



**Improving family violence legal and support services
for Aboriginal and Torres Strait Islander peoples:
Key findings and future directions**
*Regional and cross-border experiences
in Albury–Wodonga and Mildura*

ANROWS

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ANROWS Research to policy and practice papers are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's research program, and provide advice on the implications for policy and practice.

This is an edited summary of key findings from ANROWS research "Improving family violence legal and support services for Indigenous women" and "Improving family violence legal and support services for Aboriginal and Torres Strait Islander men who are perpetrators of family violence". Please consult the ANROWS website for more information on these projects.

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ANROWS research contributes to the six National Outcomes of the *National Plan to Reduce Violence against Women and their Children 2010-2022*. This research addresses National Plan Outcome 3—Indigenous communities are strengthened.

Acknowledgement of Country

ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and future, and we value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the [Warawarni-gu Guma Statement](#).

Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800 RESPECT—1800 737 732 and Lifeline—13 11 14.

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Improving family violence legal and support services for Aboriginal and Torres Strait Islander peoples

BACKGROUND

- Estimates suggest that up to 90 percent of incidents of violence perpetrated against Aboriginal and Torres Strait Islander women go undisclosed.
- Aboriginal and Torres Strait Islander women living in regional and remote communities face additional challenges when dealing with their experiences of violence, compared to those in metropolitan areas.
- Addressing the perpetration of violence by Aboriginal and Torres Strait Islander men is made complex by their disproportionate contact with the legal system. This can affect women's willingness to report violence in the first place. It can also create difficulties facilitating accountability and change, if the key mechanism for doing so (the legal system) is also a source of harm.

KEY FINDINGS

- Barriers that disempower women experiencing violence from reporting violence include a fear of child removal, the threat of homelessness, and the fear of isolation from family and community.
- To overcome barriers to help-seeking, services must be available, acceptable and accessible to Aboriginal and Torres Strait Islander women experiencing violence.
- The cross-border contexts of Mildura and Albury-Wodonga provide opportunity for perpetrators of violence to weaponise the system via unique forms of systems abuse.
- Mainstream men's behavioural change programs may not be appropriate for—or even available to—Aboriginal perpetrators of violence, and there is a lack of culturally specific programs.
- There is a lack of support for perpetrators experiencing mental health or substance use issues, or neurological disability.
- The Koori Court is a promising alternative to the mainstream legal system.

KEY RECOMMENDATIONS

- Address the insecure resourcing of services supporting Aboriginal and Torres Strait Islander women's safety.
- Develop better confidentiality mechanisms to safeguard the privacy of women who report violence to Aboriginal organisations.
- Consider the co-location of services carefully, striking a balance between convenience and factors that exacerbate women's barriers to reporting violence, such as a fear of child protective services and removal of children from their care.
- To increase specialised workers and knowledge in regional areas, increase resourcing for training of service providers who work with perpetrators. This training should include the dynamics of family violence in Aboriginal communities.
- Address underlying complexities contributing to the perpetration of violence by expanding local perpetrator accountability support services, including:
 - therapeutic counselling and related services (both individual and group)
 - Aboriginal-specific and other culturally appropriate men's behaviour change programs
 - alcohol and other drugs rehabilitation and counselling
 - mental health services.
- Extend Koori Court hearings for family violence matters across Victoria.

Aboriginal and Torres Strait Islander women do not usually disclose the violence they experience

Family violence is an extremely complex issue, particularly when it occurs within Aboriginal and Torres Strait Islander communities which are also affected by issues such as intergenerational trauma, economic and housing stress, low levels of education, unemployment and use of alcohol and other drugs. In 2015, intimate partner violence was the leading contributor to the burden of disease and the largest cause of lost years of life for Aboriginal and Torres Strait Islander women aged 25–34 years (Australian Institute of Health and Welfare, 2016). Despite this, estimates suggest that up to 90 percent of incidents of violence perpetrated against Aboriginal women go undisclosed (Department of Social Services, 2016; Willis, 2011). Aboriginal and Torres Strait Islander women living in regional and remote areas are understood to be at greater risk of experiencing family violence compared to women in metropolitan areas, and face additional challenges when dealing with their experiences of violence (Department of Social Services, 2016). These challenges can include confidentiality concerns in smaller communities, where services may be familiar with the victim's and/or perpetrator's family and friends; varying availability, accessibility or acceptability of family violence legal and support services; poor access to information; and familial and kinship demands that make it difficult for women to leave abusive relationships.

Responding to the perpetration of violence by Aboriginal and Torres Strait Islander men is made complex by disproportionate contact with the legal system

Addressing family violence in Aboriginal and Torres Strait Islander communities requires attention to the ways in which Aboriginal and Torres Strait Islander people are increasingly over-represented in the criminal legal system. Historic injustices against Aboriginal and Torres Strait Islander peoples have led to high levels of systemic distrust, distrust of the police, and resentment and anger among Aboriginal and Torres Strait Islander men. These factors all detrimentally impact on both perpetrator and victim engagement with the criminal legal and support systems.

Due to this history, and Aboriginal and Torres Strait Islander men's disproportionate contact with—and criminalisation by—the legal system, criminal legal responses may have limited impact on reducing violence. Understanding the complexity and specificity of Aboriginal and Torres Strait Islander men's engagement with the legal system is necessary to increase safety for women, their children, and their communities.

“Improving family violence legal and support services for Aboriginal and Torres Strait Islander women” by Marcia Langton, Kristen Smith, Tahlia Eastman, Lily O’Neill, Emily Cheesman and Meribah Rose, and “Family violence policies, legislation and services: Improving access and suitability for Aboriginal and Torres Strait Islander men” by Marcia Langton, Kristen Smith, Tahlia Eastman, Lily O’Neill, Emily Cheesman and Meribah Rose

The research project “Improving family violence legal and support services for Aboriginal and Torres Strait Islander women” identified priorities for reducing and preventing violence against, and improving services for, Aboriginal and Torres Strait Islander women in the Victorian and New South Wales towns of Mildura and Albury–Wodonga. It examined the capabilities of frontline family violence services, both Aboriginal-controlled and non-Indigenous, with regard to improving the safety of women and children experiencing violence.

A complementary research project, “Family violence policies, legislation and services: Improving access and suitability for Aboriginal and Torres Strait Islander men”, focused on the pathways Aboriginal and Torres Strait Islander men who use violence take through the family violence legal and support service system. It sought better understanding of the opportunities for culturally appropriate responses to men who use violence in Mildura and Albury–Wodonga.

The two fieldwork locations are rural border towns with relatively small Aboriginal and Torres Strait Islander populations: Aboriginal and Torres Strait Islander people make up approximately 2.3 percent of the population in Mildura (Australian Bureau of Statistics [ABS], 2016b) and an averaged 2.6 percent across Albury–Wodonga (ABS, 2016a, 2016c). Aboriginal and Torres Strait Islander populations in these towns have geographically widespread kinship networks and relatively high levels of mobility across the border, giving rise to contact with legal systems and service provision in both New South Wales and Victoria. The cross-border context of these locations enabled investigation of cross-jurisdictional issues such as the national applicability of domestic violence orders, introduced on 25 November 2017.¹

Using a participatory methodology that included semi-structured interviews, focus groups and participant observation, both projects documented service practice, providing insights into how the services at each location are experienced by those using them, and those working within them. Rather than providing a formal evaluation of the services, the projects analysed the data to map:

- the experience of Aboriginal and Torres Strait Islander women who disclose violence in the legal and social family violence service environments available to them
- the practical and legal supports available to Aboriginal and Torres Strait Islander male perpetrators of family violence.

Quotes appearing in this paper come from interviews with women, men and service providers carried out as part of the two studies, and also appear in the full reports.

See www.anrows.org.au for the full reports.

¹ For more information on the National Domestic Violence Order Scheme see <https://www.ag.gov.au/families-and-marriage/families/family-violence/national-domestic-violence-order-scheme>

KEY FINDINGS:

Improving family violence legal and support services for Aboriginal and Torres Strait Islander women

Aboriginal and Torres Strait Islander women face multiple barriers that impede help-seeking

The interviews in this study built a deeper understanding of the magnitude of violence experienced by women and the service supports that exist for women who want to leave violent situations, but face barriers in doing so. The systemic barriers that disempower women experiencing violence in Mildura and Albury–Wodonga from reporting that violence and seeking help include:

- a dominant fear of child removal
- the real and immediate threat of homelessness, as there was often a reliance on their violent partner to provide financial support to the household
- the fear of isolation from family and community.

This study gave voice to the dilemmas faced by Aboriginal and Torres Strait Islander women who had experienced violence as they struggled to choose between reporting the violence to the police—which would inevitably involve child protection agencies and the risk of having their children removed from their care—or not reporting, and keeping their children with them, while potentially remaining in a violent relationship.

“We’ve all grown up with the [understanding that the] less child protection has to do with our families the better, because children got removed for no reason at all from a lot of our families, and the impact of that is huge, and it still is today.” (Dawn, mental health worker)

“But I just find like now if I didn’t ring the police, I’d still have a home. You know I wouldn’t have had Human Services on my back ... I thought that there is support and services out there, but when I actually made that call it was the biggest mistake of my life and I regret it so much and I’m sorry that I ever rang the police, because if I didn’t make that phone call then maybe like me and my kids would still have a home today.” (Evie, service user)

Victims/survivors also faced the dilemma of reporting the violence to police only to be ostracised and persecuted by other members of the Aboriginal community—often their own family members, and the family of the perpetrator.

“I was stuck, like pregnant with black eyes, and I would say no to the [service provider], you know, no, I don’t want no—I don’t want your help ... It just made me feel like if he did kill himself and us split up, then I’m the one that’s going to be blamed from his whole family.” (Sian, service user)

“There’s still issues there with politics and things like that, the family ties. I’ve had a client recently being one extremely discriminated and shunned, away from the police station, and that was because of the family.” (Bronwyn, domestic and family violence service provider)

Participants also explained that turning to the police—who are perceived as a source of harm for Aboriginal and Torres Strait Islander people, especially in relation to the incarceration of men at extreme rates—can feel problematic.

To overcome barriers to help-seeking, services must be available, acceptable and accessible to Aboriginal and Torres Strait Islander women experiencing violence.

Availability: There is a lack of housing and early intervention services to support women

In this study, victims and service providers repeatedly raised the poor resourcing of strategies for ensuring the safety of Aboriginal and Torres Strait Islander victims. The lack of housing accommodation for victims to provide safety for them and their children was consistently highlighted.

“... we was just living in caravan parks and cabins and that was really frustrating ‘cause I was looking for private housing and I went to over 20 inspections and just could not get into any housing at all, even when I was pregnant and that. And I was begging for guys here to help me to get housing, into some sort of emergency housing. I still had no help.” (Jamie, service user)

Service providers explained how the lack of available housing undermined any other attempts to assist women.

“[Housing shortages are] the biggest problem I’ve got across all the jurisdictions. So, it’s driving criminal offending, there’s driving child protection. It’s chronic. You know even people who would normally be reasonably functional if they had ... a roof over their heads, they actually can’t access that.” (Jeanine, court officer)

Service providers across all sectors of the family violence system also discussed the way they are mainly funded to work with clients in crisis. This, combined with demanding workloads, means that service providers are often unable to address early intervention factors that would help prevent families from coming to crisis.

“And that’s why we need to have at the beginning the proactive work rather than, see we do the reactive end of the system work, so to speak. We respond to the crisis but there’s a lot of work that can be done back at the beginning with families, walking beside families and things. We’re not funded to do that. I mean, we get crisis service funding to respond at the end, if that makes sense. We won’t even get a referral for a family if at the beginning there may be indications that this family needs a little bit more care, they might need assistance with getting their children to kinder or whatever, a whole lot of things. He might need assistance with drug and alcohol counselling. She might need parenting whatever, that’s not our remit.” (Judy, support service manager)

Accessibility: Aboriginal service providers are critically important

The presence of Aboriginal service providers is critically important for accessibility. Aboriginal presence is fundamental to the success of service provider agencies in making initial contact with often highly reluctant victims of violence.

However, difficulties relating to conflict of interest and confidentiality can arise due to close kinship networks in place-based Aboriginal and Torres Strait Islander population networks. These can deter some victims from seeking assistance from Aboriginal and Torres Strait Islander service providers.

“Because it’s a small community and there’s ... so many family members that might be working within Aboriginal services as well, become known to, well ... So, knowing that this person is in there, so family members become aware and then creates tension between family members, so it creates more violence around that person.” (Eliza, mainstream service provider)

If service providers have kinship allegiances to the perpetrators of violence, and victims have no alternative service to turn to, they are left without options for seeking safety.

“It’s like, as simple as, one of the people I was working with, a woman I was working with recently, she got an intervention order at the court. And the police then served that on the respondent ... She made the application Ex parte, which means that he wasn’t aware of it at the time because of the need for her immediate safety. So, it came through on the fax machine at the local police station. One of the highway patrol members picked it up. “Oh, that’s my mate.” So, he left the police station and went and told him about the order before it was served on him. Which allowed [the respondent] the opportunity to send her a text and some other things. It also, for her, she then went, ‘Well, I’m not going to be believed. I’m not going to report to police.’” (Olivia, legal service provider)

In this study, a number of Aboriginal and Torres Strait Islander participants expressed a preference for using a mainstream service because their perception was that their privacy and anonymity would be better protected, even though the service may not be preferable in other ways—for instance, it may not be culturally safe.

Acceptability: Services must be culturally sensitive

Confirming earlier work by Hovane (2007), this study found that acceptability of services is dependent on them being culturally safe and relevant. “Colourblind” services and practices do not provide safety for Aboriginal and Torres Strait Islander victims/survivors. It is more likely that Aboriginal and Torres Strait Islander women will seek help from services if the staff are Aboriginal and Torres Strait Islander people like themselves, as they will perceive they will be more likely to understand their situation and respond without racism or condescension—or in other words, provide a culturally safe environment and response.

“... like you’re sitting there and you’re talking to someone in a service, and sometimes it can be really ... like you know, they don’t fully understand or they don’t fully get what you’re actually saying, and they don’t understand about the family unit and the way Aboriginals are ...” (Glenys, service user)

“A lot of them don’t want to go and see white counsellors and do the ... what they say is the white fellas’ way of healing which is all that mental health sort of stuff. A lot of them want to go and have a smoking ceremony and have a women’s yarn up and have a three-day camp or something about health and wellbeing or something like that.” (Kate, Aboriginal service provider)

The inability of non-Indigenous service providers to understand the cultural complexities surrounding the reporting of violence can intensify distrust of a service. This barrier exists at the level of personnel, as described above, but also exists structurally in the design of services. For example, the co-location of support services with child protection services could deter Aboriginal and Torres Strait Islander women with experiences of violence from using the support services.

One service provider explained how the co-location of services at a central “hub” could be a deterrent: “How scary for somebody to call ... these women are going to be, ‘Oh I don’t want to talk to these people. My kids may be removed.’ There’s all different other services that sit within that Hub. I think that could be a barrier as well for these women. I certainly believe that that would be for me as well, personally, if that was me. Fear of having children removed.” (Louise, service provider)

“Indigenous families ... have no trust in child protection at all. And then there’s [my organisation] and they have no trust in us because we have to work so closely with child protection.” (Rhonda, health service provider)

Using visual signifiers, from inclusive aesthetics such as Aboriginal and Torres Strait Islander art in waiting rooms and throughout buildings, Aboriginal and Torres Strait Islander-specific health promotion or other educational materials, and visible signage of local Aboriginal or Torres Strait Islander language, is part of creating a culturally safe and respectful environment that makes a service more acceptable.

The cross-border context adds further complexity

Living in a cross-border town can add complexity to reporting and addressing violence. Firstly, it can mean navigating two systems—and the duplication of proceedings—which can cause confusion, uncertainty, delays and extra costs, jeopardising the safety of people affected by family violence. The impact of engaging with different courts that require victims/survivors to re-tell their story and re-justify their position can further entrench trauma.

Secondly, the cross-border context provides unique opportunities for perpetrators of violence to weaponise systems. A common theme in the wider body of ANROWS research—expressed by both victims/survivors and the service providers working with them—is a concern that perpetrators are able to inflict further harm upon victims/survivors by manipulating systems such as the legal or child protection systems (this is termed “systems abuse”; see Cortis & Bullen, 2016; Kaspiew et al., 2017).

“My client came. She had been separated for quite a while, but anyway, basically had recently obtained orders. He consented without admissions, before the Magistrates’ Court [Victoria]. Because she lives in [Victoria]. He lives in [New South Wales]. And she came to see me and said, ‘Hey, he’s made an application against me in the Albury Court. And he’s made this shit up’ ... And the issue is they had two kids that were moving, week about. And he just held the kids and said, ‘I’m making an application’. And he goes into the [New South Wales] police. He tells them this, his story. And the police go, ‘That’s terrible’. They don’t even check that there’s already a goddamn order in Victoria protecting her, which might cast some doubt on what he’s saying. But now, she has to go to court and defend.” (Chloe, legal service provider)

Despite the national register for the recognition of protection orders, legislation is not uniform across the states, nor is its implementation, and this provides a context for purposeful exploitation by perpetrators of violence.

KEY FINDINGS:

Improving access and suitability for Aboriginal and Torres Strait Islander men

Most services are focused on crisis, rather than prevention

This study found that interventions for men (as for women) focused on crisis and post-crisis. That is, support is provided only at the point at which men are reported for perpetrating family violence. In both Mildura and Albury–Wodonga, there was a lack of primary prevention interventions—programs that aim to broadly educate the population and establish normative understanding of the unacceptability of family violence—and secondary prevention interventions, which target individuals or groups who may be at high risk of family violence by intervening at early stages.

“So, we need to start with prevention is better than cure. It’s about organisations and community having free consultation with community around what does a healthy relationship look like.”
(Carmen, service provider).

There are three interconnected pillars of perpetrator accountability, and these must work together

This project found that there are three interconnected pillars of perpetrator accountability:

- systemic and institutional accountability: the responsibility of government authorities and non-government services and agencies to hold perpetrators accountable
- community accountability: the responsibility of Aboriginal community-controlled organisations (ACCOS), families and extended kinship groups, Elders, neighbours, men’s sheds and community groups to hold perpetrators accountable
- individual perpetrator accountability, involving a long-term shift in individual attitudes and stopping violent behaviours.

Systemic and institutional perpetrator accountability

This includes the system of targeted responses that encourage individual perpetrators to take responsibility for their violence. These include men’s behavior change programs (MBCPs), risk management mechanisms, and civil and criminal justice responses, as well as associated responses that indirectly support perpetrator accountability by addressing factors such as substance misuse, poverty, unemployment and homelessness that may contribute to perpetrator violence or create barriers to accountability. A particular weakness in systemic perpetrator accountability is the way in which victims of family violence were held to account for the violence of their perpetrators by child protection authorities, rather than there being accountability for the perpetrator of family violence.

Community perpetrator accountability

Community perpetrator accountability is highly important for Aboriginal and Torres Strait Islander women experiencing family violence, but is often lacking. Community accountability could be improved with better community cohesion and connectedness.

“And, also in the Aboriginal space, we want to create that community feeling again, which is a way of a prevention approach because if you bring the community back together then you’ve got more support when a family is going through it ... If your community is more connected, then you are going to have guys who are not going to be afraid to go and say to that guy that you shouldn’t be doing that and that’s no good. You don’t have the community to do that now. If we were to just go out and do that.”
(Joshua, service provider)

Individual perpetrator accountability

A key theme that arose through the fieldwork was the importance of addressing perpetrator trauma, often stemming from violence inflicted on them in the past, as part of facilitating individual accountability.

“But with the trauma, like, I know through the intake, we’ve had a few guys that have had sexual assault, but I’d dare say, a very high majority have had, have come from homes of family violence ... Dads that are violent, stepdads that are violent, mothers that are violent. [Or] no violence inside the home from their parents but they’ve had, you know, from family or extended family or community, had that violence kind of come to their house ... And ... those family feuds and those massive brawls you see that can happen, you know, a lot of guys have had that happen in their childhood which can affect the kids, you know, they’re witnessing the violence ... And then they talk about their dads, like they’re right onto them when they’re angry or they’re crying and they’re upset, and their dad would be jumping on their back about it. And you get that, and now they’re adults, the only way they know how to act out, when they feel those emotions, is through violence ... But we also know that you can’t really make any kind of shift along that change, along that cycle, along that continuum, without addressing the trauma. Because at the end of the day, like I said, they’re going to feel like the victim when they’re perpetrating the violence just because of their childhood and having that trauma.” (Joshua, service provider)

Building all three pillars

These three pillars are interconnected and cannot be addressed as isolated components. In order to shift the burden of responsibility for violence from Aboriginal women (for example, women having to move, or being shunned by a community for reporting violence), the three pillars of accountability must work together. For example, successful mechanisms of accountability occur when community accountability is strongly connected with systemic and institutional accountability, such as through Elders and respected community members working within the Koori Court.

However, systemic accountability failures can impact on community accountability, and vice versa. For example, if the justice system fails to hold perpetrators to account for their violence, fear of perpetrators can escalate in communities, making it frightening and potentially dangerous for community members to support victims and call perpetrators to account. Community accountability also supports perpetrators with their own individual accountability.

One participant in the study was asked what most supported his journey towards personal accountability for his violence. He explained: "Members of the community that I respect. So, like, there's a counsellor from mental health up at [the local Aboriginal community-controlled health care centre]. He actually turns out to be an uncle of mine and some advice he give me, and some of the other advices from the Elders up there, they were sort of really pointing the finger and saying, 'Well, you've got to own your stuff, Timothy' ... there was a lot of respected people in the community pointing the finger and saying, 'But, Timothy, you did this. They didn't make you do that, you done it. Own it'. And it's all about accountability and so, I'm very accountable for my actions and I won't deny things I've ever done. If I've done it, I've done it and I'm happy to own it. Because that [is] the only way to move forward, when you own your stuff and [that's] what's helped me a lot with my getting better in myself."
(Timothy, service user)

There is a lack of support for perpetrators experiencing mental health and substance use issues, or neurological conditions

Three consistent and intersecting themes in this fieldwork were substance use issues, neurological conditions and mental health issues for Aboriginal perpetrators of family violence. The findings suggest that all three issues create barriers to accessing services, and are associated with the perpetration of more severe (predominantly) physical family violence, higher levels of incarceration and more interaction with the justice system in general. All three also created greater difficulties for ensuring perpetrator accountability.

For example, subjecting a perpetrator to a protection order (systemic accountability) that they do not understand because of a neurological condition will not successfully promote accountability.

Support services such as rehabilitation and alcohol and other drugs counselling services play a significant role in perpetrator accountability, as they can enable perpetrators to address underlying issues that create barriers to taking responsibility for and ceasing their violent behaviours and abuse. The high level of accessibility of drugs, particularly ice, was frequently noted. The lack of access to rehabilitation services and alcohol and other drugs counselling was raised by Aboriginal service providers and community members at both fieldwork sites.

“And I know off the top of my head the drug and alcohol counsellor’s only available once a month or something like that for the community as well. So, they don’t get to see everyone. It’s crazy down there.” (Laura, Aboriginal and Torres Strait Islander service provider)

Correctly recognising symptoms of mental health issues or neurological conditions can have significant implications for the way perpetrators of family violence are treated and managed in the justice system. For example, preventative approaches such as referring individuals to appropriate treatment could divert many perpetrators away from the criminal legal system and inappropriate incarceration. This is especially important given the high and increasing rates of Aboriginal and Torres Strait Islander people being incarcerated.

“... mental health is a major, major issue in this town with violence. You know and it’s the fact that people, you can’t access a doctor up here in a timely fashion. You can’t get to a specialist up here; you can’t get to a mental health service provider in any quick time. So, if you’re not already a patient in a clinic you can’t get in to see one. And that’s just generally for health issues, let alone mental health. When you do, [there are a] limited number of referral services around. So, you need your mental health plan. So, that’s kind of a hurdle that people have to get over. But even then, to get a bulk-billed service is really difficult. So, you can really then only access the other service providers if you can afford to pay the gap. Most Aboriginal people can’t afford to pay the gap” (Jeanine, court officer). Jeanine also noted that the lack of access to services to treat mental health conditions can cause knock-on effects, such as self-medication with drugs and alcohol.

A positive initiative that was identified was the Court Integrated Services Program (CISP), a support program in Victoria that aims to help offenders (on bail, summons or remand) address the factors that are leading to their offending, such as drug and alcohol addiction, homelessness, mental health issues and disability. Many participants spoke of

the positive changes arising from the CISP, in particular the way it highlights insufficient use of assessments for neurological conditions.

Mainstream men’s behavioural change programs may not be appropriate for—or even available to—Aboriginal perpetrators of violence, and there is a lack of culturally specific programs

Although Aboriginal-specific services offer greater cultural safety and more tailored solutions for Aboriginal and Torres Strait Islander men, the lack of community confidence in their privacy and confidentiality creates a barrier to accessing these services.

The lack of availability of MBCPs overall was a significant issue. There was only one mainstream MBCP offered in each area, however, it was repeatedly noted by participants that these programs had long waiting lists. Participants who worked with perpetrators found this frustrating: “They’re not available, the wait is too long ... even though everyone says it’s available the wait is too long, I don’t see any of them accessing it” (Jeanine, court officer). The absence of Aboriginal-specific MBCPs was raised as a concern by service providers. One service provider was asked where his organisation sends clients from Albury–Wodonga who are unsuited to a mainstream service, and he responded, “Well Melbourne, yeah ... guess we can refer to Melbourne or just try and engage them with a one-on-one worker” (Nicholas, service provider).

“There are not enough services out there if men want to go and ask for help, like for a men’s behavioural change program, for instance. I was told by community health and DOCS [Department of Community Services, now Department of Communities and Justice], I’ve got to do the men’s behavioural change program. So, when I wanted to try and look into that, I go to [service provider]—‘How do I do a men’s behavioural change?’ ‘We’ve got a waiting list. We’re trying to build enough numbers so that, once we get the numbers, we’ll have a spot.’ No, it took too long. Go to [mainstream service], they actually run a program there but it’s only twice a year or something. So how is that helpful when it [is] twice a year? It should be something that should be more ongoing, because it seems to be a big issue around here, domestic violence.” (Timothy, service user)

A significant issue was the shortage of MBCP facilitators in these regional areas, and the barriers to gaining the qualifications required to become an MBCP facilitator. Features that may make the attainment of this qualification inaccessible include the reduction of income during required study, caring duties and responsibilities for family or community, and the locations and cost of the course. Even if individuals from regional areas are able to undertake an MBCP facilitator course, there are other issues related to the casual/freelance nature of the work in these areas, contributing to a lack of incentive and poor retention rates.

“There’s not much incentive unless you’re really passionate about the work ... you’d have to spend \$6000 to get the certificate and do a group for 20 weeks and get maybe \$2000. Even to pay back your studies you’re looking at three years of work. So, it’s not worth it. So, what you do is you team up with an agency ... or whoever does the group and they’ll train you up or DHS [Department of Human Services, now Department of Health and Human Services] will do the scholarship but that’s another level removed here because we’re so far away that level of commitment is the transport and the motel so the \$6000 is not just the \$6000. We factor it to be about \$18,000 for someone to do it. That’s the course cost, travel and motel.” (Nicholas)

Men’s healing-centred programs are distinct from the 20-week certified MBCPs. Men’s healing programs generally refer to those run by Aboriginal organisations and operate as an alternative to MBCPs with the focus on talking with Elders. Most of these groups are based on “empowering the men to help prevent them from being perpetrators of domestic violence ... It’s just men supporting men ... Men yarning about very important issues that are affecting our men these days and domestic violence is huge” (Tony, service provider). According to Tony, “a lot of people weren’t going [to MBCPs] unless they were mandated to go ... With [Aboriginal healing programs], people go voluntar[il]y”.

The Koori Court is a promising alternative to the mainstream legal system

The Koori Court is a specialised sentencing court for Aboriginal and Torres Strait Islander clients in Victoria. Its purpose is to provide a therapeutic style of justice that encourages desistance from crime and involves the Aboriginal community in achieving fuller outcomes beyond solely punishment. Elders and Respected Persons are appointed to serve with the presiding magistrate: Elders hear cases, counsel offenders and victims, and advise on support services and solutions for longer term beneficial outcomes for perpetrators, victims and the wider community. The Koori Court has the same range of sentencing options as the mainstream Magistrates’ Court. Umalek Balit, a specialist family violence program at the court, employs specialist Koori family violence practitioners, male and female, to work with male perpetrators of violence and women to work with female victims. This is a significant feature of the court’s therapeutic approach.

The evidence from interviews during this research points overwhelmingly to a consensus that the Koori Court is an effective engagement mechanism for Aboriginal men who use violence and their family and community members, as well as service staff. Importantly, the Koori Court provides an improved experience for the men, community and staff in comparison to the mainstream courts.

“Because it’s actually given a chance for the Indigenous people to have a voice. It gives a chance for our Elders to give the people that’s coming through the courts ... [a chance to put their point of view] ... it’s, growing up, being an Aboriginal person or Indigenous person, you’re growing up and you’re taught to respect your Elders and that’s the main thing of growing up. And having the Elders on the court makes a big difference to know that you’ll be able to express yourself and have not only the magistrates, a conversation with the magistrate, but also having conversations with the Elders. It’s awesome.” (Tori, service provider)

Recommendations for policymakers and practice designers

Availability of services for victims

- Address the short-term, insecure resourcing of services aimed at Aboriginal and Torres Strait Islander women's safety.
- Fill the urgent need for more emergency and long-term accommodation for victims of family violence in both Mildura and Albury–Wodonga.
- Resource services to address early intervention factors alongside ongoing funding for services geared towards working with women in crisis in both fieldwork locations.

Accessibility of services for victims

- Develop better accountability mechanisms to safeguard the privacy and confidentiality of victims in Aboriginal organisations.
- Support accountability mechanisms with community education campaigns about supporting victims over the interests of the perpetrator.

Acceptability of services for victims

- Consider the co-location of services carefully, striking a balance between the convenience of access and factors that exacerbate women's pre-existing barriers to reporting violence.
- Ensure staff are well informed about cultural safety principles and apply them in their service provision.
- Increase support for the Aboriginal service sector—particularly for mental health and counselling services, with training on how to retain Aboriginal and Torres Strait Islander personnel—and adopt cultural protocols and procedures.
- Recruit and retain Aboriginal and Torres Strait Islander staff, including specific Aboriginal liaison officers, across the human services system.
- Ensure all staff have in-depth knowledge of the complexity of family violence issues—particularly Aboriginal and Torres Strait Islander family violence.
- Utilise visual signifiers, from Aboriginal and Torres Strait Islander art to signage in local Aboriginal or Torres Strait Islander language, as part of the creation of culturally safe and respectful services.

The cross-border context

- Take a “no wrong door” approach to service provision, particularly in relation to the cross-border context, to ensure Aboriginal and Torres Strait Islander women and their children are eligible for services in both jurisdictions.
- Improve outcomes for victims/survivors with children seeking safety in cross-border towns by reducing confusion through simplifying the state and federal systems.
- Address lack of uniformity in state-based domestic and family violence legislation to

ensure victims/survivors (or perpetrators) get the correct information if they move across jurisdictional borders, helping them avoid breaching orders because of a lack of understanding of different jurisdictional family violence law requirements.

Services and supports for perpetrators

- In line with requests from Aboriginal community and service personnel dealing with family violence, extend Koori Court hearings for family violence matters across Victoria.
- Approach accountability through the three interconnected pillars—systemic and institutional, community, and individual—to avoid burdening victims with responsibility for violence perpetrated against them.
- Increase specialised workers and knowledge in regional areas, and increase resourcing for training of service providers who work with perpetrators. This training should include information about the dynamics of family violence in Aboriginal and Torres Strait Islander communities.
- Address underlying complexities contributing to the perpetration of violence by expanding local perpetrator accountability support services, including:
 - therapeutic counselling and related services (both individual and group)
 - Aboriginal-specific and other culturally appropriate MBCPs
 - alcohol and other drugs rehabilitation and counselling
 - mental health services.
- To ensure the provision of appropriate services (and reduce unnecessary and inappropriate incarceration), improve screening and identification of neurological disorders and mental health issues. Service providers, particularly health providers, and authorities need to be trained to recognise the signs and symptoms of neurological disorders, such as acquired brain injuries and foetal alcohol spectrum disorder.

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