



MISSION
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**10 year strategy
for reducing domestic
and family violence
in WA - 2019**

Submission

10 year Strategy for Reducing Family and Domestic Violence in WA 2019

Introduction

Mission Australia is a national, non-denominational Christian charity that has been helping vulnerable Australians move towards independence for more than 160 years. During the 2017-18 financial year we supported over 120,000 individuals through 461 programs and services nationally.¹ In Western Australia (WA) we supported over 12,000 people through 46 services.² Of these services three were directly related to family and domestic violence (FDV), namely, the Family and Domestic Violence Coordinated Response Service – Geraldton, Meekatharra Family and Domestic Violence Service and Pilbara Family and Domestic Violence Coordinated Response Service and we supported over 1,200 individuals through these services.

Mission Australia welcomes the opportunity to provide input into the 10 year strategy for reducing family and domestic violence in WA. This submission is based on a combination of research and insights from our direct service provision across WA and other states. It includes direct testimony from some of our practitioners and the participants they work with.

Recommendations

- Immediate measures must be adopted to increase the number of services that aim to prevent FDV that challenge and change the attitudes and understanding of violence against women and children.
- Inclusive early intervention strategies should be identified for different cohorts such as Aboriginal and Torres Strait Islander communities, people from culturally and linguistically diverse backgrounds, LGBTI people, people with disability and different age groups. These programs should be co-designed with respective communities and delivered through appropriate representative community organisations.
- Clear service referral pathways through mainstream services should be developed to ensure people experiencing FDV have multiple options to access relevant FDV services including hospitals and health settings, police, community services, schools and community groups.
- Evidence based services that provide interventions to change violent behaviours such as culturally appropriate men's behaviour change programs and other complementary supports including alcohol and drug rehabilitation services and mental health supports should be replicated across the State. These services should be tailored to meet the needs of local communities and as far as possible, delivered on country through the representative community organisations such as Aboriginal Community Controlled Organisations or in partnership with local Aboriginal organisations.

¹ Mission Australia, Annual Report, 2018, accessible at: <https://www.missionaustralia.com.au/publications/annual-reports/annual-report-2018/809-annual-report-2018/file>

² Mission Australia, Service Delivery Census FY 2017/18.

- Better coordination of services funded by Federal and state governments to ensure that services are equitably distributed and accessible across the state, including wraparound supports that can reduce FDV such as housing and homelessness, alcohol and drug related services and mental health supports.
- Increase availability and funding for culturally appropriate crisis, transitional and permanent accommodation for people experiencing FDV. These facilities should be located close to the local communities to prevent disruption and include targeted housing for single women, women with children, young people and men experiencing domestic and family violence. Accommodation services should also be available for men who use violence to prevent further harm to women and children.
- Recognise and address particular service delivery challenges in rural and remote areas and ensure that they are able to maintain qualified and adequate staffing levels that represents the diversity of the community, and the funding contracts and KPIs have sufficient flexibility to adapt the services to meet the needs within the community.
- Provide long term sustainable funding for successful programs that address FDV related issues to ensure programs are able to build and sustainably maintain relationships within the local community, health sector and other complementary community services over a period of time.

Preventing Family and Domestic Violence

While FDV is not limited to one group, culture, gender, or sexuality, overwhelmingly it is women who represent the large majority of people who are at greatest risk of death at the hands of a current or former partner, hospitalisation due to injury and homelessness as a consequence.³ As an organisation committed to reducing homelessness and strengthening communities, we understand the importance of prevention and early intervention to address FDV.

Ways to identify, challenge and change victim blaming and violence supportive attitudes in the community

Community attitudes are an important aspect of the context in shaping the way that individuals, organisations and communities respond to violence.⁴ Data from the National Community Attitudes towards Violence Against Women Survey shows that most Australians have a good knowledge about violence against women and do not endorse attitudes that support violence.⁵ However, around one in 20 Australians (5%) believe that violence against women may be justified in some circumstances.⁶ People are less likely to recognise non-physical forms of abuse as violence. For example, 97% of

³ OurWatch, Understanding violence, facts and figures, accessible at: <https://www.ourwatch.org.au/understanding-violence/facts-and-figures>

⁴ VicHealth, *Australians' attitudes to violence against women: Summary report*, Melbourne, 2014.

⁵ Ibid

⁶ Ibid

respondents identified slapping/pushing to cause harm or fear as a form of violence, compared with only 70% who identified trying to control their partner by denying them money.⁷

Levels of FDV are higher where societies, institutions, communities or individuals support or condone violence against women. Violence against women is condoned both through widely-held beliefs and attitudes and through legal, institutional and organisational structures and practices that reflect and reinforce them.⁸

Violence is more common in families and relationships in which men control decision-making and less so in relationships in which women have a greater level of independence. Limits to women's independence or autonomy, whether through social factors such as unequal access to education and economic resources, or through men's limiting or control of women's financial or social independence in relationships, increase the probability of violence against women.⁹

Levels of violence against women are higher where there are more rigid distinctions between gender roles and between masculine and feminine identities. Further, men who hold traditional, hierarchical views about gender roles and relationships are more likely to perpetrate violence against women. Research demonstrate the need to challenge gender norms at a young age and the need for parents to have a role in shaping the views of young people.¹⁰

Children and young people

There is a need for education at an early age around FDV and gender equality as well as addressing community attitudes around gender and violence. The Youth Action and White Ribbon survey of young people's attitudes in 2014 concerningly found that less than half of young people got information about FDV at school and that young men were more likely than young women to agree with statements supporting gender stereotypes and attitudes supporting violence.¹¹

Mission Australia's Youth Survey Report 2018 incorporated *FDV* as an issue of personal concern in the 2018 survey.¹² Nationally, 10% of survey participants were either extremely or very concerned about FDV as a personal concern. Aboriginal and Torres Strait Islander young people were more concerned about FDV compared to the non-Indigenous population (18% compared with 9% respectively).

In total, 3,202 young people from WA aged 15 to 19 years responded to Mission Australia's Youth Survey 2018. Of these, 11.2% of young people in WA were extremely or very concerned about FDV as an issue of personal concern.¹³ Thus, it is imperative to educate young people about violence, availability of services and supports in the local communities at a young age. There are numerous

⁷ Ibid

⁸ Ibid

⁹ Ibid

¹⁰ Our Watch (2018). Challenging gender stereotypes in the early years: the power of parents. Melbourne, Australia: Our Watch.

¹¹ McKenzie, J. *Young people's attitudes to domestic, family & teen dating violence: Youth Action and White Ribbon research snapshot*, NSW, 2015, accessible at: <http://www.youthaction.org.au/dv-attitudes-2015/>

¹² Mission Australia, (2018), *Youth Survey Report 2018*, accessible at:

<https://www.missionaustralia.com.au/publications/youth-survey>

¹³ Ibid

programs that are effective in raising awareness and engaging young people through a range of interactive early intervention measures.

LOVE BiTES

In Australia, the 'LOVE BiTES' and 'Respectful Relationships' programs in schools have been found to improve attitudes of both boys and girls towards domestic violence.¹⁴ The Program is funded by the Federal government and the training is delivered through National Association for Prevention of Child abuse and Neglect (NAPCAN).

LOVE BiTES is a Respectful Relationships Education Program for young people aged 15-17 years. It consists of two interactive workshops: one on Relationship Violence, and one on Sex and Relationships, followed by creative workshops and community campaigns. Love Bites is a flexible model with options to use a full day or multi session delivery approach. The program emphasises the importance of a whole-of-school commitment to respectful relationship education.

LOVE BiTES Junior is a respectful relationships education program that focuses on the development of respectful relationships for 11-14 year olds. It is a suite of 3 programs which evolved out of the success of LOVE BiTES, a well-established respectful relationship education program designed for young people aged 11-14 years.

Support for parents to prevent and address FDV

Childhood exposure to FDV has been linked to future perpetration, but some research suggests that it is other risk factors associated with FDV – such as socioeconomic disadvantage, parental mental illness, parental substance misuse, gender roles and attitudes that support violence – that more directly lead to later perpetration.¹⁵

Early intervention is vital to support families, particularly those with young children as having children motivates parents to seek support to address their violent behaviour.

“Most couples are open to seek our support for the sake of children ... we often talk about how witnessing mum and dad fighting or arguing can normalise violence in the minds of children and use it to motivate parents to seek other structured support services.”

Mission Australia, Program Manager – Regional WA

¹⁴ Flood, M. G. & Kendrick, V. (2012), *LOVEBiTES: An evaluation of the LOVEBiTES and respectful relationships programs in a Sydney school*, Wollongong, NSW, University of Wollongong.

¹⁵ Campo, M. (2015), *Children's exposure to domestic and family violence: Key issues and responses (CFCA Paper No. 36 – December 2015)*, Melbourne: CFCA, Australian Institute of Family Studies.

Caring Dads – Illawarra Shoalhaven Region NSW

Caring Dads is part of a pilot program being delivered in the Illawarra Shoalhaven region. Caring Dads is a parenting program for men who are perpetrators of FDV. Men are provided with an opportunity to reflect on the impact of FDV on children as a motivator for change. Participation is voluntary and the program runs for 17 weeks. This program is in the initial phases of implementation and impact measurement data will be collected and analysed as the program progresses, however initial feedback from participants has been positive.

Programs such as these should be replicated in WA to support parents who are willing to change their behaviour and address FDV related issues.

Ways to approach prevention in Aboriginal families and communities

As highlighted in the discussion paper, Aboriginal and Torres Strait Islander communities experience disproportionately higher risk factors for family violence, including social stressors such as poor housing or overcrowding, poverty and unemployment as a consequence of colonialism, dispossession from land, culture and traditional social structures and racism.

A recent report, *Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children* states that violence against Aboriginal and Torres Strait Islander women is not a part of traditional culture and that aspects of traditional culture and customary law were respectful and protective of women.¹⁶ It should be noted that, despite the public narrative to the contrary, violence against Aboriginal and/or Torres Strait Islander women is not always perpetrated by Aboriginal and/or Torres Strait Islander men. Evidence suggests that non-Indigenous men make up a significant proportion of perpetrators, particularly given that the data showing the majority of partnered Aboriginal and Torres Strait Islander women have non-Indigenous partners, especially in capital cities.¹⁷

In Aboriginal and Torres Strait Islander communities, family violence is conceptualised in terms of wider family and community relations. The service design and development should acknowledge and cater for broad responses that engage communities as a whole. Thus, holistic responses that focus on violence prevention and are integrated with cultural health should be prioritised.

There are a number of specialist FDV services that work with Aboriginal women around Australia, mostly providing crisis accommodation and support.¹⁸ Collaboration with other agencies is essential for these services to operate effectively, particularly with the police.

¹⁶ Our Watch, (2018), *Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children*, Melbourne: Our Watch.

¹⁷ Ibid

¹⁸ Holder, R. Putt, J. & O’Leary, C. (2017), *Women’s specialist FDV services: Tehri responses and practices with and for Aboriginal women: Key findings and future directions*, Sydney: ANROWS.

Case Study

Judy* is an Aboriginal woman with young children who was experiencing domestic violence. Her husband, Jack*, had issues with excessive alcohol consumption and becomes aggressive. One day when she was coming home from the shops, she heard her husband shouting at the children. She was worried about the safety of her children and rang the police. The police contacted Mission Australia and Judy and her children were provided with accommodation, food, informal counselling and referrals to a number of support services and information about the cycle of violence.

Judy was open to engage with a crisis support worker to discuss different safety strategies particularly when her husband is drinking.

Through these interactions, it was evident that her husband's drinking and abusive behaviour related to his inability to secure a job at the local mine, which made him feel like a failure. In addition to providing the couple with informal counselling and other supports to openly speak about Jack's violent behaviour, the crisis support worker also made contact with the local mine to obtain information about the availability of jobs for people living in the local community. Jack was also supported to access a training program and gain new skills at an earth moving company which led him to obtain a job at the local mine. He was referred to access alcohol and drug rehabilitation services to address alcohol dependence.

Judy is now in a stable relationship with her husband. She stated that she feels safe and knows what supports to access if the situation changes in the future.

*names have been changed for confidentiality

As identified in the discussion paper, geographical spread in communities scattered across the state is a challenge for service delivery. Numerous services are currently providing outreach services, however, the lack of availability of appropriate supports, refuges and other community services are likely to increase the risk of harm to women and children.

Further, social pressure, stigma and views in relation to FDV within the local communities can act as an inhibitor for women to report incidents of violence.

“There are some women who would call the police and then get back-lashed or ostracised in their own community, particularly by the perpetrators' family. So they are reluctant to report subsequent events of violence ... Sometimes they go back to the perpetrator because there's nowhere else to go.”

Mission Australia, Crisis Support worker – Regional WA

Important new approaches to family violence in Aboriginal and Torres Strait Islander communities include a focus on social and emotional wellbeing, that draws on connection with cultures, and

spirituality as protective factors against the occurrence of family violence and putting Elders (male and female) at the centre of interventions wherever possible.¹⁹

Services designed to benefit Aboriginal and Torres Strait Islander people should be co-designed and implemented with community members, Elders and Aboriginal Community Controlled Organisations to ensure they are culturally secure, adapted and effective. Particularly in regional and remote areas, relationships with the local community and having a strong understanding of local cultures and protocols are critical to developing the necessary trust from community members to engage with local services. Further, the location and confidentiality of services are key to uptake of support in small communities.

Victim Safety

Victims of FDV are likely to come in contact with a number of mainstream services such as hospitals, GPs, government institutions such as Centrelink and other community services that provide emergency relief, housing and homelessness related supports and the like. These organisations have a role in providing supports to people experiencing FDV including the ability to make appropriate referrals or provide information as the first point of contact.

When FDV does occur, it is important that the safety, recovery and wellbeing of those who have experienced FDV is supported and repeat violence is prevented through integrated services. This can be achieved through flexible service provision at a local level and co-design to meet the needs of various groups affected by FDV. Therapeutic interventions should be funded for both adult and child victim-survivors of FDV and a trauma-informed approach consistently applied.

It is imperative that there is a service presence in the local communities, that people are aware of the services available to them and that services well as to build trust and relationships with local residents.

“services get funding to run a project for a year or two and then it disappears. This is disruptive to the community and the service ... There should be multi-partisan agreement on funding for community services to make sure the funding arrangements are longer.”

Mission Australia, Family Support Worker – Regional WA

Given the importance of these services in local communities, the commission should conduct a review of current funding levels for services and ensure funding enables services to maintain adequate staffing levels and retain the qualified workforce.

As recommended by Productivity Commission, to allow adequate time for service providers to establish their operations, and have a period of continuity in service provision and handover before the conclusion of the contract (when a new provider is selected), default contract lengths for family

¹⁹ Blagg, H. et al. (2018), *Innovative models in addressing violence against Indigenous women: Key findings and future directions*, Sydney: ANROWS.

and community services should be increased to seven years, and for Aboriginal and Torres Strait Islander specific services, this should be increased to 10 years.²⁰

Housing and homelessness

Concern for safety – their own or their children’s – may lead women experiencing FDV into homelessness. Women reach a crisis point, whether after a single incident of violence, a period of prolonged violence or an escalating series of incidents, at which point they have to leave their home to find safer accommodation.²¹ Lack of availability of appropriate accommodation is likely to prevent people leaving abusive relationships. Therefore, housing assistance measures for women affected by FDV need to include options that allow women to remain safely housed or to find affordable, stable and suitable accommodation within a short timeframe.²²

Women will often cycle in and out of homelessness as they try to rebuild their relationship with their abusive partner.²³ Reasons given for returning to a violent partner include the partner’s promise to stop the violence, returning for the sake of the children’s wellbeing, limited financial resources, having nowhere else to go and/or fear of the partner.²⁴ Safe accommodation is therefore a vital part of the service landscape. This includes increasing the stock of crisis, transitional and long-term social and affordable housing in WA.

Meekatharra Family and Domestic Violence and emergency accommodation service

Meekatharra family and domestic violence and emergency accommodation service is available for two types of intervention. It helps women who need crisis intervention, but also assists women who recognise escalating patterns of behaviour and wish to remove themselves and their children from potentially dangerous situations to avoid further trauma.

The Meekatharra service also works with women and children at risk of homelessness to find suitable safe accommodation either in their community, with relatives in neighbouring communities or elsewhere. Women and children who come into the service are assisted with a range of issues including housing applications, accessing income support through Centrelink and seeking legal advice from appropriate family law services to help them to remain safe.

The majority of women and children accessing this service identify as Aboriginal. The Meekatharra Aboriginal Reference Group (MARG) has played a crucial role in shaping and delivering these services.

²⁰ Productivity Commission, *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*, No 85, Productivity Commission Inquiry Report, 2017, accessible at:

<https://www.pc.gov.au/inquiries/completed/humanservices/reforms/report>

²¹ Tually, S. et al. (2008), *Women, FDV and homelessness: A synthesis report*, Canberra: Commonwealth of Australia.

²² Ibid

²³ Chamberlain, C. & MacKenzie, D. (2003), *Counting the homeless 2001, Australian Census Analytic Program*, Canberra: ABS.

²⁴ Humphreys, C. (2007), *Domestic violence and child protection: Challenging directions for practice*, Sydney: Australian FDV Clearinghouse, UNSW.

The level of understanding and availability of sensitive and culturally appropriate supports play a key role in addressing FDV, particularly among diverse community groups. These needs should be clearly identified to provide holistic supports to ensure victims of FDV are comfortable and confident to reach out and access services.

People from migrant and refugee backgrounds

Women from migrant and refugee backgrounds may experience violence from their intimate partner, extended family or adult children. The experience of migration itself can lead to women becoming socially isolated, and therefore beholden to a partner and possibly his family.²⁵ Stigma and shame associated with FDV can result in women from migrant and refugee backgrounds being less willing to speak out or seek assistance and remain in abusive relationships.²⁶

Women who are newly arrived in Australia may have limited understanding of Australian laws with respect to domestic and family violence. Many migrant and refugee women are also unfamiliar with services that are available to them, including the police, FDV services and homelessness services. Lack of early intervention is therefore common among this group, leading to their overrepresentation among those needing crisis services.²⁷ Therefore, proactive measures must be adopted to ensure that these women are able to access early intervention and other supports.

Case study

Mary* was married to her husband for 22 years and has a teenage son. They migrated to Australia from Ukraine when the son was 3 years old and have no family support in WA. In 2018, Police were called by a neighbour when they saw Mary running out of the house with injuries. Mary's injuries were found to be serious and was flown to Perth for further treatment. Although there was no record of previous violence, Mary disclosed that she has been experiencing domestic violence throughout her marriage and she often had to take time off work due to bruising on her face. She also informed that her husband was extremely controlling and monitored her actions and movements.

While Mary was receiving treatment in Perth, Family and Domestic Violence Response Team (FDVRT) was in immediate contact with the hospital. An intensive multi-agency case management plan was developed in preparation of Mary's return from hospital. Mary was consulted and was regularly updated throughout this process. During this process, arrangements were made for Mary's son to join her in Perth. His school was notified of the situation and the school psychologist was involved in the development of the multi-agency case management plan. Mary was also regularly updated on the progress of the court proceedings.

²⁵ Australian Institute of Family Studies (2018), *Intimate partner violence in Australian refugee communities Scoping review of issues and service responses*, CFA paper no. 50, p.2, AIFS

²⁶ Australian Institute of Family Studies: Australian Centre for the Study of Sexual Assault, (2011), *Supporting women from CALD backgrounds who are victims/survivors of sexual violence Challenges and opportunities for practitioners*, No 9, p. 9-10, Melbourne, AIFS

²⁷ Department of Social Services (2015), *Hearing her voice: Report from the kitchen table conversations with culturally and linguistically diverse women on violence against women and their children*, Canberra: Commonwealth of Australia.

During this period, Mary's husband was released on bail which made her fearful of retaliation as a result of having the police involved. The case management team worked with the police and Mary was provided with a duress alarm. Her support workers were able to advocate on her behalf and arrange suitable accommodation in Perth for Mary and her son. She was also linked to the relevant metropolitan Central Referral Service (CRS) in order for her to receive appropriate local support. Mary is receiving ongoing support from a range of community organisations and her son is attending a school in the local areas.

*name has been changed for confidentiality

Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people

FDV in LGBTI relationships has the same elements as all abusive relationships, but there are some unique differences for LGBTI people. For instance, the violence perpetrated against LGBTI people could include abuse of a person's intersex status, sexuality, gender or gender expression, access to gender transition related healthcare, or pressuring them to conform to sex or gender norms and threatening to 'out' someone to their family, friends, community.²⁸ LGBTI people experience FDV from current or former intimate partners as well as from other family members who do not accept their sexual or gender identity.²⁹

There are systemic barriers that exist on the systems and service levels, such as confidentiality and lack of appropriate language to discuss abuse in LGBTI communities/relationships and a lack of mainstream services that address the needs of LGBTI people, such as safe housing services for male victims, supports for female perpetrators, transgender and intersex inclusive services.³⁰ This then leads to LGBTI people's experiences of intimate partner and family violence becoming more invisible. Targeting services can be challenging for this cohort due to lack of substantial and reliable data. Careful consideration is needed to address these service gaps for LGBTI community whilst acknowledging the intersectionality of other attributes such as cultural background, geographic disadvantage and disabilities.

People experiencing mental health issues

Research demonstrates clear causal links between the experience of FDV and the development of mental health conditions in victim-survivors.³¹ Further, research also demonstrates that women receiving treatment for mental ill health are likely to be reluctant to exercise their rights to protect

²⁸ ACON, Domestic and Family Violence, accessible at: <https://www.acon.org.au/what-we-are-here-for/domestic-family-violence/#domestic-family-violence>

²⁹ Our Watch, (2017) *An analysis of existing research Primary prevention of family violence against people from LGBTI communities*, Melbourne, Our Watch.

³⁰ Australian Women Against Violence Alliance, (2018), Position Paper on the development of the Fourth Action Plan of the National Plan to Reduce Violence Against Women and their Children, AWAVA.

³¹ Holden, Libby, et al, (2013) *Mental Health: Findings from the Australian Longitudinal Study on Women's Health Final Report*, Women's Health Australia, accessible at:

http://www.alsw.org.au/images/content/pdf/major_reports/2013_major%20report%20H.pdf

themselves and the children from further violence for fear that the perpetrator may use mental illness to deny access to children.³²

A survey conducted by Women with Disability Australia (WWDA) found that the mental health sector is a key primary site that women and girls with disabilities utilise and disclose their experiences of violence, both current and past.³³ Therefore, clear pathways should be in place for mainstream and mental health related services to refer and support people experiencing or suspected of experiencing domestic and family violence.

People with disability

FDV is a significant issue for people with disability. Good quality data about the prevalence and incidence of violence against women with disabilities is generally limited, and likely to be under-reported.³⁴ However, data indicates that nationally, women living with disabilities are around 40% more likely to experience FDV compared to women living without disabilities and more than 70% of women with disability have been victims of violent sexual encounters at some time in their lives.³⁵

The social marginalisation and discrimination that people with disability experience can be compounded, for some, by reduced mobility, which limits capacity to escape violent situations. Women with disabilities who live in rural and remote communities who have less access to services, information and education are particularly at risk of domestic violence as well as other forms of gender-based violence.³⁶ There are programs that are effective in providing supports to people with disability to escape violence. Such programs should be studied and co-designed with people with lived experience, their family members, carers and other community organisations.

Perpetrator accountability and behaviour change

There is increasing support for perpetrator interventions including through *Australia's National Plan to Reduce Violence Against Women and Their Children*, which contains stopping perpetrator violence and holding them to account as one of its outcome areas. Research demonstrates that interrupting male violence through early intervention, continuous support programs and education are crucial elements in addressing domestic and family violence.³⁷

³² Humphreys, Cathy, and Ravi Thiara, (2003), 'Mental Health and Domestic Violence: "I Call It Symptoms of Abuse"' 33 *British Journal of Social Work* 209-226.

³³ Dowse, L., Soldatic, K., Didi, A., Frohmader, C. and van Toorn, G. (2013) *Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia*. Background Paper. Women with Disabilities Australia.

³⁴ Frawley, P., Dyson, S. & Robinson, S. (2017), *Whatever it takes? Access for women with disabilities to FDV services: Key findings and future directions*, Sydney: ANROWS.

³⁵ Disabled Peoples Organisations Alliance (DPOA), Submission to Senate Standing Committee on Finance and Public Administration Inquiry into Domestic Violence in Australia, 2014, p.13.

³⁶ Dowse, L., Soldatic, K., Didi, A., Frohmader, C. and van Toorn, G. (2013) *Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia*. Background Paper. Women with Disabilities Australia.

³⁷ NSW Health Education Centre Against Violence, *Interrupting Male Violence with Men who use Domestic and Family Violence*, 2017, accessible at:

http://www.ecav.health.nsw.gov.au/uploads/60438/ufiles/publications_and_reports/ECAV_Position_Paper_Interrupting_Male_Violence_25_10_17.pdf

There are several different approaches to perpetrator programs based on different theoretical understandings as to why people choose to be violent. Each of these has its proponents and critics, and there is a need to develop best practice evaluation principles and to evaluate specific programs to determine effectiveness across the spectrum of perpetrator interventions.³⁸ The majority of such programs in Australia use a group work approach and are voluntary.

In general, there is some early evidence that perpetrator programs can be effective, but there is limited research in Australia and internationally to support any one particular model.³⁹

Research has established that one of the most concerning problems with the service system in regional, rural and remote areas of Australia is the lack of services for perpetrators, outside of the police and court systems.⁴⁰ Consultation with local communities in many areas of Australia indicates that community members are concerned about the lack of options for dealing with perpetrators, including lack of temporary accommodation and men's behaviour change programs.

Several community organisations provide culturally appropriate men's behaviour change programs that suit the needs of the local community.

Marra'ka Mbarintja Men's Family Violence Prevention Program – Alice Springs

The Marra'ka Mbarintja Men's Family Violence Prevention Program is funded by the NT government under the Tangentyere Family Violence Program. This program aims to work towards the safety, wellbeing, human rights and dignity of women, children and others affected by men's use of violence. The Men's Behaviour Change Program (MBCP) offers a psycho - educational model and space for men who use violence and abuse in their intimate and family relationships. These involve two hour weekly sessions for 24 weeks as well as follow-up sessions as required.

Each session is tailored to address use of violence, to accept responsibility for their use of violence and to learn ways to reduce their use of violence. Topics include but are not limited to - forms of violence, cycle of violence, impacts of violence on women, children, family & community, why men use violence, what is a respectful relationship.

The program adheres to and respects the rights of Indigenous Australians and understands the complexities of working in the Central Australian context.

Mission Australia has also established men's behaviour change programs in regional areas of NSW.

³⁸ Mackay, E. et al. (2015), *Perpetrator interventions in Australia: Part one – Literature review. State of knowledge paper.*, Sydney: ANROWS.

³⁹ Mackay, E. et al. (2015), *Perpetrator interventions in Australia: Part one – Literature review. State of knowledge paper.*, Sydney: ANROWS.

⁴⁰ Wendt, S. et al. (2017), *Seeking help for domestic and family violence: Exploring regional, rural, and remote women's coping experiences: Key findings and future directions*, Sydney: ANROWS.

Manin' Up Men's Behaviour Change Program – Western NSW

The primary outcome being sought is a reduction in FDV by those attending and completing the Manin' Up Men's Behaviour Change Program. This overarching goal is underpinned by a number of key strategies:

1. Application of contemporary evidence based practice in reducing re-offending including:
 - a. Matching the intensity of the intervention to the level of risk that a participant is assessed as having.
 - b. Targeting offending needs or dynamic risk factors which are known to contribute to FDV offending.
 - c. When dynamic risk factors are targeted appropriately, these risk factors can be altered positively.
 - d. Delivering the program using a cognitive behavioural and social learning approach which also accommodates the learning styles, capability and characteristics of program participants.
2. Delivering programs as they are designed (i.e. with treatment integrity) so that what is known to be effective in reducing reoffending risk actually gets facilitated in sessions.
3. Improved retention in the program through a strong focus on engagement of participants from the outset, by fostering active collaboration between the program provider and the participant.

The supports provided to victim-survivors are also nested into this model to improve the safety of women and children experiencing domestic and family violence.

Similar models can be implemented in WA in consultation of local communities, representative community organisations and other relevant stakeholders.

The majority of staff members delivering FDV services are women, which creates an enabling environment for victim/survivors to engage with services and feel confident and comfortable. However, evidence demonstrate that the perpetrators of violence are more likely to be comfortable working with other males who understand the cultural norms and the local communities.⁴¹

Understanding this, Mission Australia's FDVCRT service is working with an Aboriginal Elder who is also a former police officer when going into the communities.

“When the case workers do home visits, they are accompanied by a respected Aboriginal Elder who is familiar with the community and understand the needs of the people. Our staff have reported that they are seeing a difference in the community attitudes since he started home visits with us ... This particular Elder is a volunteer and he is passionate about addressing this issue, but we can't expect all Elders to spend their personal time without any recognition of their time and energy. There must be a way to identify Elders and other

⁴¹ NSW Health Education Centre Against Violence, Interrupting Male Violence with Men who use Domestic and Family Violence, 2017, accessible at: http://www.ecav.health.nsw.gov.au/uploads/60438/ufiles/publications_and_reports/ECAV_Position_Paper_Interrupting_Male_Violence_25_10_17.pdf

community leaders who are respected in the community to start the dialogue on FDV and they should be remunerated or financially supported for their time.”

Mission Australia Area Manager, Midwest and Gascoyne WA

There is currently no additional or allocated funding for this particular role within the FDV services. Considering the success this has had in terms of engaging community members, building rapport and addressing some of the significant service gaps, particularly for men, Mission Australia recommends the government to consider adopting more culturally appropriate supports such as these that are adaptable and collaborative.

It is imperative that prior to expanding existing FDV programs, the government consult different cohorts including people from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, LGBTI people, people with disability, people from rural and remote areas as well as other special interest cohorts and co-design the programs to ensure they meet their needs.

Effectiveness of electronic monitoring

It is encouraging to note that the WA government is pursuing different pathways to ensure perpetrator accountability including the use of electronic monitoring. However, there are challenges in relation to the viability of electronic monitoring in rural and remote parts of WA. The response time to react to a breach through GPS tracking may be too long to prevent further violence, making them more a means of tracking down offenders after the fact rather than preventing harm before it occurs.

Furthermore, electronic monitoring on its own does not address risk factors that can be addressed through behaviour change or other programs that address and assist with employment, mental ill health, relationships, finances and support networks. Community based men’s behaviour change programs are currently over-subscribed with long waiting lists, are not culturally secure, are unfunded, are only available within the prison system or not available in local communities. Expanding these programs would allow for more timely interventions and improved safety for women and children and possibly address childhood trauma amongst perpetrators. Therefore, additional investment should focus on a range of long-term strategies that make perpetrators accountable for their violence and are appropriate for different communities and locations.

Safe, accountable and collaborative service system

Multi-agency collaborations are needed to provide effective and accessible services to women and girls who have experienced domestic and family violence.⁴² Currently, expertise exists across different service sectors (disability, family and domestic violence, etc.) and is not readily accessible to service workers.⁴³ Cross sectoral training packages and professional development placements or internships may be helpful in cross-pollinating knowledge from the various sectors.

⁴² Frawley, P., Dyson, S. & Robinson, S. (2017), *Whatever it takes? Access for women with disabilities to domestic and family violence services: Key findings and future directions*, Sydney: ANROWS.

⁴³ Maher, J. et al. (2018), *Women, disability and violence: Barriers to accessing justice: Key findings and future directions*, Sydney: ANROWS.

A recent review of Australian integrated service provision in response to violence against women found that integrated responses are promising but that good data is limited due to a lack of high quality evaluations of relevant service models.⁴⁴ Therefore, a range of measures must be adopted to address this gap in FDV service provision.

Providing housing for men who choose to use violence enables further engagement with services to address presenting and underlying issues and potentially reduce the risk of future violence and offending behaviour. This includes both crisis and longer term affordable housing. More accommodation options for men also reduces the burden on women having to leave the family home when violence occurs. Clearly, this is in addition to the necessary housing supports required for women and children escaping FDV where necessary.

It is encouraging to note the emphasis on the intersectionality between FDV and mental ill health, alcohol and other drug use, poverty, economic disadvantage and experiences and exposure to domestic and family violence in the discussion paper. There is an acute need for complementary services such as alcohol and drug detoxification and rehabilitation supports, mental health supports and other similar services in local communities or in close communities.

“We meet people who are willing to try services to address their problems but there’s nothing in close proximity. They are unlikely to spend hours on the road to get to a 1 hour appointment, especially if there’s limited public transport ... the flip side is that these communities are small and they don’t want other people to know their business. There should be a range of options available for people to choose from.”

Mission Australia, Program Manager – Regional WA

The Communicare Breathing Space program

The Communicare Breathing Space program in Western Australia is a therapeutic community that provides men who have been abusive in their intimate partner or family relationships with approximately three months of accommodation while they undertake an intensive therapeutic program including group work, individual counselling and case management in their behaviour change journey.⁴⁵ This linking of accommodation and behaviour change is a promising model for future practice.

Programs such as these are vital in addressing violence against women and children. However, men from rural and remote communities may not be willing to travel to Perth (the only location it is currently offered) to participate in a 3-month residential program. They are much more likely to participate in a program that is ‘on country’ and culturally appropriate. Thus, programs such as these

⁴⁴ Breckenridge, J. et al. (2016), *National mapping and meta-evaluation outlining key features of effective ‘safe at home’ programs that enhance safety and prevent homelessness for women and their children who have experienced domestic and family violence: Key findings and future directions*, Sydney: ANROWS.

⁴⁵ Communicare Breathing Space, accessible at: <https://www.communicare.org.au/Family-Violence-Justice-Services/Men%E2%80%99s-Support-Services/Communicare-Breathing-Space>

should be replicated and should have sufficient flexibility to tailor the service to the needs of the local community.

Numerous services already work in collaboration with a range of stakeholders to support people experiencing FDV irrespective of the existence of formal arrangements. These collaborations require dedication of human and physical resources that some community organisations may not have as they are already working at capacity. Thus, the future contractual arrangements and service design models should take the need for financial support for broad collaboration into consideration.

Support needs in rural and remote communities

The discussion paper identifies the challenges in delivering services in rural and remote WA and discusses the importance of collaboration to enhance service delivery in these areas. Currently there are some services that are funded to be co-located and provide wrap-around supports to people experiencing FDV. These services unfortunately are often not able to meet the high demand in the communities.

There are some services that use a 'hub and spoke' model with funding to provide outreach services to support people in rural and remote communities. It is important to note that these services need to understand the cultural norms and nuances prior to delivering services, particularly in Aboriginal communities. For instance, Mission Australia's FDV services follow the cultural protocols in these communities and visit communities after being invited by the respective community Elders.

The Family and Domestic Violence Coordinated Response Team (FDVCRT) – Pilbara and Midwest Gascoyne WA

The Family and Domestic Violence Coordinated Response Team (FDVCRT) was established in Western Australia in 2013. This is a joint initiative of WA Police, Department of Communities (Child Protection and Family Support) and various community service agencies with expertise in domestic and family violence.⁴⁶ It is focused on keeping child and adult victim-survivors of FDV safe and ensures risk management and accountability of perpetrators through an integrated systems response.

Mission Australia is the community service partner for the FDVCRT in the Pilbara and Midwest Gascoyne, WA.

In the Midwest Gascoyne, a FDV worker from Mission Australia, based in Geraldton works in partnership with a child protection worker and two police officers to assess and triage all FDV reports made to police across the Murchison region, an area of 660,000km that spans from Exmouth in the north to Dongara in the south and Wiluna in the east. The collaborative arrangements allow for multiple perspectives and coordinated responses to FDV in the region. Many of the situations investigated by the team involve other issues besides domestic and family violence, including alcohol and other drug use, mental ill health and housing and homelessness, particularly given a large transient population. Referrals can be made by the team to services both

⁴⁶ WA Department of Communities (2017), *Family and Domestic Violence Response Team Operating Procedures*, Perth: WA Government.

for the victim-survivors of the violence, as well as the perpetrators. The model often works very successfully to provide an integrated service, but can be compromised by long waiting lists and lack of available service infrastructure. Given the vast geographical area covered by the team, there is a strong need to develop and maintain effective networks with a range of appropriate support services in regional and remote communities.

This service demonstrates how service collaboration can be effective in supporting people experiencing FDV. However, access to these services can be limited in remote and very remote communities. To ensure all communities across Western Australia are able to access this essential support, the current services should be expanded and incorporate other relevant complementary services where possible.

One of the significant benefits Mission Australia enjoys is the capacity of the FDV worker based at the police station to refer individuals directly to Mission Australia FDVRT for case management and the women's refuge in Meekatharra for accommodation and other additional support. The local team can provide immediate follow up support to any families experiencing domestic violence in Meekatharra as well as outreach to Wiluna, Cue and Mt Magnet.

On receipt of FDV Incident Reports (IR's) from the FDV Coordinated Response Service, the local FDV service visits families included in an incident reported to police. The team follows up on all IR's from Wiluna, Mount Magnet, Cue and Meekatharra and visit these communities on a regular basis. While not viewed specifically as the main or sole contributing factor, many incident reports acknowledge the presence of alcohol and/or other drug use. If the woman has been using alcohol or other drugs, they are unable to be admitted to the shelter and are accommodated with family.

Outreach to these individuals and their families is then undertaken to allow both parties to talk with staff and provide an opportunity to discuss and address the underlying issues and presenting challenges they may face. The team can then refer individuals, couples and families to a range of services such as mental health services, alcohol and other drug councillors, legal advocates or tenancy advice services. Staff remain in contact with individuals and families until all parties are happy for the FDV outreach service to cease.

Building trust with individuals, families and the wider community is crucial to engaging effectively across a formidable and remote areas in which we work. These approaches have had demonstrated positive impacts in the community and therefore should be provided with adequate financial and other resources to continue the services.

“For some men, our engagement has been the only time they have been able to talk about the violence they perpetrate without the presence of the police, a lawyer or the magistrate. Evidence from the Mt Magnet Police Station indicates that over a six month period, there was a drop of local DFV incident reports of 33% ... Local police believe that this is because men had the opportunity to talk about their violence and receive support in thinking, feeling and acting in a way that doesn't include violence.”

Mission Australia Area Manager, Midwest and Gascoyne WA

The outreach staff travel significant distances to engage and support people within their local communities. For instance, Mission Australia's FDVCRS Meekatharra outreach workers travel between 2,000km to 3,000km a month to deliver services in remote communities. These include home visits to meet with the families experiencing violence, where the outreach workers would meet the parties either separately or together (depending on their preference) to discuss the issues and offer support to prevent FDV from escalating, especially given that there are no 'round the clock' supports including hospitals, police or other community services in some communities.

Trust is an essential element in service provision as people need to feel that the engagement with services will not compromise their privacy or identity, especially in the context of FDV supports. Building these relationships requires thoughtful investment of time and resources. However, this can be challenging in rural and regional areas due to high staff turnover ratios,⁴⁷ lack of accredited professionals, nurses and psychologists, and uncertainty of funding⁴⁸ to continue support programs.

The levels of funding render some services unviable or significantly limit the services that can be delivered. Although there are service models that are effective in supporting people, there are insufficient incentives to retain staff in remote communities to deliver services. Where the incentives are available, there is a lack of consistency in terms how they are distributed.

"In Meekatharra, the police service is considered to be remote and police are provided with additional incentives and resources by the government to remain in these areas ... on the other hand teachers, medical staff and some other similar services aren't considered remote. This increases the staff turnover in services that are supposed to provide complementary collaborative services."

Mission Australia, Family Support Worker – Regional WA

There is ample evidence to demonstrate the importance of services building relationships with local organisations, established services and community members over a long period of time. Thus, significant investment of financial and human resources is needed to ensure that services in rural and remote areas are able to build relationships and trust within local communities to provide sustainable services.

⁴⁷ Rural Health West, *Critical success factors for recruiting and retaining health professionals to primary health care in rural and remote locations: contemporary review of the literature*, 2014, p. 9.

⁴⁸ Mental Health Australia, *Continuity of Funding Survey – At a Glance*, 2014, accessible at:

https://mhaustralia.org/sites/default/files/docs/continuity_of_funding_survey_-_at_a_glance.pdf