PILBARA FAMILY AND DOMESTIC VIOLENCE NETWORK - SUMMARY REPORT

SUMMARY AND ANALYSIS OF STAKEHOLDER INTERVIEWS

1.0 Purpose

The primary purpose of this report is to identify gaps, challenges and opportunities for improvement in addressing Family and Domestic Violence (FDV) in the Pilbara. A summary and analysis of stakeholder interviews forms the basis of this report and is intended to guide the action of the Pilbara Family and Domestic Violence Network (PFDVN) providing a foundation for discussion and to stimulate thinking around potential solutions or collaborative opportunities.The proposed purpose of the PFDVN is to have a regional approach in better coordinating sustainable solutions to address FDV in the Pilbara.

2.0 Key Points

2.1 The PFDVN provides a platform for effective coordination and improved collaboration of relevant stakeholders at a regional level, to achieve a shared vision.

2.2 The stakeholders that make up the PFDVN have been identified as individuals or organisations best placed to lead and facilitate high-level change based on this summary report.

2.3 WACOSS as a neutral body was identified as best placed to facilitate the development and on-going coordination of the PFDVN with the support of the Creating Communities Australia team in undertaking the foundational work.

2.4 Thirty stakeholders across the Pilbara were interviewed to inform the basis of this report including the identification of sustainable solutions and areas for potential action.

N.B This report is not intended to be a comprehensive research paper and is based solely on stakeholder interviews. Due to time constraints, on-going stakeholder interviews will be critical to inform future PFDVN meetings and the co-design of solutions. We acknowledge that family violence is prevalent and has significant impacts on Aboriginal and Torres Strait Islander people[1]. In light of this, it is of paramount importance that further on-going consultation with Aboriginal and Torres Strait Islander people and Elders is undertaken. We recommend this continued engagement is pursued by the PFDVN. We also acknowledge that abuse is also prevalent among disability and aged care services, again requiring further consultation, which must be considered when developing solutions.

3.0 Context

3.1 Current senate inquiry into family and domestic violence demonstrates FDV as a national issue. A number of high-profile media reports have similarly drawn community attention to the prevalence and severity of FDV seeking best-practice solutions and prevention.

3.2. Key insights/facts:

- On average, it takes a victim approximately seven attempts at leaving an abusive relationship until they are successful.[2]
- 50-75% of domestic violence homicides occur at the point of separation or after the victim has left their abuser[3] "why would a woman want to leave knowing they might get killed?" - anonymous
- One interviewee: "We have women flee from the house, literally running down the street saying my partner is following me"

[1] Mission Australia, *Out of the Shadows - Domestic and family violence - a leading cause of homelessness in Australia*, 2019.
[2] National Domestic Violence Hotline, 2013.
[3] Private Violence, 2014

- On average nationally, one woman per week is murdered by her current or former partner.[4]

3.3 Impact of Coronavirus (COVID-19) in the Pilbara:

- Services expressed concern over increased numbers and new vulnerable cohorts exposed to FDV – particularly partners and children of FIFO, shift workers and other groups with changed working conditions
- Increased stress on the already limited supply of refuge housing available for victims of FDV and travel restrictions creating issues of accessibility
- Usual factors/complexities of FDV have been exacerbated, prompting the need for immediate attention in the region

4.0 Priority Areas

Results of stakeholder interviews have been separated into **five key areas** for action.

The three most dominant themes that came up in discussions with interviewees were:

- Greater need for men's programs and perpetrator programs;
- Community education/awareness and;
- A whole-of-family, wrap around approach to solutions and increased communication at case-level between service providers.

The table below outlines the most frequently mentioned issues and most frequently proposed solutions by those interviewed. For more detailed coverage of all issues discussed, please see 'Appendix I'.

[4] Bryant, W. & Bricknall, S. (2017). *Homicide in Australia 2012-2014: National Homicide Monitoring Program report*. Canberra: Australian Institute of Criminology.

KEY AREAS	ISSUE/DETAILS	PROPOSED SOLUTIONS
PREVENTION	• Completely under-resourced • Insufficient mens support programs and structured social opportunities across the Pilbara • Limited accommodation options for victims/perpetrators • Health issues (poor mental health, FASD (Foetal Alcohol Syndrome Disorder), intergenerational trauma and alcohol and substance abuse) often underlie FDV • Mobilise people to stamp out boredom and contribute positively to society through employment/occupation	• Whole-of-family, wraparound support services • Holistic approach to address underlying issues • Increase in preventative services • Streamlined communication between services • Engage local champions to lead change • Work with relevant agencies/businesses for occupation programs
PERPETRATOR PROGRAMS (behaviour change)	• Huge gap in perpetrator programs in the Pilbara • Services lacking skills and training to work with perpetrators • Perpetrators and victims can often be the same person • Limited options to refer perpetrators • Men are going to jail rather than being rehabilitated due to lack of services	• Increased services to engage perpetrators in behaviour change • Increase preventative services to address underlying issues • Engage people with lived experience in behaviour change programs • Identify and champion local role models to lead change • Whole-of-family approach to rehabilitation • Upskill current services to support and nurture perpetrators
VICTIM SUPPORT (accessibility)	• Primary support services available to victims are post-incident (eg. emergency accommodation, counselling) • Front- line services at capacity - lack of resourcing/funding to effectively support clients • Accessibility issues for victims - language, culture,	• Holistic, whole-of-family approach - do not separate individuals • Help-seeking information available in neutral places (eg. hairdressers, sports clubs, supermarkets, etc.) • Increased case-based communication between agencies

	location, technology • The first step - the system is often complex, confusing and fearful for victims, particularly if they don't wish to break up the family • Lack of support services for children and young people impacted by FDV	• Relationship counselling is needed as much as rehabilitation and crisis support
COMMUNITY EDUCATION / ADVOCACY	• Lack of community/public awareness (signs of FDV, the FDV cycle, pervasiveness, risk factors, helpful responses, eliminating stereotypes and stigma) • Young people mirroring learnt violent behaviour - what does a healthy relationship look like • Community awareness must be consistent - not just once a year • Lack of understanding amongst women of the early stages of the FDV prohibiting seeking support prior to major incidents	• FDV education very early in the school curriculum (anti-bullying, healthy relationships, protective behaviours) • Consider all ages, cultures, languages, gender diversity in campaigns • Community to play an active role in support, prevention and response • Involve non-FDV sector groups in education and advocacy - eg. sporting clubs, playgroups, businesses, FIFO camps
RESOURCING	• Huge shortage of crisis, short and long term housing - including for young people • Funding terms - cycles often too short to demonstrate effectiveness or limited to one group or purpose (eg. women, victims) • Staff turnover due to transiency or burnout	• Targeted grants for key priority areas (e.g.mens programs, family support, AOD, FASD, mental health, trauma services) • Increased investment in appropriate Aboriginal and CALD professionals and programs • Longer term funding cycles

5.0 Next Steps

Throughout the consultation process, a collection of short and long-term goals were identified with the potential to pursue within the PFDVN. In order to initiate momentum, the PFDVN is recommended to prioritise and agree on a number of short-term goals or 'quick-wins' to embed serious change, early on. These small but meaningful changes can be easily implemented to enhance the current situation in the Pilbara.

Please note: Below is a selection of draft proposals to stimulate discussion for immediate and long-term action. The PFDVN is encouraged to determine, refine and agree upon appropriate short and long-term strategies. We also acknowledge the work to date of current place-based Networks such as the Hedland Family Violence Network and that they may have experience, strategies and approaches that enhance collaboration and which could be relevant across the region - albeit with local adaptations.

KEY AREAS	*POTENTIAL* SHORT-TERM STRATEGY 3 - 6 months	*POTENTIAL* LONG-TERM STRATEGY 12 months - 3 years
PREVENTION	Multi-sector stakeholder forum/s for mens support initiatives in the Pilbara	Increased Pilbara-based clinical services for AOD, trauma, FASD, mental health, etc
PERPETRATOR PROGRAMS	Research on best practice (eg. Justice/Social Reinvestment model)	Upskilling of current staff to work with male perpetrators
VICTIM SUPPORT	Working group for agencies to address barriers that inhibit case-based information	Resource-strategy addressing prevention (early FDV cycle), whole-of-family support initiatives
COMMUNITY EDUCATION/ADVOCACY	Develop an information leaflet to be distributed through local business and neutral environments (eg. sporting clubs, hairdressers)	Community awareness campaign Region-wide strategy on accessing

		assistance and responding to FDV
RESOURCING	Continue conversation between the sector and local/state Government in regards to housing support - post-COVID commitments (time-frames, accessibility)	Advocacy and action plan for increased accommodation (crisis, short and long-term housing)

Appendix

i. Stakeholder interview findings

The following table provides an in-depth overview of the stakeholder interviews, divided into the five key priority areas.

PRIORITY AREAS	CURRENT CONTEXT AND NEEDS
PREVENTION	• Increase in alcohol consumption (including closed communities - sly grogging) considered primary drug of choice (sales have reported to have gone through the roof, particularly in Hedland where Police are implementing stricter measures on sales) • Increased number of FDV cases presenting at hospitals - dishonesty of where/how injuries occurred - fear that partners will be sent to prison or children removed • Observed decrease in methamphetamine use due to closed borders reducing supply • Newman - 70% of callouts to communities are related to alcohol and family and domestic violence • **"Alcohol-fuelled violence is approximately 85% of our cases" If AOD/mental health is not treated properly and effectively - the**

FDV cycle will continue

- This is a **whole-of-community issue** - not just specific to any one minority. This happens behind closed doors more than it happens in the public sphere - we need a holistic approach to prevention
- **Gambling is prevalent** among many communities increasing financial insecurity and leading to tension among families
- **Need to break the cycle of intergenerational trauma and learnt behaviour** (place-based on-going programs - not just once a year session)
- **Services to build strong, meaningful relationships with people,** being active in the community and sharing who they are and what they provide - when a victim or perpetrator needs help they know exactly where to go
- Services to work together to reduce clients re-telling their story and to ensure **wrap-around support and identify early signs** (eg. teachers at schools noticing bruising or not eating should be able to link in with service providers to notify concerns while maintaining confidentiality)
- **Identify strong leadership** (local champions), that can be a figure for change, leading the way for improved relationships and challenging current beliefs - strong role models in communities
- **Working with the family** as unit is of utmost importance in order to heal and deal with the underlying issues
- Services to imbed **culturally-secure practice** into their provision - understand cultural obligations and norms to respond appropriately
- Need for a strong **whole-of-community plan** while also recognising the cultural differences and nuances among demographics, that targets early intervention to mitigate future, more harmful situations occurring
- PIlbara-based **training for services** to undertake to recognise and refer when identifying early stages of FDV
- Local community hub or **helpful information distributed to services** around town (hairdressers, cafe's, etc) about FDV would prevent lack of referrals due to shame or embarrassment going to places such as PCLS or Police. Focus is on building relationships with general community - the victim/perp has to want the help
- It is up to services to ensure there are **no barriers in accessing** their service. Clients shouldn't have to navigate or differentiate between providers if they need urgent help
- Rebuild respect with Elders, priorities change when dealing with addictions - driven by alcohol and drugs, losing respect for Elders
- Invest in empowering community members, improving self-esteem and activating them

PERPETRATOR PROGRAMS	• **Perpetrator programs** - including mens programs facilitated by men in a nurturing environment as well as accommodation options
	  ○ Reinforcing what respectful relationships look like
	  ○ **A place where they can be supported and educated by other men in a nurturing environment, using language that is supportive, compassionate and shows love**
	  ○ Engage men through activities, hobbies, sporting groups, etc.
	  ○ Culturally-secure options for Aboriginal men
	• Many men once released from prison, without going to rehabilitation or behaviour-change programs often return to their partners and children and reoffend or resume violent behaviours
	• We don't have respected Elders or men in communities qualified to counsel or mentor
	• **Cannot provide mens programs without the support services to refer them to - AOD, counselling, trauma, behaviour change, etc.**

VICTIM SUPPORT	• Increase in divorce enquiries. Longer-term couples are experiencing relationship breakdowns (could be due to shift work rosters changing meaning more people are spending time together causing new tensions) • Nature of referrals have changed since COVID - more intense, different/strange weapons, reports all hours of the day/night, different cohorts of victims (more causasian, non-Indigenous and middle-class families, CALD families) • Young people more exposed to FDV being present at home during COVID restrictions • Inability for some clients to escape FDV situations due to restricted travel and closed borders • **Empowering women/community to recognise early signs of fdv behaviour** • **Women/partners of a perpetrator do not feel comfortable reporting their spouse due to fear of them being sent to prison** • Transient population - this is an issue for clients who move towns etc and also for service providers with high staff turnover.
COMMUNITY EDUCATION / ADVOCACY	• Less or consistent reporting of FDV doesn't necessarily mean there is less disturbance among families - cultural ways/obligations need to be considered as to how to deal with and identify FDV • **Misunderstanding of what is ok** "I deserved [to be hit] because I spoke back". Psychological abuse is just as important to address as

	the physical.
	
	• Some **major institutions are still grappling with victim-blaming** (eg. hospitals and police) asking victims “why did you go back?” - not being sensitive to the broader issues at play
	
	• **Community awareness campaigns** - imbedded in school curriculum as well as focus of changing behaviour and attitudes of broader community
	
	  ○ Identifying what FDV looks like - different types of FDV (coercive control, financial control) and how to manage
	
	  ○ Challenging community behaviour, attitudes and language
	
	  ○ Bold, powerful campaigning - combining stories from those with lived experience - mindful that this needs to be diverse to capture cultural differences - “we need to start talking to people's hearts not their heads”
	
	• **Breaking down stereotypes** - FDV is not part of Aboriginal culture - FDV is a whole-of-community issue
	
	• **Young people presenting with violent learnt behaviours** - need to break this intergenerational cycle of what is right/normal behaviour starting as early as possible (age 5) - adopting mindfulness practices to break the neurological patterns
	
	• Community awareness is being done by front-line services that are already at capacity
	
	• Need to engage the whole community in stamping out FDV - attitude change and increased knowledge to reduce stigma and victim blaming. Use community accountability to modify unacceptable language and behaviour.

RESOURCING	• **Increased demand staffing and emergency accommodation** if an outbreak of COVID-19 was to occur (industry has blocked out rooms at hotels and caravan parks leaving limited options for victims to access - rooms up to $250 a night) • Increased overcrowding, particularly among Aboriginal families to escape FDV or find respite with friends of family • Expectation to see an increase in mental health space in three to six months time - we don’t have the capacity • Transition to online and phone services - some report being more convenient vs. a lot of families don’t have access to phone or online services • **Staff turnover is an issue** limiting the ability for strong relationships to be built with victims and families • Refuges are receiving referrals from the hospitals with clients that are experiencing AOD/mental health issues in which they are not qualified to treat

	• **Men are going to jail and not being rehabilitated** - increased likeness to reoffend if they aren't being treated and cared for correctly • **Undiagnosed mental health issues** (depression, anxiety due to trauma) with lack of services to deal with grief and intergenerational trauma • **Greater support services needed for alcohol and drug use,** including FASD and intergenerational trauma so victims/perpetrators can access the right help rather than seeking crisis support (or frequently returning to crisis support) • **Lack of culturally appropriate services and services** that deal with underlying issues of trauma, abuse, neglect or substance-abuse addiction for whole of community • Staff in front-line services to access support for vicarious trauma, arm them with skills to cope in stressful environment to reduce burnout and vicarious trauma turning into PTSD • **Long-term investment in front-line prevention and postvention support,** independent of which government is in power - you can't address 40 years of violence and abuse with a two week program • **Lack of after hours support** in towns - often only police, hospital and refuges open • Limited capacity and resources to work with services to deliver a certain action if it isn't already embedded in our core business and funded to do it - need a lead agency • Working with employer groups to look at potential work- stress factors - shifts, leave arrangements, financial insecurity etc.

ii. Stakeholder Identified "Big, Hairy, Audacious, Goals"

IDEA	DETAIL
PREVENTION	Engage the community, treat boredom and alcohol abuse with employment, correct support systems to heal and mobilise the community. Boredom leads to drinking/drug-taking, this can contribute to FDV, gambling and criminal behaviour. Consider eg. community gardens, house cleaning, opening up a gym, gaining drivers licences. Positive role models and those with lived experience to lead the way for change No wrong door approach in FDV

	Centre for yarning - opening up the conversation for someone to seek help, building safe relationships so people feel comfortable to open up
PERPETRATOR PROGRAMS	Rehabilitation centres out of town - perpetrator goes through initial rehabilitation (eg. 1 month detox) then families are encouraged to join in the rehabilitation process every weekend
VICTIM SUPPORT	
COMMUNITY EDUCATION / ADVOCACY	Massive equality campaign - splattered all over town, breaking down stereotypes and speaking truth about FDV! A hand signal that everyone in community understands, a universal symbol for 'I need help' and then everyone in community knows exactly how to respond when they see it
RESOURCING	Upskill everyone in the community to understand the impacts of FDV and where to get help. Health professionals to access cultural awareness training Have Aboriginal support officers working alongside counsellors to follow up with Aboriginal clientele and ensure they are getting the help they need Have a facility that room A AOD, the AOD service in town would know if there is someone occupying that dorm they would put their call worker on