Kalgoorlie Consultation Summary

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

# **Summary of Consultation – 22 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 Kalgoorlie, Western Australia.

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

* Goldfields Women’s Health
* PM&C
* Anglicare WA
* One Tree Inc.
* Goldfields Women’s Health
* Department of Social Services
* Anglicare WA
* Salvation Army
* Centacare Inc
* Australian Red Cross
* Shire of Laverton
* Department of Communities – Child Protection
* Child Protection

# Key themes

## Rural and remote areas

* Stakeholders, such as local shire, school and crisis centre, are working collaboratively to offer services for youth. However, this is based on the skills and knowledge of local people and is not replicated in all regional or remote areas.
* The youth services in Laverton, delivered through the Shire are working well.
* The local crisis centre is getting support from local community, and grants and donations from mining companies.
* There is limited or non-existent availability of many support services (e.g. Men’s Behaviour Change Programs).
* There is a need for wrap-around services including health, mental health, drug and alcohol, accommodation and men’s programs.
* It is importance that services are delivered in a culturally appropriate manner.
* Due to the limited resources and high turnover of staff, it can be difficult to build rapport with women who have experienced violence.
* Part of living in more remote area that is centred around the mining industry means much of the workforce is temporary.
* Due to the high turnover and limited resources available, there should be a greater focus on building the capacity of the community, including train the trainer and other place based activities.
* Services should be provided more regularly, rather than the fortnightly or six-weekly fly-in-fly-out provision that happens in many regional or remote areas.
* Funding needs to reflect the complexities of the provision of services in regional and remote areas.

## Workforce Capability

* Domestic and family violence multi-agency meetings or ‘Partners in Recovery’ meetings are an excellent opportunity for service providers to network and be in constant conversations with one another.
* Training is available, but sometimes it is inappropriate to a local, regional and remote context.
* Non-domestic violence services need to be engaged and increase familiarity with how to recognise and response to violence.
* Greater knowledge sharing is required across practitioners.
* Opportunities to bring broader service response together for regular meetings to enable better integration, rather than smaller meetings of individuals.
* More training needs to be provided locally, with organisations partnering to maximise opportunities for local training.
* Specialised training for workers is needed to address the complexities associated with family violence (e.g. in mental health or drug and alcohol services).

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

* There is a module in the health program to educate Indigenous health workers on domestic and family violence.
* Respectful Relationships was noted as a good program, although with limited available for delivery in regional and remote areas in Western Australia.
* Services are working together in partnership (e.g. there is a mobile clinic with different service providers that attend to the North Goldfields).
* There are evidence based programs for corrective services (e.g. Red Cross delivered through Corrections South Australia).
* Greater engagement of young women (12-21+) is needed. Young women are potential future victims and need greater education around healthy relationships.
* Services and supports for Indigenous clients need to be delivered in culturally appropriate manners. Many are not applicable in an Indigenous context or indigenous women do not feel safe using mainstream services.
* There needs to be more advertising in media about domestic violence not being tolerated.
* Men’s awareness of violence against women must start with changing views around perceived entitlement of controlling women.
* Educate women and clients about equality in relationships (e.g. Duluth’s model).
* Establish peer support or reformed perpetrator-led programs that respect local context and cultures.

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

* Community development and place-based work should be led by Indigenous organisations, or by mainstream organisations that partner with Indigenous organisations at the invitation of local communities (e.g. Red Cross work).
* Programs like Indigenous and Maori ‘champions’ or positive role models should be promoted
* There is a lack of education around the types of abuse and what constitutes a healthy relationship (e.g. financial, emotional, etc).
* There is limited to no culturally appropriate information in and their languages for Indigenous communities.
* The lack of transport for people in more remote areas, including town camps and dry communities, means that individuals frequently sleep rough in regional centres to access services. This can also contribute to alcohol abuse when individuals are from dry communities.
* Statutory services need better cultural understanding of the different ways of parenting and review the restrictions around refuges (e.g. for women with older male children).

## Crisis accommodation

* Safety planning support should focus on the needs of the victim and be innovative in seeking alternatives beyond short-term services.
* There are good examples of working with some families in transitioning to private rentals.
* There is crisis accommodation support available at Salvation Army and alternative housing at McDonalds House and Surry House.
* Removing the man from the home should be considered as an option; noting there is very low availability of alternative housing.
* Private rentals are difficult to attain for women who experienced violence (e.g. tenancy liability).
* The number of beds is disproportionate to the population and number of incidents in the Goldfields.
* Homelessness causes a lot of issues regarding the response to domestic and family violence and can compound the effects.
* Due to the limited supply, organisations are having to restrict services to high risk clients only meaning there a massive cohort of people not being supported.
* Alternative housing options (such as caravan parks and motels) cannot often not be used house women in a traumatic state due to the risks associated with men staying at the accommodation.
* Services needs to be better connected to refuges and crisis accommodation (e.g. in-house service provision).
* Greater resourcing is required to house victims of domestic and family violence.

## Perpetrators

* There are some programs working in cities (e.g. Breathing Space) but there are limited to no services available in Kalgoorlie and other regional and rural areas.
* Breaches of Violence Restraining Order (VRO) are being reported, enabling responses.
* From a regional context, it is difficult to engage men in programs, particularly for the full length of the program.
* There are few programs that are delivered by men, which can be important in some cultural contexts.
* Best practice guidelines are difficult to implement in remote areas (e.g. requires both female and male facilitator and availability of staff and resources across the length of the program).
* There are no sobering-up shelters, which results in women and children having to leave their homes instead of the perpetrator.
* Women have to exaggerate when reporting VRO breach, as they are discouraged to report it for a police response.
* Address perpetrator behaviours through prison programs for domestic violence (e.g. education, anger management and diversion therapies).
* The Justice system in Western Australia should move to mandating participation in domestic violence programs- and the resources are required to enable this.
* There needs to be a place for men to go; to enable women to stay at home when it is safe.

# Big shifts

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

* From awareness raising to changing behaviours across communities
* From seeing domestic and family violence as physical only to understanding that the broader definition of domestic and family violence is complex (i.e. including emotional, psychological, financial, sexual, physical, stalking)
* From seeing and accepting incidents as part of ‘culture’ to challenging and myth-busting what is culture and what is violence
* From siloed and single issue approach to support services to integrated, collaborative services
* From no local counselling for suicide prevention and limited mental health services to linked-in, flexible delivery of services that address the recover after people have experienced violence
* From communities feeling invisible and only receiving information to consultation with communities followed through with co-design of services
* From only funding mandatory programs to funding voluntary programs
* From standardisation of programs to flexibility of programs so they deliver to communities’ specific needs and locally designed and led solutions
* From one-off trials to scaling of ‘evidence-based’ programs
* From media campaigns focused on young boys to community’s responsibility to respect one another