Census 2016*. Accessed [online](#).

<sup>202</sup> Australian Institute of Criminology, 'Homeless people: their risk of victimisation' (Crime Reduction Matters, AIC, 66, 2008).



of homeless people reported having a disability or long-term health problem, compared with just over one-third of other people. Homeless people also typically suffer various forms of social exclusion.<sup>203</sup>

## People in contact with the justice system as offenders

Another vulnerable and largely overlooked cohort of victims of crime is people involved in the justice system as offenders, and people in custodial settings in particular. People in correctional facilities have higher rates of victimisation, both pre-dating and during incarceration. The data also shows an interrelationship between victimisation and offending.

Overall, 1.7 per cent of all respondents to the Legal Australia-Wide Survey reported that they had been alleged to have recently committed a crime during the 12-month reference period. However, this percentage increased to 5.2 per cent of the sub-group of respondents who reported having been a victim of crime. Conversely, while 13.3 per cent of all respondents to the Legal Australia Wide Survey reported having experienced a crime, the proportion was much higher (41.1 per cent) for those respondents who were also alleged to have committed a crime during the survey reference period.<sup>204</sup>

The overlap of experiences of victimisation and offending is reflected in prison populations where many inmates are also victims of violent crime and abuse. American studies have found high rates of PTSD in the prison population, with inmates found to suffer rates of 10 per cent for men and 23.2 per cent for women, compared with the lifetime prevalence of PTSD in the general population of around 7 per cent.<sup>205</sup> The RCFV referred to research showing high rates of victimisation amongst female prisoners. In one study, 87 per cent of a sample of female prisoners were found to be victims of sexual, physical or emotional abuse, with most having suffered abuse in multiple forms. Similarly, a NSW study found that 69 per cent of Aboriginal women prisoners surveyed reported they were abused as children, and 73 per cent reported abuse as adults, with 42 per cent having experienced sexual assault. It also found that at least 80 per cent of the female prisoners surveyed said that there was a direct causal link between their victimisation and their offending.<sup>206</sup>

Violent victimisation occurs during incarceration at a much higher rate than the general population. American studies suggest that between 5.8 to 21 per cent of inmates have experienced a physical assault while in custody in the previous six to 12 months.

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<sup>203</sup> Ibid.

<sup>204</sup> Pascoe Pleasence and Hugh McDonald, 'Crime in context: Criminal victimisation, offending, multiple disadvantage and the experience of civil legal problems' (Law and Justice Foundation of NSW, 2013, Updating Justice, No. 33) 1.

<sup>205</sup> Takahashi and James (n 158) 131.

<sup>206</sup> State of Victoria, Royal Commission into Family Violence, *Summary and Recommendations*, Parl Paper No 132 (2014-2016), Vol IV, 67.

Rates of sexual victimisation are also high. In a 2012 survey, an estimated 3.2 per cent of inmates reported experiencing one or more incident of sexual assault in the preceding 12 months. Almost 40 per cent of transgender prisoners reported sexual victimisation in the same period.<sup>207</sup>

### **Vulnerabilities and needs**

A long-recognised feature of the prison population is high rates of socioeconomic disadvantage and higher levels of mental illness, cognitive impairment and intellectual disability, financial disadvantage, poor educational attainment, unemployment, and history of alcohol and drug misuse. Four-fifths (81 per cent) of prisoners left school before Year 12 and 26 per cent were referred to mental health services on entry to prison.<sup>208</sup>

Serving time in prison can exacerbate existing trauma and disrupt recovery. The RCIRCSA noted in its report that the correctional environment is full of unavoidable triggers for survivors of childhood trauma, such as pat-downs and strip searches; frequent discipline from authority figures; and restricted movement. There is a lack of trauma-screening and supports in prison and post-release.

<sup>207</sup> Takahashi and James (n 158) 131-2.

<sup>208</sup> Coumarelos et al (n 182) 50.