

Domestic Violence Service Management



Coercive Control submission to NSW Parliament Joint Select Committee January 2021

www.dvnsdsm.org.au

About DVSM Service Delivery

Domestic Violence Service Management (DVSM) is a registered charity which aims to prevent and to provide support for people escaping/experiencing domestic and family violence (DFV), homelessness and other safety and wellbeing needs.

Our Heritage: We recognise the many years of important work already established and achieved through the NSW Women's Refuge Movement since 1974. We also recognise that there are many organisations working diligently and proactively to prevent, respond to and redress violence in society.

DVSM provides support services in an urban context (Inner Sydney), in a suburban context (Western Sydney) and in remote rural NSW (Wilcannia). We [partner and collaborate with other services](#) to support individuals and families. **In 2019-2020 we supported over 1200 women and children. In 2020-2021 to date, we have supported 1003 women and children.**



Moving Out Moving On (MOMO) provides outreach support to women with or without children in the inner city of Sydney, who are escaping from or experiencing domestic and family violence or are homeless or at risk of homelessness.

The service prioritises work with:

- Women with or without children impacted by domestic and family violence.
- Aboriginal and Torres Strait Islander women with or without children impacted by domestic and family violence.
- Women from culturally and linguistically diverse backgrounds impacted by domestic and family violence.

Refuge Outreach Action Response (ROAR)

operates in Sydney's Hills district and Blacktown local government areas and provides refuge accommodation for women and their children escaping domestic and family violence. Additionally, the service also provides outreach support for people who are escaping or experiencing domestic and family violence, and those who are homeless, or at risk of homelessness.

The service prioritises work with:

- Women with children who are escaping or experiencing domestic and family violence.
- Women with children who are leaving institutions.
- Other family groups.
- Fathers with accompanying children who are homeless or at risk of homelessness.
- Aboriginal and Torres Strait Islander families.

Domestic Violence After Hours Service (DVAHS)

provides an after hours response for women and women with accompanying children in Western Sydney who are experiencing or escaping domestic and family violence.

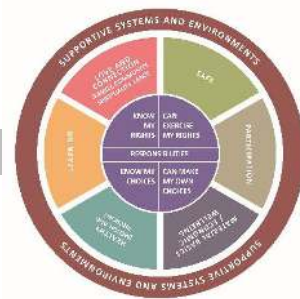
The service prioritises work with:

- Women and any accompanying children who are in temporary accommodation due to escaping domestic and family violence.
- Aboriginal and Torres Strait Islander people who are escaping or experiencing domestic and family violence.

Wilcannia Safe House (WSH)

provides overnight, short and medium term accommodation for women with or without children who are escaping or experiencing domestic and family violence. The accommodation available at the WSH are independent units, however, with agreement from all individuals residing there and those seeking accommodation these units can be shared with separately presenting groups or individuals.

The service also provides outreach support for people in the community who are escaping or experiencing domestic and family violence, are homeless, or at risk of homelessness. The Wilcannia Safe House predominantly supports Aboriginal and Torres Strait Islander people.



DVSM Practice Framework

Our purpose is to build individual and community safety and wellbeing. The following is a summary of the Practice Framework utilised at DVSM. Its approach aims to be **Informing, Empowering and Enduring**.



Wellbeing matters to adults, children and young people and this includes their safety. Being ‘safe’ is more than being physically safe – it includes all aspects of wellbeing. It includes a person’s rights responsibilities and choice, safety, love and connections (to family, community, spirituality, land), learning, participation, physical and mental health, material and economic basics. Each of these interdependent areas will look different in each person’s life. The value and weight of these will also change over time as a person’s needs, priorities and circumstances change (DVSM, 2017).

RIGHTS, RESPONSIBILITIES AND CHOICES	
<p>DVSM works to support people’s rights, responsibilities and choices, working with their capacity to act and make decisions – this can be described as their ‘agency’.</p> <p>When a person is aware of their rights then they can make informed choices.</p> <p>It is important to recognise that a person's choices are not only informed by their rights but also by their responsibilities (which may be linked to their civil, cultural, family, community, spiritual connections including to land). If a person is experiencing DFV, the coercive control being experienced can limit and undermine their capacity to make choices, exercise their rights and fulfil their responsibilities.</p>	
SAFE	PARTICIPATION
Means feeling free from violence or the threat of it (violence could be psychological, verbal, physical, sexual, reproductive control, social, financial, property damage, stalking, image based or technological abuse).	Includes having opportunities to have a voice and be involved as a citizen and in the community.
MATERIAL BASICS / ECONOMIC WELLBEING	HEALTHY (MENTAL AND PHYSICAL WELLBEING)
Includes the provision of food, safe and adequate shelter, money and other basic human needs. Includes the economic resources you have available to support not only your material living conditions, but the control over these resources and conditions.	Includes physical health and nutrition, as well as mental health and self-esteem. Mental health is a key aspect of what it means to be healthy.
LEARNING	LOVE AND CONNECTION (FAMILY COMMUNITY, SPIRITUALITY AND LAND)
Is a continuous process throughout life. Elements of learning include the value of self-development for wellbeing.	Encompasses your family relationships, friends and connections with community, spiritual connection and connections to land.
SUPPORTIVE SYSTEMS AND ENVIRONMENTS	
Sitting across all areas, is the presence and provision of supportive systems and environments which support an individual’s wellbeing.	

DVSM Response to NSW Coercive Control discussion paper

DVSM acknowledges that **domestic and family violence (DFV)** includes any behaviour, in an intimate or family relationship, which is violent, threatening, coercive or controlling, causing a person to live in fear and to be made to do things against their will. DFV can happen to anyone and can take many forms. It is often part of a pattern of controlling or coercive behaviour. We also recognise the gendered nature of DFV and thus our responses within this submission primarily relate to women and children as victims and men as perpetrators.

When someone seeks support, it might be the first, last or only time they reach out. Every interaction to support someone is important. In our role as first responders and providers of direct services to people experiencing domestic and family violence and homelessness DVSM has collated some examples, considerations and recommendations in regard to *the NSW Government discussion paper on coercive control and Q 15. What non-legislative activities are needed to improve the identification of and response to coercive and controlling behaviours both within the criminal justice system and more broadly?*

DVSM recognises the complexity and challenges in the application of justice responses that support victims and focuses on accountability assigned to perpetrators. DVSM is supportive that a specific offence recognising an act of coercive control would significantly improve justice system responses for victims of DFV and improve levels of perpetrator accountability. **However, a specific coercive control offence must be considered within a broader framework of system changes and education to ensure the coercive control offence can be effectively applied.**

Our response provides real-life examples of the complexities of coercive control applied to victims, their damaging impact on victims and the challenges faced when seeking justice.

DVSM is committed to supporting people, organisations and communities develop a more accurate understanding of lived experiences of violence and the role we play as social responders.

DFV is an injustice and harmful. It is an affront to a person's dignity; it compromises a person's safety and undermines their wellbeing. This is true of adults, children and young people. The concept of **dignity** expresses the idea that all people have the right to be valued and respected, and to be treated ethically.

We stress the importance of dignity because it is central to social life and to individual and collective wellbeing. This is stated in human rights documents but much less so in the human services and forensics fields. Dignity is at once an inherent property of the person and a social practice evident in the small nuances of social interaction, day in and day out. Affronts to dignity, such as violence, require just redress.

Through a Response-Based approach and recognising the power of language provides a broader scope for accuracy and evidence. DVSM draws much of their guidance from [Insight Exchange](#) (linked to their comprehensive website). [Insight Exchange](#) centres on the expertise of people with lived experiences of domestic and family violence and gives voice to these experiences. It is designed to inform and strengthen social, service and systemic responses to domestic and family violence. Launched in November 2017, Insight Exchange was designed by Domestic Violence Service Management (DVSM), in collaboration with [Dr Linda Coates and Dr Allan Wade](#) from Centre for Response-Based Practice Canada.

“The dialogue on DFV tends to focus on the violence used by the perpetrator and the impact or effect of the violence on the people who are victimized. This does not provide a full picture, however. The manner in which the victimized person responded to and resisted the violence, protected others, and worked to preserve their dignity, is a crucial part of the fact pattern that is often ignored. Resistance is ever-present and may take many forms, from overt defiance and standing up to a perpetrator, to subtle and private acts or thoughts that go unnoticed by others.

When we acknowledge ever-present resistance, we can see the strategies used by the perpetrator to suppress and overcome that resistance. In turn, these strategies reveal the deliberate nature of violence and provide a better basis for intervention.” (Wade 1997, 2000, 2013, 2014; Coates & Wade 2007, 2016; Todd & Wade 2004).



DVSM Response to Coercive Control discussion paper

Over the following pages DVSM has provided some specific examples of vulnerable population groups we work with daily. These are only a few examples of the women and children our case managers are walking alongside. Every single woman and child we support are the expert in their own lives.

Article 19 of the United Nations Convention on the Rights of the Child gives attention to the **experience of DFV on children** and calls for all necessary measures to protect children from all forms of violence, abuse, neglect or exploitation while in the care of parents, guardians or carers. These measures are to provide prevention, protection, support, reporting, referral and follow up. The current Crimes (Domestic & Personal Violence) Act 2007 (NSW) [CDPV Act] defines a domestic relationship between two people, it doesn't cover children in family violence. There is a problematic disconnection between Domestic Violence Laws and Family Laws which wrongly omits consideration of the whole picture when debating best interests of the child. [This may also allow a place to start to address the disconnect between DV law and family law].

Family violence is an insidious problem and takes many forms, however coercive control can be the most damaging yet hidden form with detrimental impacts on women and children. This controlling behaviour can create an environment of confusion and threat for the woman and child/ren. Where children are present, the perpetrator may also attempt to manipulate the children's beliefs about the behaviour towards the victim parent, or make physical, emotional, or financial threats about the children. For children living in a coercively controlling household, even if there is no physical violence present, it has been found that it can create the same long-term negative effects as direct physical or sexual abuse (Katz, 2016).

A sample of direct examples of observations from DVSM Case Managers of behaviours, effects and outcomes of coercive control on a child/children includes:

Living in a DVSM refuge:

The mother and child's movements and life had been so controlled that when the child came into the refuge, he was unable to speak or look you in the eye from fear of repercussions. If the child spoke out of line or did not follow the perpetrator's instructions he would be punished. Punishment included locking the child in the bathroom and refusing the mother access to the child. The child took several months after moving into the refuge to be able to even go to the bathroom alone due to the fear that was instilled in him.

Other adverse effects:

- Increase in mental health symptoms and inability to concentrate properly on schoolwork.
- Children feel inordinately responsible for welfare of victim.
- Children are used by perpetrator to re-victimise victim and disconnect from non abusive parent.
- Older children falsely empowered to take on adult roles (parentification).
- Younger children's behaviour more aggressive, including more tantrums and 'challenging' behaviours which victim finds hard to manage.
- Children's mistreatment and disrespect of their mothers, including acting out behaviours often mirror those of the perpetrator (particularly sons)
- In instances of Family Law or privately arranged visitation (for separated clients) children have returned from a visit with the father, having been directed to hurt their mother. Known shared examples including where the child is being told to slit the mother's throat, or hurt themselves and say their mother did it, along with other similarly disturbing examples.
- Children answering the phone or questions on their mother's behalf from the perpetrators' point of view, particularly in families with the mother from a culturally and linguistically diverse background.
- Cases where the father would lock the mother out of the bedroom while the children were inside.
- Children living in a home with cameras including sound being recorded in the whole house.

These examples of manipulation and coercive control create trauma for the children. Often this results in the children not wanting to see their mothers especially in cases where they have been turned against them. In other cases, it results in the overt displays of negative behaviours towards their mother. The child's sense of security is damaged and distorted. Their sense of uncertainty is heightened in the absence of healthy routine and functional interaction



DVSM Response to Coercive Control discussion paper

Case Study: Jolene

Jolene, a 40 year old Nepalese woman has been married and living in a coercive control relationship for the majority of the time since she eloped with her partner as a young bride. Due to pride and embarrassment, she was reluctant to seek help outside immediate family.

Jolene (along with her two daughters) experienced violence and coercive control at the hands of the perpetrator. Jolene's 16 year old daughter accessed specialised youth counselling and was then successful in getting her mother to seek help.

The perpetrator spread a lot of mistruths about the victim (Jolene), including in the school community, and as a result, Jolene experienced community rejection. With support of DVSM, Jolene was able to remove the perpetrator from her house and successfully take out an ADVO against him.

DVSM Service: Refuge Outreach Action Response (ROAR) Case Study: Jolene

Single mother of two girls aged 9 & 16 years were referred while still living with the perpetrator. Perpetrator had been physically abusive to mother and children, sexually assaulted mother and very emotionally abusive and manipulative to entire family for twenty years. His attempts at coercive control included making mother and children feel unsafe through stalking and harassing, breaking into the property, threatening self harm, attempting to ruin her reputation and humiliating her, using children and brainwashing them to fear the new partner, use of slander at child's school. Mother separated with support of DVSM staff, got additional security and ADVO, started asserting herself in small ways and grew in self confidence.

Mother received regular counselling after staff referred to an external agency to finally receive the validation, emotional containment and support she needed for the twenty years of abuse she had suffered.

Teenage daughter was granted leniency in school exams when DVSM Case Manager advocated to Education Department, after facing prolonged stress as a result of manipulative tactics used against her by her father.

Mother was supported to access DVSM brokerage to purchase new glasses, when financially very strained due to perpetrator's irresponsible gambling habits to offset many years of financially exploitation.

Mother was educated about the impacts of DV on children's mental health and family functioning to help mother put children's experiences in perspective and normalise their reactions to her post separation and with the new partner.

DVSM organised additional security to property, advocated police tighten ADVO conditions, provide alternative accommodation options to perpetrator, rang ambulance and police for immediate intervention.

Mother, with ongoing and consistent emotional support participated in taking control of her family's safety was empowered to make statements to police when previously too frightened to prior to connection with DVSM.

Mother was empowered to insist she receive Centrelink entitlements as the main carer of the children. She was supported with financial counselling referrals and hardship advocacy to Ambulance NSW to have fees waived for transporting her daughter to hospital in a mental health crisis.



Teenage daughter had her mental health supported by referral for trauma counselling specialists, brief hospital stays in crisis, and direct emotional support of teenager by DVSM Case Manager.

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A current picture of supporting individual and community safety and wellbeing.

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DVSM Response to Coercive Control discussion paper

Case Study: Jenny

Jenny is a 48 year old Turkish woman with 3 children (2 adult daughters aged 20 & 22) and a 15 year old daughter. During the relationship, the perpetrator was controlling of her, threatened to kill her if she was to leave him which led to anxiety and being afraid to leave. She is separated from perpetrator and has been living at her parents house for 3 years. Jenny is currently working in a shop and enrolled in a Diploma of Counselling with a goal to be an art therapist. Coercive control has continued after separation: Jenny has received ongoing threats and harassment to expose important confidential information about her to the family that culturally they may not understand or accept. The perpetrator is using this as a manipulation tool. She lives in a state of fear. He consistently contacts Jenny, threatening suicide, saying he wants to get back together.

Legal issue: Jenny has considered getting an ADVO but is fearful he will expose her sexual identity to the family. She does not receive child support, and if she brings it up, he threatens to expose her secrets.

Children: Perpetrator will say to son that he wants to get back together with Jenny, but it's Jenny's fault they are separated.

If system was working: access to suitable housing is a big issue – hence she remains in her parents' home and thus in fear of her secrets that her parents may not accept being exposed. If she had her own residence with the children it would lessen her fear of him disclosing anything.

If coercive control was criminalised: Criminalisation legitimises Jenny's experiences and gives her a sense of acknowledgment that she is listened to and understood. It demonstrates what she has experienced/is experiencing is not acceptable and that she has a course of legal action should she want to pursue it.

DVSM Service: Moving Out Moving On (MOMO)

Case Study: Jenny

Context:

Woman with three children experiencing DFV perpetrated by her ex-partner. Woman and children escaped their property they shared with perpetrator and moved in with client's family. The domestic violence lasted the duration of their relationship and has remained ongoing following their separation and recent divorce. The woman has reported ongoing psychological abuse, harassment, blackmail and threats from the perpetrator relating to her decision to come to terms with her sexuality as a queer woman. The perpetrator has frequently threatened to reveal her sexuality to her family. The client has disclosed concerns around her family's reaction to her sexuality due to their cultural and religious beliefs and reported that it could result in family estrangement and she may need to leave the place she is staying and be at risk of homelessness.

MOMO supported client with gathering evidence and advocated on her behalf for her application for housing assistance DCJ. Client was approved for Start Safely with DCJ.

Woman identified importance of remaining in specific LGA to be close to family supports, children's school, formal supports and place of employment. Client decided to appeal housing decision to apply for priority housing as she wanted to secure long-term housing security for herself and her children. MOMO provided advocacy with DCJ housing appeals process and supported client to gather evidence to support this.

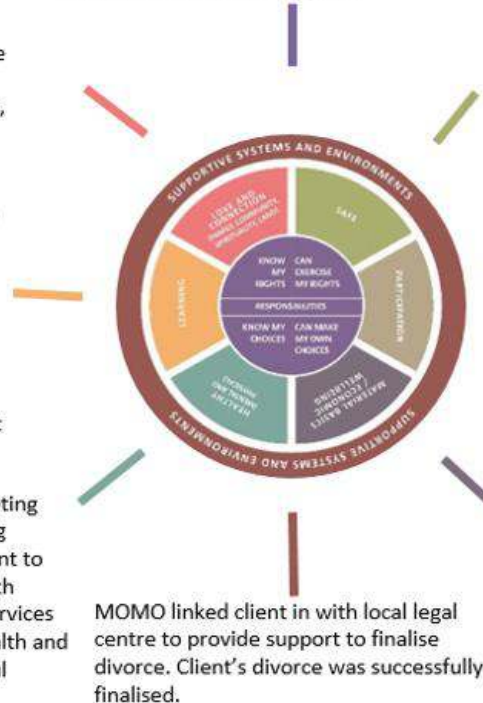
MOMO assisted with completing application for VS counselling support and encouraged client to continue engaging with health professionals and support services to maintain good mental health and wellbeing during the stressful period.

Woman identified interest in exploring further study focused on her interested in art and art therapy. MOMO assisted client with information and resources relating to study options, scholarships and linked client in with a career's counsellor for further support.

MOMO offered to provide support with the process of applying for an AVO and refer to WDVCS for legal support because of the perpetrator's ongoing harassment. Client has outlined that she did not want to pursue legal support or an AVO at this stage.

MOMO discussed self-care strategies and activities that she felt assisted with maintaining her mental health and wellbeing: such as going for regular walks with friends, running, writing and employment.

MOMO advocated for Victim Services application to help client apply for Immediate Needs Support Package to help with financial stress and relocation expenses associated with DFV.



MOMO linked client in with local legal centre to provide support to finalise divorce. Client's divorce was successfully finalised.

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A bi-monthly picture of supporting individual and community safety and wellbeing.

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DVSM Response to Coercive Control discussion paper

Case Study: Melissa

Melissa has been married to an Egyptian man for 20 years. Melissa is originally from South Australia however is isolated from her family and only sees them once a year when the perpetrator drives her to SA.

Melissa is currently employed with NSW Health, however has reduced her hours and is reluctant to work extra hours as the perpetrator takes the extra monies earned. Her resistance to this control has been to not work extra hours. DVSM is only able to contact her when she is at work, due to her concerns of all her actions being monitored, recorded and tracked by the perpetrator. She has recently advised her work supervisor she is in a DV situation and the supervisor is now part of her safety plan.

Melissa has 2 daughters and they have been raised in this DV environment. On the annual drive to SA, the 18 year old daughter was complaining of being bored – to which the perpetrator physically assaulted the daughter and knocked her out, saying “now she won’t complain”. Melissa was not shocked by this event due to her exposure to her husband’s behaviour over many years, which has conditioned her responses. However, Melissa feels both daughters are on their father’s [perpetrator’s] side as they have an affluent lifestyle – a nice house with a swimming pool, nice material items etc. Yet the perpetrator keeps his wife and daughters’ ID locked away in a safe that only he can access. DVSM is currently working with Melissa to create an ID pack. She believes if she leaves, her daughters will remain due to the comfortable lifestyle they have and that by leaving, they would move into social housing. This is a significant factor for her not changing the situation.

Melissa accesses counselling service while at work via Integrated Violence Prevention Response Service (IVPRS). Unfortunately, there is currently a 3 month waitlist for specialised counselling through Integrated Prevention Violence Response Service who also see children but there is some availability directly through Victim Services.

Examples of coercive control that Melissa is and has been experiencing for many years include:

- Isolation from her family in SA and can only visit them once a year, when he drives her from NSW to SA.
- Financial isolation and control. Melissa has no access to a bank account and only receives a limited amount of money for spending which needs to be justified with receipts checked by the perpetrator.
- Melissa and daughter’s ID are kept locked in a safe that only perpetrator can access.
- Perpetrator has installed cameras around the house without woman’s consent – lounge, kitchen, living areas. Perpetrator is aware a camera cannot directly face the bathroom so has a camera that points to his study where a mirror reflection provides a view of the bathroom. The daughters are not allowed to shut the bathroom door when in use.
- Melissa stated “with COVID my life didn’t change – I was still in lockdown as he’s always around and monitoring us”.
- Melissa and her daughters have ‘learned’ that when he is playing music loudly that this means he is upset and tense



DVSM Response to Coercive Control discussion paper

Challenges for Melissa:

- How can Melissa prove she did not give consent to the camera installations and get them removed?
- How does Melissa and/or Police prove intent of the cameras or coercive control behaviours?
- Financial Abuse repercussions. Melissa is listed on the mortgage of house and QLD property together with perpetrator though has no access to any finances or any 'joint' assets. This may deem her ineligible to NSW Government Housing support Start Safely program due to 'assets' test despite perpetrator controlling all finances.
- Technology misuse now plays a large part in the coercive control – for example it is being said to be used for security when actual intent is to use to stalk and monitor the victim.

Considerations for system changes:

- Review and improve how we interview ALL victims. It cannot just focus on an isolated discrete incident, but needs to consider the preceding environment – “what’s happening for you?”, “tell me your day to day life”, “what did you do to resist?”, as well as appropriate, tailored questions factoring in age and background.
- System and legal changes to go hand in hand with education around coercive control particularly to first responders e.g. Police, Centrelink, hospitals, front line services, magistrates.
- Victims to be accompanied by a support person when reporting to the Police.

DVSM Service: Refuge Outreach Action Response (ROAR)

Case Study: Melissa

Woman aged 50 years has two daughters aged 15 and 18 and all are victims family and domestic violence. The woman and two daughters continue to live with the perpetrator in the family home in Sydney. The woman is a victim of historic physical, verbal, financial and psychological abuse. Where she reports fear “he has tapped into my mind” and “I believe right from the beginning he connected us.” The woman reports recent installation of optical cameras around the house, with reports of filming in the bathroom and bedroom. The woman has previously engaged with DVSM on three different occasions since 2015 to develop safety plans and discuss possibility of moving out of the family home. The woman continues to express her wish to leave the perpetrator but is still fearful of the possible repercussions.

DVSM is encouraging the woman to further establish own self identify, self worth and relationship with self, away from the controlling behaviours of the perpetrator.

15-year-old daughter currently enrolled in school to complete her secondary education with the support of her mother. Both DVSM and the woman are working to support 18-year-old daughter to seek further educational or employment options.

DVSM staff continuing to liaise with IVPRS Counsellor involved in the case to support the woman. DVSM are supporting the family to access other appropriate health services.

The Woman and Daughters continue to be socially isolated, as many family and friends avoid coming to the family home. DVSM is working with the Woman to become more social and speak with friends regarding her experiences.

DVSM Staff have worked with the individual to develop a safety plan whilst still residing with perpetrator, with the safety plan known by involved services and the woman’s manager at work. DVSM staff have spoken to a number of Esafety services to support her to understand her legal rights with optical cameras in the home.

Individual finds it difficult to participate in any social life due isolation. DVSM have encouraged them to speak with services and friends regarding their experiences.

DVSM is supporting the woman to open an additional bank account under their name and to be able to transfer funds in the plan to leave perpetrator.



Woman received support to apply for NSW Social Housing, Start Safely Rental Subsidy and DHS payments. DVSM staff supporting her to obtain required documents to complete online forms, within her work hours.

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A current picture of supporting individual and community safety and wellbeing.

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DVSM Response to Coercive Control discussion paper

Women on Temporary Visas

Over the past 4 years DVSM has seen a marked increase in supporting women who are on **temporary visas**, seeking either refuge after leaving abusive or violent partners, or requiring crisis support. Many of these women are on tourist visas or partner visas giving them no rights to work or to access social services including income support and housing and limited access to crisis accommodation (maximum of 2 days).

“These women are incredibly vulnerable. In addition to the trauma resulting from domestic and family violence, women in this situation are often experiencing substantial distress due to language and cultural barriers, social isolation and, for some families, the impacts of post-traumatic stress disorder from events experienced in their country of origin.” (DVNSW, 2017)

Coercive control is often experienced by women who hold temporary visas. They are often geographically separated from their family of origin, unable to understand the laws and thereby subject to increased vulnerability. They may also have poor experiences with systems and authorities in the country of birth. Their visa status is often held over them as a form of control and where there are language barriers, they are unable to self-advocate. Where children are involved, this adds another layer of complexity for women on temporary visas.

Their circumstances and visa status have often been exploited by the perpetrator as means through which to continue to threaten and control these women and children. This has included:

- Using threats to report them to the Department of Immigration and Boarder Protection resulting in their visa cancellation and their being sent back to their country of origin without their children.
- Exploiting their vulnerability and lack of support as a way of coercing them to return to the perpetrator.
- Withholding information from the department as to the progress of their visa applications.
- Refusal to sign paper work required for their children including to access education.
- Taking important identity documents of the children.
- Making false claims of abducting the children or child abuse to Department of Communities and Justice (DCJ).

An example we see in different variations is where the perpetrator is using the victim's visa status against them, especially if they have children:

A client previously was an unlawful resident due to the perpetrator not applying for Partner Visa, which led to the client being at risk of being deported if she reached out. She has 3 children who are Australian citizens and may not be allowed to take the children with her if she is forced to leave the country. Perpetrator would hold this over her head when she tried to leave or resist.

The complexities for women on temporary visas with lack of access to supports means they effectively have no choice to leave their DFV environment and remain exposed to threats and harm to their and their children's safety and wellbeing.



DVSM Response to Coercive Control discussion paper

Case Study: Jane

Jane arrived in Australia 2 years ago from South America to study English, met an Australian man and now has a 7 month old baby and is the babies' full time carer. Her savings have all completely been spent and she has no way of paying for child care in order to free herself up to find part time work (for the 20 hours her visa allows). There was DV in the relationship, and the physical abuse led to an ADVO being issued. Subsequently Jane separated from the perpetrator. She commented to her Case Manager she 'got lucky that it got physical'.

Jane remains on a student visa but has since dropped the ADVO. The perpetrator coerced her to drop the ADVO, suggesting it would ruin his career prospects and held his financial support of her as collateral.

Since the separation, coercive control continues towards Jane – examples of this are:

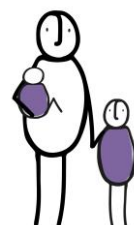
- Paranoid and controlling behaviour.
- Monitoring her spending.
- Financial.
- Psychological.
- Perpetrator owns property Jane lives in and has installed security cameras.
- Perpetrator accesses property when he wants and Jane feels unsafe.
- Perpetrator monitors her comings and goings via installed cameras and will check up on her.
- Perpetrator often changes his mind between paying for her visa and then not.
- Perpetrator threatens to apply for full custody of the baby despite showing little interest in raising the child.
- Perpetrator is her main source of income thus he has the resources to control her.

Jane is linked with DV legal services, family law and immigration rights. Because she has no income support most legal advice has been a one off opportunity only.

The options presented to her are:

1. Return to study as on a student visa, or
2. Get a temporary partner visa with perpetrator (advised this is her best option).

“...the question of how victims and perpetrators are represented by third parties is of crucial importance...”



DVSM Response to Coercive Control discussion paper

Challenges for Jane include:

- She is the sole carer of Australian born 7 month old baby, so how can she return to work/study?
- While on student visa she has no access to financial welfare supports.
- Her concerns she will get deported if she doesn't comply with her visa conditions.
- Perpetrator has taken the baby's passport.
- Technology misuse now plays a large part in coercive control – for example 'security cameras' at his property where she resides is being said to be used for security when the perpetrator is asking Jane where she is going, commenting on her attire and actual intent appears to be to stalk and monitor the victim.

Considerations for system changes:

- With an Australian born baby, ability for Jane to get a visa status independent of perpetrator so as the sole carer she can access services like housing, family payment.
- Increased education and explanation to women seeking ADVOs so they are more informed of their rights and less likely to be coerced by perpetrator to remove ADVO.
- Patterns of the perpetrator's behaviours need to be noticed and should be recognised as evidence.

DVSM Service: Moving Out Moving On (MOMO)

Context:
Woman with 7-month-old baby on Temporary Student Visa experiencing Domestic Violence perpetrated by her ex-partner who is an Australian Citizen. The woman experienced significant emotional, psychological, financial abuse, manipulation, social isolation, and coercive control from her ex-partner. Client described perpetrator's behaviour as being frequently paranoid, controlling, belittling, and the perpetrator would often make up lies about her and gaslight her. Client is currently living in the house owned by the perpetrator and is currently receiving no income and is unable to return to her studies due to childcare responsibilities and not having the financial means to pay for education costs. Client has been experiencing difficulty navigating legal, housing, immigration and financial resources and not eligible for mainstream government supports due to visa status. Woman has been linked in with legal supports for domestic violence, family law, and immigration. Woman connected with regular counselling and recently located a culturally specific play group for emotional and social support. Client is currently exploring financial assistance options and is aware that MOMO can assist with exploring alternative housing pathways, refuge options and can provide support with relocation.

Case Study: Jane

Women identified importance of remaining in current LGA to be close to medical supports, formal supports, and feeling comfortable in the area. MOMO recommended client to engage with her formal legal supports in the area and referred her to local a CALD specific counsellor to assist her with her recovery and the psychological impacts associated with the ongoing abuse and domestic violence

MOMO supporting client with exploring financial assistance options available. MOMO provided outreach with client to attend local Centrelink office to discuss specific benefit options.

Continuously encouraged the woman to keep engaging with health professionals to maintain good mental health and wellbeing during the stressful period.

MOMO provided brokerage support to assist with paying for medical expenses required for client's post-natal check-up.

MOMO provided information and contacted refuges available in the area that were able to provide support to women on Temporary Visas. Client decided that she would prefer to remain staying in her current accommodation. Client understands that MOMO can assist her with pursuing these options again if she requires.

MOMO assisted with gathering paperwork and completing a Victim Services application for counselling. Client was successfully approved for Victim Services Counselling and MOMO assisted with finding client a CALD specific counsellor in the local area.

MOMO provided information, advocacy, and referrals to assist with the client's legal concerns around domestic violence, family law and immigration.

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This narrative has been de-identified however as a precaution please circulate safely.

A bi-monthly picture of supporting individual and community safety and wellbeing. © 2020 DVSM



DVSM Response to Coercive Control discussion paper

Case Study: Pauline

Pauline is in her mid 30s and is from Central America. She came to Australia in 2014 to study. She met her perpetrator in 2015 who offered to sponsor her on a partner visa.

Pauline experienced:

- Significant psychological abuse via intimidation.
- Threats
- Social isolation
- Gaslighting
- Manipulation

The perpetrator is an extremely jealous person and restricted her freedom to talk to their mutual friends and to her male friends. His behaviour escalated to verbal and physical abuse, resulting in a provisional ADVO being issued in 2020 and the perpetrator being charged with intimidation. She is no longer in the relationship and through support from DVSM, was successful in her application for a permanent resident visa, noting the DV in her application.

Challenges for Pauline:

- **Being on a temporary visa with no access to income/other supports meant she had no option but to remain in DV situation.**

Considerations for system changes:

- **Education about what is domestic violence and abuse including nuances of coercive control (especially gaslighting) and how is it used with tailored cultural understanding for women and men from different backgrounds.**
- **Education regarding Australian laws including visa laws and domestic and family violence laws to decrease vulnerability to coercive control.**

DVSM Service: Moving Out Moving On (MOMO)

Case Study: Pauline

Context:

Single woman on temporary partner visa sponsored by perpetrator of domestic violence. She experienced significant psychological abuse through intimidation, threats, social isolation gaslighting and manipulation, however was not recognised by legal system until recent escalation to physical violence where police got involved. Escaped home and experienced difficulty navigating legal, housing, immigration and financial resources and not eligible for mainstream government supports due to visa status. Woman frequently had doubts in herself being not good enough and tended to blame herself when perpetrator became angry at her for "hanging out with bad friends" and is a "ungrateful slut". She was hesitant to seek help as she was concerned about perpetrator's threats to sabotage her visa application, which was constantly used as coercive control over her.

Police was able to issue an ADVO confirming physical violence. Woman reported almost feeling grateful that abuse escalated to physical violence, so police could intervene and help whereas she could easily suffer for another several years from psychological abuse and coercive control that are not recognised as act of violence.

Woman was isolated from seeing her friends. Perpetrator is extremely jealous and controlling. He gets upset and angry at woman whenever she goes out to socialise.

When perpetrator was removed from home due to ADVO, MOMO encouraged woman to reach out to her friends and helpful professionals to seek support. Woman reported feeling supported and having more courage to no longer continue the abusive relationship with perpetrator.

Woman had little understanding of coercive control and did not know it was a form of domestic violence, as perpetrator often masked it as "love" and concern.

MOMO provided professional insight in different forms of domestic violence and empowered woman to refuse abusive treatment by using legal avenues. MOMO encouraged woman to log all incidents of abuse including behaviours of coercive control

Woman suffered from deteriorating mental health and low self-esteem as a result of long-term psychological abuse and social isolation.

MOMO encouraged woman to seek counselling support through getting Mental Health Care Plan from GP. Woman started engaging with a psychologist and reported improved mental health.

Woman came from overseas and spent majority of her time with the perpetrator. She lacked knowledge about the system, had little support network. She was not sure about what her choices and options were in terms of seeking help for domestic violence.

MOMO provided advice and information on services available to address her multiple concerns around housing (refuges), safety (DVLO), finance (Victim Services), court (WDVCAS) and immigration (IARC)

Woman suffered long-term psychological abuse however chose to comply with perpetrators demands, as non-compliance would lead to escalation of violence.

MOMO encouraged woman to seek counselling support through getting Mental Health Care Plan from GP. Woman started engaging with a psychologist and reported improved mental health.

Woman was prevented from participating in social events and society in general due to fear of further abuse by perpetrator.

MOMO encouraged woman to conduct job search to eliminate financial dependence on perp. Woman found a full-time professional job in her field and secured stable income. She also met new friends through work.

Perpetrator deliberately destroyed woman's personal belongings including clothing, bedding, furniture to cause financial distress to woman. Perpetrator would refuse to pay rent, forcing woman to bear all rental cost.

Woman had difficulty reaching out for help as she was not eligible for mainstream government support such as housing or Centrelink due to her visa status.

With multiple services MOMO linked woman with, she was able to get assistance for mental health, finance. She was protected by ADVO, won her case in court and was then granted with a permanent visa as immigration acknowledged her as a victim of domestic violence.

MOMO assisted woman with applying for payments from Victim Services and breaking her previous lease without penalty by verifying her domestic violence situation with her real estate agent, which allows woman to find new accommodation that is safe and affordable.



CONFIDENTIAL AND SENSITIVE:

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DVSM Response to Coercive Control discussion paper

Aboriginal Women

The impact of family violence within Aboriginal and Torres Strait Islander communities is complex and widespread. Rates of family violence and homicide deaths of Aboriginal Torres Strait Islander women continue to be significantly higher than for non-Indigenous women.

Of the 1003 women and children DVSM has supported so far, this financial year, 35% identify as Aboriginal or Torres Strait Islander people. Our Service Leaders advise that 100% of our clients we support experience some form of coercive control and because of this abuse, many are not able to make full decisions about their lives and their futures. The term coercive control is not one used in Aboriginal communities. In our experience it is a new term in these communities but one we believe can be understood through education.

Case Study: Joanne

Joanne is an Aboriginal woman and had been with the perpetrator for 20+ years, experiencing DV throughout the relationship. She has since left the relationship. He had her to believe (and others around her were groomed to think similarly) that she was mad or mentally unstable. On one occasion, there was a major violence incident that led to Joanne being hospitalised. Some time later Joanne was due to attend court, as the perpetrator had turned things around to the police and others and was saying she was the perpetrator. Joanne had no family to support her, so a community friend supported her at court. Joanne was then being advised she needed to prepare for jail. Her community friend referred her to DVSM and DVSM commenced supporting her. Through the course of hearing her story it was established that the perpetrator had turned all the children away from Joanne “he says I’m mad, mum says I’m mad, sister says I’m mad;

but I’m not mad – I’m mad in the right way”. The DVSM Case Manager explored this comment with Joanne; as she said the perpetrator had her starting to believe she was going mad, but she was resisting this. Joanne explained that while she was hospitalised – her mother and sister witnessed her “chasing a bird” in the ward. It was established she was on a hospital ward as a result of significant facial damage by the perpetrator. The DVSM Case Manager commented she was probably on a lot of medication. This was a light bulb moment for Joanne - as all this time she had tried to explain she wasn’t mad. Through the DVSM Case Manager listening and hearing what was being said by Joanne, she was able to point out the extensive DV incidents experienced over a prolonged period. Joanne was advised by DVSM to go home with her niece and write it all down to tell the magistrate. Joanne's case was heard by the magistrate with the numerous examples provided and Joanne didn’t go to jail.

Challenges for Joanne:

- **Isolated from her community**
- **Her experiences of coercive control and DV were being used by perpetrator against her**
- **Joanne was at great risk of incarceration due to her perpetrators’ manipulation accusing her of being the perpetrator of violence, and her resistance to his violence being misunderstood**

Considerations for system changes:

- **Victims’ examples of resistance to violence can be misconstrued and subsequently they are blamed or seen as the perpetrator. This could inadvertently lead to an increase in incorrect female incarceration.**
- **Victims needs to be supported in court to be able to explain their whole story.**
- **In many Aboriginal communities an existing breakdown between communities and Police presents further challenges and it is hard to find a DVLO or support from outside community. Frequent concern is “they [Police] are not going to believe me”.**
- **In remote Aboriginal communities, often the Police come direct from the academy and lack experience including life experience. And when DV responses can be 95% of the Police work this is extremely dangerous.**
- **Remote communities need to work hard to find and build relationships with different Police personnel**
- **Need to educate all first responders including medical staff and solicitors to be tuned into language and examples of resistance, otherwise a lot of coercive control behaviours will be written off.**



Some further brief DVSM examples highlighting elements of coercive control from our 2019/2020 Annual Report



A 44 year old mother with two young children, currently living at home with her husband (perpetrator). Has been experiencing domestic family violence for many years including controlling finances, monitoring mobile phone and email, manipulation and her husband threatening to harm himself if she were to leave with the children.

Woman seeking information and support to leave an unsafe environment.



A woman commenced support with DVSM after escaping financial, psychological and physical violence perpetrated by her ex-husband. She left the family home with her son and moved in with her sister which also resulted in a relationship breakdown forcing her and her son into refuge.

The woman arrived in Australia on a precarious visa. This visa means she is not eligible for any income support from Centrelink or SRSS.

Woman was assisted to enrol her son into High School – Intensive English Centre along with brokerage support to purchase school uniforms and equipment.

The family were supported to apply for a transitional property, signed a lease and moved into her own home within 6 weeks.

Woman was also supported with job search and successfully obtained a permanent/fulltime position in a factory working pick and pack.



A family unit presented to DVSM due to ongoing domestic violence. The main presenting individual resides with her mother and children. The woman stated that she believes that she is currently being stalked and that she is also being harassed and intimidated by her ex-partner. She has received threats of abuse and has had damage to property which she believes was perpetrated by the person of interest.

Family unit requesting support to address safety concerns with police. They also requested support around physical and technologically facilitated violence that is being perpetrated against them and to assist in the safe relocation of the family.



A 39 year old mother with her 8 month old baby in temporary accommodation due to domestic and family violence. DVSM received referral during On-call shift (i.e. overnight). Person recently acquired permanent residency. At time of the referral, the woman had nil income, is from a culturally and linguistically diverse background and had no community or family supports.

A woman presented to DVSM with her teenage daughter needing support to flee domestic and family violence which consisted of physical, emotional, social and financial abuse. Their ability to leave the person of interest was also affected by the visa the family were on (a bridging visa).

Woman began residing in the refuge with her daughter and was provided with financial assistance to support with purchasing food and everyday items for her and her child. Intensive case management was provided to ensure the woman was assisted with her Permanent Residency application, medical issues, support for her child to access education, psychological counselling support and financial support.

The woman and her daughter were recently granted permanent residency and have been assisted to access Centrelink and housing support.

DVSM Response to Coercive Control discussion paper

We have consulted our 20+ frontline staff who work across 6 local government areas (LGAs) in Sydney as well as a remote regional LGA in NSW - clear messages are:

- Education is essential for all frontline responders. The level and scope of information/education they require should be reflective of the time spent attending to domestic and family violence matters. For example, if it is 70% of the work of a general duties Police Officer then in-depth training to understand the nuances of domestic violence and abuse and coercive control must occur the importance of their individual and systemic response to the victim is critical, especially their language.
- We recommend collaboration and working with specialist domestic violence trained workers to gain further understanding and on the job training. [Coercive Control Education](#) and training may also reduce bias in evidence gathering – that then provides a far more accurate analysis of the DFV environment; thus, lead to improved justice responses to DFV for victims and families.
- Abuse by coercive control needs to be equally recognised in Family Law. Nuances and tactics such as gaslighting need to be comprehensively understood as should the effect of such coercive control on children in these situations. These things are critical to ensure that the actions of perpetrators are recognised for what they are, when considering parenting orders.
- Increase community awareness – refer to [Insight Exchange language](#) and [violence resources and contextual analysis](#); improve knowledge with community leaders (with particular reference to Elders and multicultural communities); translation of information into different languages; cultural education to avoid cultural stereotyping and bias in justice responses.

We recognise the work of Professor Evan Stark that provides a general typology of the coercive control behaviours. DVSM concurs that a challenge of defining coercive control is that the relevant behaviours are deeply contextual. However, although there are challenges to define this behaviour, it is also important to acknowledge and recognise these behaviours cannot be considered as discrete and separate behaviours, but a combination of varying behaviours that can be either overt or covert towards the victim, where the **intent** by the perpetrator is to humiliate and/or harm the victim.

Our Case Studies in this submission show the breadth of coercive control behaviours that victims experience continually in their lives. We can confidently say that coercive control is in every DFV case we support. The impact of coercive control on victims' and families' lives is detrimental to individual, family and community health and wellbeing.

We need to understand and be tuned in to victims' resistance to violence and how women navigate their safety. This is mostly not discussed or acknowledged or is in fact being misunderstood, which lends concerns that victims could be prosecuted. The [Insight Exchange website](#) and Dr Linda Coates and Dr Allan Wade from the Centre for Response-Based Practice Canada is where we draw much of our guidance. The [Concepts of Safety project](#) is also a good resource.

In addition, there are many intersections between a judicial response to coercive control with many other systems such as social services, immigration, family law, housing, health and mental health services. To ensure positive outcomes for victims, all intersecting systems need to be considered and included in any changes. This also needs to be combined with education and awareness of all members of the community but with a focus on magistrates, police, all first responders, health professions and for victims and perpetrators.

In closing, the criminalising of coercive control would not only legitimise the experiences of victims but acknowledge that what is happening to victims is not right.

