Cairns Consultation Summary

**Fourth Action Plan of the *National Plan to Reduce Violence against Women and their Children 2010-2022***

# **Summary of Consultation – 16 August 2018**

Community engagement workshops facilitated by ThinkPlace, and report written in collaboration between ThinkPlace and DSS.

*The Department of Social Services acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, water and community. We pay our respects to them and their cultures, and to Elders past, present and emerging.*

# About this document

This material was commissioned by the Commonwealth of Australia to assist in the collection of information from consultation sessions workshops around Australia. The purpose of this material is to summarise consultations held by the Department of Social Services as part of the development of the Fourth Action Plan in Cairns, Queensland. This session was facilitated by ThinkPlace.

The Department of Social Services thanks all participants of this discussion for their contributions as part of the development of the Fourth Action Plan. The views expressed in this material do not necessarily reflect those of the Commonwealth, or indicate a particular course of action.

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# Participants

* Mura Koska Sorority
* UnitingCare Queensland
* Lena Passi Shelter / Mura Koska Sorority
* Office for Women, Department of the Prime Minister and Cabinet
* Seras Women’s Shelter / WESNET / EVAWQ
* Cairns Sexual Assault Service
* Mackay Women’s Services / SPEAQ
* Relationships Australia QLD
* DCSYW
* Women’s Centre FNQ / N4WN
* Department of Social Services

# Key themes

## Reducing violence against women and their children through prevention activities

* Campaigns are usually engaging women seeking help; the focus needs to be about attitudinal change in men.

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* Campaigns are usually engaging women seeking help; the focus needs to be about attitudinal change in men.
* Partnerships should be pursued with men's groups and develop tools to lead conversations around domestic violence that are appropriate to cultural contexts (e.g. Indigenous).
* Young men are often scared to talk about sexual assault so we should put it into the context of positive behaviours and respectful relationships.
* It is important for more men to be calling out men for violent and sexist behaviours.
* Targeted, age-appropriate education programs in curriculum is needed for all students (i.e. kindergarten onwards). It should involve specialist services or peer health promoters, as teachers are not as well equipped to deliver.
* We need to counter what youth see in popular culture and on social media by role modelling respectful relationships and using social media to engage youths.
* Addressing the behaviours that contribute to domestic, family and sexual violence needs to be incorporated into corporate human resources policies and addressed as a social responsibility like health initiatives.
* There have been effective community awareness raising campaigns on television and online (e.g. ‘Stop it at the Start’ and ‘Do something’ showing a man calling out a man).
* Stronger language is required to emphasise that domestic, family and sexual violence is a crime and it needs to reinforced by the community as a whole that it is not acceptable (e.g. the campaign around seat belts).
* Greater education is required highlighting that violence against women is not just physical abuse but includes financial control, sexual abuse within relationships and other forms.
* There needs to be standardised, appropriate training and monitoring for frontline police staff about the complexity and subtlety of domestic violence in the system along with attitude changes across the board.
* Peer support for families is important at key transition points (e.g. pregnancy and maternity).

## Addressing the impact of violence on women from Aboriginal and Torres Strait Islander communities

* Consideration needs to be given around how law can work with lore.
* Support services and programs should be delivered in ways that are reflective of Indigenous community approaches, rather than retrofitting programs and applying them in Indigenous communities.
* There are too many consultations around domestic family and sexual violence; greater continuity and transfer of findings should occur.
* Indigenous programs are always measured against mainstream practices. Considerations need to be made for how funding could be more effectively, rather than act as a barrier to best practice.
* Planning for delivery should use one-on-one conversations with the community on what service model will work: community education, activities, responsibilities.
* There needs to be ongoing capability building to empower the community (e.g. training with financial assistance to support this).
* Cultural leaders should be identified who can help people to speak out and find support. Each community has various clans and different protocols (e.g. some may not want to speak about what is happening at home).
* Young people should be engaged so services and supports work for them; rather than imposing programs on them. We need to provide an array of services, not a blanket approach.
* We need to use the technology (e.g. conference calls to provide services) and build the capability of workers using technology on ground to relieve staff from having to travel as much.

## Services to better engage culturally and linguistically diverse women

* Acknowledgement that culturally and linguistically diverse (CALD) is a very broad term.
* Specific tailored services for communities and individuals are required, rather than blanket   
  interventions for CALD.
* Services need to understand the cultural context of clients by being informed by individual communities through a co-design approach.
* People need to see themselves and their culture reflected in services. There needs to be greater representation of individuals from different CALD communities through representation in the organisations.
* Organisations need to reach out to sites where communities are based, rather than the expectation that people will come to a centralised agency for support.
* Women should feel safe to give feedback or assess services they are receiving. It should be acknowledged that a service for an individual may not make them feel safe (e.g. Indigenous or CALD women may feel they are risking their child’s removal if they report).

## Supporting the medium to long-term safety, wellbeing and independence of women and their children

* There is a housing shortage in remote areas, impacting the safety and recovery of women who have experienced violence.
* Shelters lack resources to provide victims with the life skills they require.
* Awareness must be raised of the support that is available to women experiencing violence if they stay.
* Find champions within a community to raise awareness on domestic violence and encourage communities to take ownership and have a holistic approach.
* Share information on services delivered to avoid duplication of efforts.
* Long-term stability is very important in breaking the cycle.
* Women who have experienced violence need ongoing support for life skills, parenting skills, nutrition, budgeting and other services to provide include mental health, child and maternal health.

## Reducing sexual violence

* Townsville has Specialist Sexual Assault Response Teams that bring specialists together which is seen as   
  a good model.
* Good models from other locations need to be drawn upon to improve responses to sexual violence.
* All hospital staff and generalist services need better training for assessing domestic and sexual assault. Training should challenge common misconceptions   
  and enable consistency across medical services.
* Consistency depends on training and policies of an organisation and how it is put into practice.
* We need interagency agreements or MOUs between government and NGOs for sub-contracting of services.

## Adequate crisis accommodation

* There needs to be a physical redevelopment of crisis accommodation towards a cluster model with necessary close/on-site initial support with independent options and different services for women’s needs.
* There is always a shortage for housing; however more options for long term housing would relieve pressure on shelters and are also best for children.
* Housing providers need to understand domestic violence and trauma. Information such as a tool kit may increase housing provider awareness.
* Sending women to other locations is not working. Women may not be safe in a new environment. Motels can be a safe option to increase availability in crisis accommodation.
* There needs to be a system-wide conversation about what is best for women and children.

## Addressing the impact of violence on women with disability

* Disability is a broad term which does not reflect the diversity of experiences of women with disability.
* Women with disability need to be a part of co-designing services.
* People with disability deserve to feel as safe as the rest of the community. Work needs to be done around community attitudes and understanding to increase the feeling of safety for women with disability.
* There should be earlier awareness raising in schools to help women with disability keep themselves safe.
* Better identification of violence and abuse, and assistance for people to speak out, means there will be more pressure on the system. The current resource model will need to be reconsidered.

## Addressing technology-facilitated abuse

* The assistance, training and phones provided by WESNET are seen as a good example of supporting address technology-facilitated abuse.
* Technology should be used for training workers (e.g. webinars).

## Responding to the impact of family and domestic violence on children

* Services need to be for children; not just women.
* In Queensland, the practice standards for working with women and men are outdated and some new practice standards (e.g. working with children) need to be developed and modularised for different sectors and relevant to remote communities.
* There are good practices for group work model for children impacted by domestic violence (e.g. iHeal).
* The focus should be on supporting women to stay safe; however there is not enough short-term accommodation and specialist services (e.g. mental health services, drug and alcohol services).
* There should be programs for fathers like there are for mothers who are carers to help them identify the impact of domestic and family violence on children. Men’s behaviour change programs could cover education on the impacts on children (e.g. Safe Dads program).
* We need a national strategy to coordinate the distribution of information of new programs, apps and resources amongst service providers, hospital staff, family lawyers and generalist services etc.
* Shelters should have children services available.

## Developing workforce capability

* There needs to be clarity around responsibilities and differentiation of specialties (e.g. advocacy work is different to counselling).
* A consistent and uniform risk assessment framework is needed.
* Workers need to be better trained in referrals and identifying domestic violence.
* Memoranda of Understanding (MOUs) or contractual obligations need to be flexible enough to allow for collaboration with other services.
* Cross-training in domestic violence to include sexual violence, as sexual violence is a frequently used form of domestic violence.
* Referral pathways should be formalised through MOUs (e.g. Domestic Violence providers and Relationships Australia).
* There is a need to fund tailored programs for working with specific communities (e.g. in those in rural and remote places).
* Although there are tools available to work with different cohorts; they do not necessarily work well or are applicable to other programs.
* Workers do not need to be experts but have an awareness of broader skill areas (e.g. culturally and linguistically diverse communities, disability, Indigenous, children).
* One-to-one counselling should be provided to people that use violence; rather than just group counselling.
* Options need to be flexible so the more relevant programs can be delivered, based on the needs of the user of violence.

# Big shifts

## What are the big shifts we want to see in this space?

* From disproportionate rate of indigenous women experiencing violence to significant reduction in the rate of (or ideally no) indigenous women experiencing violence
* From lack of contractual flexibility for services to contractual flexibility for greater integration
* From mainstream service model for all to community-led program delivery and decision making
* From national and state/territory plans not aligned leading to cross-jurisdictional inconsistencies to nationally consistent approaches to address across legislation, practices, collaboration
* From not enough done for children in domestic violence to funding available to respond well to the needs of children that are or have experienced domestic, family and sexual violence
* From insufficient primary prevention combating entrenched community attitudes and behaviours to primary prevention through Respectful Relationships and attitudinal change
* From National Plan to end at 2022 to National Plan extended beyond 2022
* From reactive responses to prevention and early intervention
* From not enough accountability for perpetrators to perpetrators held accountable and face real consequences for violence
* From inconsistency to consistency in responses across courts, police etc.
* From inadequate housing responses that keep women unsafe to a range of affordable housing options