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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 history, culture, and knowledge.

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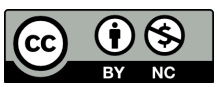
Attribution-Non Commercial  CC BY-NC

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Seeking help for domestic and family violence: Exploring regional, rural, and remote women's coping experiences: Final report

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Key terms

The key terms that informed this study were established from the Landscapes state of knowledge paper *Seeking help for domestic violence: Exploring rural women's coping experiences (Issue 04/2015).*

Domestic and family violence

"Domestic violence" refers to acts of violence that occur between people who have, or have had, an intimate relationship. It includes physical and sexual assault, and other forms of domination such as psychological, social, and financial abuse. A central element is coercive control, which is an ongoing pattern of violent and threatening behaviours by one person aimed at controlling their partner through fear. In most cases, the violent behaviour is to exercise power and control over women and their children (Chung & Wendt, 2015).

Aboriginal and Torres Strait Islander people may use the term "family violence" to describe a wide range of relationships where violence might take place, and to highlight the effects of abuse on the whole family. The term "family violence" is used to recognise the historical context of colonisation; oppression; dispossession; disempowerment; poverty; and cultural, social and geographical dislocation as these affect individuals, families, and entire communities (Cheers et al., 2006).

Throughout the report, domestic and family violence will be used together to recognise the different contexts of these definitions. However, it is acknowledged that there is some contention among Indigenous groups as to the preferred term, and there is a shift towards using family violence in some jurisdictions when referring to non-Indigenous experiences because this term acknowledges networks of perpetrators in the family context.

Aboriginal

"Aboriginal" is used in this report and refers to Aboriginal and Torres Strait Islander people as the first people of Australia. Aboriginal was the term used by women, managers, and practitioners during the study.

Informal support

When a woman seeks or receives help from family, friends, or acquaintances.

Formal support

When a woman seeks or receives help from police; a specialist domestic and family violence agency; or from a human service agency or organisation, either government or non-government or both.

Regional, rural, and remote

Regional, rural, and remote are terms commonly used in Australia to refer to large landscapes and small towns that lie outside the major coastal cities (Hogg & Carrington, 2006). There are "no agreed-upon definitions or categories of rurality" (Roufeil & Battye, 2008, p. 3). For this report we use Roufeil and Battye's definitions because the terms regional, rural, and remote indicate decreasing populations and accessibility to services. Specifically, "regional" is defined as non-urban centres with a population over 25,000 and with relatively good access to services. "Rural" refers to non-urban localities of fewer than 25,000 people with reduced accessibility to services, and "remote" refers to communities of fewer than 5000 people with very restricted access to services. In the report we use these terms together to speak broadly about the effects of social and geographical isolation on the ability of women to disclose, report and seek help about domestic and family violence. Like Roufeil and Battye, the authors of this report make distinctions between the three categories when needed.

Types of isolation:

The term "isolation" was used to describe being far away from other places or people. The types of isolation explored in the study included geographical isolation and social isolation.

Geographical isolation

Geographical isolation means persons, groups, or populations separated by physical distance. The Accessibility/Remoteness Index of Australia (ARIA) defines geographical isolation based on road distance.

Social isolation

Social isolation means a lack of contact with persons, groups, and society because of distance and population sizes. The Australian Geographic Standard Classification (AGSC) measures a centre's distance from "urban" centres and therefore differentiates between major cities, inner regional, outer regional, remote, and very remote locations (Owen & Carrington, 2014).

Executive summary

Background

This report presents the results of a qualitative study examining the experiences of women seeking help for domestic and family violence who live in regional, rural, and remote areas in Australia. The study contributes to the limited evidence on how geographical and social isolation shapes women's coping with and decisions to seek assistance for domestic and family violence, and their efforts to live safely.

Method

Using a layered, qualitative case study design (Alston & Bowles, 2013), this project engaged with five different locations: Whyalla, Riverland, Mount Gambier, and Murray Bridge in South Australia and Derby in Western Australia. These regions represented varying degrees of distance from a capital city, with different primary industries, socio-economic statuses, and population sizes. Each region had a specialist domestic and family violence agency based on the hub-and-spoke service model. The agency was located in the greatest population density (hub) and provided outreach services to cover large geographical distances (spokes) (Roufeil & Battye, 2008).

A qualitative design enabled the research team to work in partnership with domestic and family violence service providers located at each site and to ensure the active participation of both service providers and women who had experienced domestic and family violence. A total of 23 women participated in the study. Five women were interviewed from each site (only three were interviewed in Whyalla). Six women were Aboriginal and 17 were non-Aboriginal. One focus group was held with managers and practitioners from specialist domestic and family violence agencies at each site, totalling five focus groups, including 16 managers and practitioners from South Australia and nine from Derby, Western Australia. An additional focus group was held with regional managers of domestic and family violence services in South Australia (n = 4) and the Kimberley region of Western Australia (n = 8), totalling 12 regional managers from across the two states. In total, 37 managers and practitioners participated in the study.

Key findings

This study found:

- Women experienced a range of behaviours and tactics used by men to exercise power and control, including physical, sexual, psychological, financial, social, and spiritual abuse. Women experiencing domestic and family violence initially coped on their own by trying to understand and help their partner to stop his use of violence.
- Women dealing with multiple and unpredictable forms of violence and abuse mostly tried to seek help from informal networks (family, friends, acquaintances) when they felt they could not cope alone. The strategies that women employed and their options for seeking help were influenced by their own networks of relationships, for example:
    - Aboriginal women mostly described having strong family networks and support.
    - Most non-Aboriginal women had limited family networks and hence reached out to friends or acquaintances.
    - The complete absence of informal networks for some women meant they did not reach out for help.
- Women experienced feelings of shame and embarrassment whilst experiencing domestic and family violence, and for many whilst in processes of recovery and rebuilding. Aboriginal women spoke of their pride being eroded due to living with, and seeking help about, family violence. Although these findings are not new, they are an important reminder of how community attitudes towards domestic and family violence impact directly on women's perceptions of themselves and their help-seeking decisions.
- Despite women's efforts to cope alone or seek help from informal networks, all the women experienced intervention by police and support from the specialist domestic and family violence service in their region.
- Most women reported positive experiences with police[1] and all reported positive support from the specialist domestic and family violence service. Having access to emergency specialist accommodation that was secure was crucial for the women as it gave them a safe space to take care of themselves and their children. It also provided an entry point into support regardless of the decisions they made about the future of their relationship.

1 Some women spoke about police broadly but most referred to police officers from specialist domestic and family violence units.

It can be concluded that access to a specialist domestic and family violence service may have had a positive impact on women's health and wellbeing, and potentially has prevented homicides and further violence at times of significant risk.

- Geographical isolation was only a factor for women who lived on isolated properties outside the regional centre; however, they did not express expectations that services would reach them and so positioned the responsibility with themselves to plan, navigate, and negotiate their own safety and leaving process.
- Most women explained they were not negatively affected by geographical isolation, that is, they did not see physical distance as a barrier to accessing services. The social isolation women described was a significant factor for them and was mostly associated with being subjected to domestic and family violence rather than lack of contact with people due to distance.
- Women's descriptions of social isolation were focused on having limited social networks and supports (such as family, friends) and social resources (feeling a sense of limited means to interact, or a lack of confidence).
- In contrast to the women, geographical isolation was a key issue for managers and practitioners, as it significantly shaped specialist domestic and family violence agency responses and work contexts.
- Managers and practitioners reported domestic and family violence work has narrowed to be largely crisis oriented, which includes emergency accommodation, short-term housing, and risk assessment and safety planning. Other important aspects of specialist domestic and family violence responses, such as outreach, therapeutic counselling, responses for men who use violence, supports for children, and community development, are being eroded because of the lack of resources and investment in this specialist work.
- There is little or no help for men who use violence in regional, rural and remote places outside a police or court response. Therefore, when men have received formal support it has often been in other practice areas where domestic and family violence may or may not be addressed, such as mental health or substance misuse services.
- Women, managers, and practitioners reported that therapeutic counselling options for men, women, and children recovering from domestic and family violence are dependent on the specialist domestic and family violence agencies' capacities, practitioners' skills, or local contacts.
- Community development and outreach work are vital elements of domestic and family violence service provision because they enable specialist agencies to reach and support women across large distances as well as to influence local informal networks. The necessity of this work in providing locally appropriate responses to bring about community change cannot be underestimated.
- All sites reported that because crisis response and risk management dominated the work, "the hub" often lacked the staff, time, and resources to do outreach work (spokes), which is essential to the success of the model The hub was therefore forced to service the area with the greatest population density (the regional centre) and it became much harder to provide services and support to smaller townships and properties across large geographical distances.

Conclusion

Specialist domestic and family violence agencies based on a hub-and-spoke model are demonstrating that they are an effective service approach in assisting women living in isolated places. This model enables specialist service provision across large distances if it is adequately resourced. It also enables a range of locally adapted service delivery responses and options, including crisis response and accommodation, counselling, advocacy and support, and leadership in collaboration and community development.

Future areas of focus

The following are recommendations for future policy and practice based on the hub-and-spoke service delivery model:

- Develop specialist and specific knowledge and information about the dynamics of domestic and family violence.
- Employ a specialist workforce including managers and practitioners who are skilled in crisis response, outreach activities, and community development.
- Plan and develop long-term support and recovery for women, children, and men.
- Have flexible, local participation; local collaboration; and community development.
- Provide local leadership in local contexts to combat domestic and family violence.
- Specialist domestic and family violence agencies based on a hub-and-spoke model require the following to increase their success:
- adequate levels of staffing and funding to enable the hub to reach across large distances and into local communities;
- adequate levels of staffing and funding to invest in a range of responses to domestic and family violence that moves beyond crisis response and accommodation;
- time and opportunity to reach beyond the hub to engage with regional, rural, and remote women's individual and diverse needs; and
- time and opportunity to lead local initiatives, coordination, and community development when responding to domestic and family violence in local communities and regions.

Background

ANROWS invited applications to conduct projects addressing the Research Priorities Grants Topics for 2014-15. It identified "experience and impacts" about violence against women and their children as a Strategic Research Theme (SRT)[2]. Specifically, ANROWS named the experiences of women living in social and geographical isolation as a priority topic, with particular focus to be given to women's ability to disclose, report, seek help, and receive appropriate interventions following experiences of domestic and family violence and sexual assault.

State of knowledge review

A Landscapes state of knowledge paper was published in July 2015 titled *Seeking help for domestic violence: Exploring rural women's coping experiences* (Wendt, Chung, Elder, & Bryant, 2015). This review summarised research findings that explored regional, rural, and remote women's experiences of domestic and family violence and sexual assault. It also described service provision in regional, rural, and remote Australia. The paper confirmed, firstly, that there is limited research on coping and help-seeking activities of regional, rural, and remote Australian women when dealing with domestic and family violence. Secondly, it contended that geographical and social isolation are key factors that influence and shape coping and help-seeking as well as service provision.

Rationale for the study

Australia is a vast and sparsely populated country with 30 percent of people living outside capital cities (Australian Bureau of Statistics [ABS], 2010; Hugo, Feist, & Tan, 2013). In Australia, the terms regional, rural, and remote refer to large landscapes and small towns outside of the major capital cities (Hogg & Carrington, 2006). These terms conjure up images of geographical and social isolation because they describe being far away from other places or people due to distance. Geographical and social isolation have been assumed to intensify the hidden nature of domestic and family violence and mitigate efforts to both seek and provide help (Lanier & Maume, 2009).

Isolation is an important concept to consider in understanding the unique factors for Australian women experiencing domestic and family violence. Specifically, geographical isolation separates populations by physical distance. It not only compounds the limitations of formal services but also amplifies the lack of social contact with others—that is, social isolation—because it compounds a lack of contact with persons, groups, and society (Lanier & Maume, 2009; Pruitt, 2008).

Geographical and social isolation can prevent women from leaving violent relationships, accessing services, information, and resources, and establishing and maintaining supportive networks (Hogg & Carrington, 2006). To date, only a small number of studies have explored how women living in regional, rural, and remote places make decisions within contexts of domestic and family violence (Lanier & Maume, 2009). These studies found that women are more likely to use placating and safety planning strategies rather than separating from or leaving their abusive partners (Davis, Taylor, & Furniss, 2001; Riddell, Ford-Gilboe, & Leipert, 2009). Studies have also established that women prefer to reach out to informal support networks for assistance but often receive responses that negate, discount, or minimise their experiences (Bosch & Bergen, 2006; Davis et al., 2001; Wendt, 2009b). When informal support is unavailable or not helpful, women may hesitate to contact formal services, particularly legal and police support, for fear of their anonymity and confidentiality being compromised (Ragusa, 2012). Regional, rural, and remote women's use of information and support networks, and their effectiveness, is pivotal in their attempts to cope with or seek help for domestic and family violence (Bosch & Bergen, 2006; Davis et al., 2001; Lanier & Maume, 2009).

Research has also found that many women who live in isolated places cope with domestic and family violence for long periods of time (Wendt & Zannettino, 2015), and this exposure to abuse can cause significant physical, mental, psychosocial, and financial impairments (Hayati, Eriksson, Hakimi, Högberg, & Emmelin, 2013). However, we know little about how geographical and social isolation actually shape coping strategies for Australian women experiencing domestic and family violence. Understanding women's coping is central to understanding how they disclose and report, and why they seek help at particular times in their lives. Exploring women's experiences of coping and seeking help can inform and enhance support networks.

What is needed in the Australian context is a more nuanced understanding of how geographical and social isolation influences coping and help-seeking for specific groups of women who live in regional, rural, and remote areas. Assuming that coping and help-seeking is the same for all women experiencing domestic and family violence in isolated places denies the nuances and

2 Australia's National Research Organisation for Women's Safety. (2014). *ANROWS research program 2014-2016 (Part 1).* Sydney: ANROWS.

complexities of gender, class, Indigeneity, and other identities, and how they intersect with different degrees of isolation (Sandberg, 2013). Furthermore, resources attached to the communities they live in differ and social isolation is not uniform. Thus, there are different social and spatial relations both within and across remote, rural, and regional communities in Australia in terms of distance, economic profile, and a community's historic and social relationships (Bryant & Pini, 2011). Spatial circumstances and the consequences of those circumstances are fundamental to the phenomenon of domestic and family violence (Pruitt, 2008). This study aimed to explore how geographical and social isolation impact on women's ability to cope and seek assistance with experiences of domestic and family violence.

Research questions

The research questions for this study were:

1. How do geographical and social isolation shape women's coping abilities when experiencing domestic and family violence?
2. How do geographical and social isolation influence women's decisions to disclose and seek help for domestic and family violence?
3. What information, support, and services are most effective in assisting women living in isolated places?

Methodology

Design

Using a layered, qualitative case study design this project engaged with five different locations: Whyalla, the Riverland, Mount Gambier, and Murray Bridge in South Australia and Derby in Western Australia. These sites offered varying degrees of distance from a capital city, different primary industries, socio-economic statuses, and populations. (Please see Appendix A illustrating the geographical locations for the study.) A qualitative design enabled collaboration with domestic and family service providers located at each site and active participation of women who had experienced domestic and family violence. Rich descriptions of women's, managers, and practitioners' experiences were captured through interviewing.

Consultations and research process

Collaboration with service providers located in each site was essential to the success of the project. There were various steps to these consultations and collaboration processes. Firstly, the project aims, research questions, and methodology were formed and finalised through consultations between the research team and service providers in South Australia and Derby, Western Australia. Consultations occurred with Centacare Catholic Family Services South Australia on behalf of the Limestone Coast Domestic Violence Service in Mount Gambier, Riverland Domestic Violence Service, Murray Mallee and Adelaide Hills Domestic Violence Service, and Whyalla Regional Domestic Violence Services and Victim Support Service Whyalla. Consultations occurred with the Department of Child Protection and Family Support, Western Australia and Anglicare Western Australia on behalf of a number of services in Derby including Family Violence Coordinated Response Service, and the Aboriginal Family Law Service, which provides outreach in Derby, Western Australia.

Secondly, after securing funding for the project, the research team shared the aims, research questions, and methodology by meeting and presenting to peak domestic and family violence bodies in South Australia and Western Australia. These included the Coalition of Women's Domestic Violence Services South Australia, the Western Australia Women's Council for Family and Domestic Violence Services, Aboriginal Family Law Service of Western Australia, and Anglicare Western Australia. At these sessions, the project was given verbal in principle support; they also generated the opportunity to include a focus group with regional managers of domestic and family violence services in both South Australia and the Kimberley in Western Australia. In South Australia, a focus group was held with regional managers from Yarredi Service Inc. (Port Lincoln Domestic Violence Service), Ceduna Domestic Violence Service and Aboriginal Family Violence Service, Coober Pedy Regional Domestic Violence and Aboriginal Family Violence Service, and Yorke and Mid North Domestic Violence Service. A focus group was held with regional managers from Kimberley domestic and family violence services, including Broome, Halls Creek, Kununurra, Derby, Dampier Peninsula, Fitzroy Creek, and Wyndham.

The agencies (sites) that enabled the research to occur in the five communities were:

- Limestone Coast Domestic Violence Service, Mount Gambier, South Australia;
- Riverland Domestic Violence Service, Berri, South Australia;
- Murray Mallee and Adelaide Hills Domestic Violence Service (MMAHDVS), South Australia;
- Whyalla Regional Domestic Violence Service and Victim Support Service, Whyalla, South Australia; and
- Family Healing Centre, Marnin Bowa Dumbara Aboriginal Corporation, Derby, and Aboriginal Family Law Services of Western Australia.

Members of the research team held consultation sessions at the five sites before the research commenced. This enabled the researchers to be introduced to community members and created open discussions which led to more fruitful engagement in the research. In Derby, people expressed feeling "over-researched" and hence, had the team not progressed in this way, the research may not have proceeded as well. Across all sites, this approach provided opportunities for researchers to clarify details of the project, identify strategies for supporting and enabling women to be interviewed as part of the study, and confirm dates for field trips to collect data. It was agreed the research team would make a minimum of two face-to-face site visits to collect data. Field trips were 2 to 3 days in duration to allow for data collection and discussion debriefs with services about the process and progress of the study.

Working with the key domestic and family violence agencies at each of the five sites was vital because the practitioners had local expertise in recruiting women for interviews, and local knowledge and insights of their own for focus groups. This also facilitated conversations with local service providers and other stakeholders who were involved in responding to domestic and family violence in the communities. Once data were analysed for

each site, managers and practitioners were given the opportunity to read the de-identified summaries, discuss with their site, and then to provide feedback about the interpretations, key messages, and recommendations.

Recruitment

The two groups of participants recruited for the project were women who had experienced domestic and family violence, and practitioners involved in responding to domestic and family violence in the local community.

Women living in regional, rural, and remote communities

To maintain the safety of the women, the research team worked closely with managers and practitioners at each of the five sites. Interview guides, information sheets, and consent forms were provided and explained to the agencies before recruitment of women commenced. Agencies were given opportunities to provide feedback about the research tools (see Appendices B and C for the women's information sheet and consent form).

Each site was asked to identify potential women participants and provide them with copies of the information sheet to ascertain their interest in participating. Researchers liaised with the practitioners at each site to discuss criteria around recruitment. Women were not asked to participate if practitioners assessed that they were in immediate danger or crisis, as participation was viewed as an additional burden. Where women were interested and willing to participate, practitioners were asked by the research team to assist in setting up the interview and offering any support the woman requested during this time. This approach was used to contact potential study participants to facilitate a respectful and safe process. This was particularly important for Aboriginal women, who may have preferred to have support when being interviewed by non-Aboriginal researchers.

In addition to concerns about women's safety, it was important women felt under no pressure to participate. This collaborative process increased safety and comfort for both women and researchers. Research has shown that high-risk populations often prefer to be supported by people (practitioners) they know, and existing local relationships help promote a sense of trustworthiness, particularly for Indigenous communities (National Health and Medical Research Council, 2003). The women were provided with the option of contacting the research team directly via the information sheet if they wished to express an interest in the study or had any questions; however, this option was not taken up.

Managers and practitioners in regional, rural, and remote communities

Managers from the five sites indicated their support for the project during the research application process. The project team and managers provided information sheets to practitioners explaining the purpose of the study (see Appendix D). Researchers worked directly with each agency to organise an appropriate time to hold the focus group. Practitioners were invited to contact the research team directly with any questions or concerns about participation. This approach was used to build collaboration and set up a process that diminished potential coercion or pressure to participate as an employee of the agency. At the beginning of the focus group, consent forms were explained, highlighting the limits of anonymity and confidentiality in the context of focus groups (see Appendix E).

Sample

Five women were interviewed for the study from each site, except Whyalla, which included three, totalling 23 women. Six women were Aboriginal and 17 were non-Aboriginal. (Please see Appendices H-L for women's profiles.)[3]

One focus group was held with managers and practitioners from each site, totalling five focus groups, including 16 managers and practitioners from South Australia and nine from Derby, Western Australia. A focus group was also held with regional managers of domestic and family violence services in South Australia (n = 4) and the Kimberley region of Western Australia (n = 8), totalling an additional 12 regional managers from across the two states. All participants were over 18 years of age. In total, 37 managers and practitioners participated in the study.

The sample size was chosen because it was manageable in the time-frame allocated to the project and the interviews and focus groups aimed to provide depth and richness in order to gain insight into women's and practitioners' experiences.

3 Please note that the women's sample is included on later appendices that also includes thematic analysis.

Data collection methods

There were two main methods of data collection at each site, including semi-structured interviews and focus groups.

Semi-structured interviews with women

Semi-structured interviews were held with women who had accessed domestic and family violence agencies at each site. The interviews enabled women who had experienced domestic and family violence to tell their stories and share their experiences of living with the violence in the context of their local communities. The face-to-face interviews were held in the local agency where women had sought assistance and the method allowed the richness, depth, and complexity of their individual stories to be captured. The women were asked to reflect on how they had managed domestic and family violence in their lives, periods of time they did not seek assistance, and what influenced their decisions to cope alone and to seek assistance. They were also asked to talk about their reasons for seeking help, how they sought assistance and from whom, and what shaped their decision-making.

All interviews were audio-recorded; however, if women did not want to be audio-recorded this was respected and notes were taken during the interview. This option was taken up once. All interviews were conducted by members of the research team. Time was also provided to facilitate introductions and questions and establish rapport. Researchers explained to women before the interview that participation was voluntary and they were free to withdraw without penalty from the study at all times; none of the women elected to withdraw. Participation was voluntary and a signed consent form was used (see Appendix F for interview schedule).

Focus groups with managers and practitioners

Focus groups were held at each domestic and family violence agency in the five sites. In addition, one focus group was held in South Australia for managers of other regional, rural, and remote domestic and family violence services and one focus group was held in Western Australia with managers of other Kimberley region domestic and family violence refuge services. Focus groups enabled domestic and family violence practitioners to come together to discuss their perceptions, opinions, and practice wisdom about working in regional, rural, and remote places and how such contexts and cultures shape their work. A semi-structured interview guide was used to ask practitioners about working with informal support, specific workforce and resource issues experienced in their region, engaging with diverse groups of women, and services for men who use violence (see Appendix G).

All focus groups were audio-recorded and conducted by members of the research team. Time was allocated to facilitate introductions and questions and establish rapport. Researchers explained to focus group participants that they were free to withdraw without penalty from the study. No participants withdrew from the study. Participation was voluntarily and a signed consent form was collected.

Ethics

The project received ethics approval through the University of South Australia, Ethics protocol "Seeking help for domestic violence: exploring rural women's coping experiences" (Application ID: 0000034007). It also received approval through Curtin University, Reciprocal Ethics Clearance (Project ID HR89/2015).

There were a number of ethical issues that required careful consideration as part of the design and methodology for the project.

Safety of women

To ensure support, safety, and protection of women as part of the research process, numerous steps were taken. Firstly, at the beginning of each interview the aims and purpose of the study and the interview were explained and any questions addressed. The researchers also talked to women about how confidentiality would be achieved and maintained as well as how their interview data was to be stored securely. The women's right to withdraw was explained including their right not to answer any questions they were not comfortable with.

Secondly, interviewers acknowledged that domestic and family violence was a sensitive issue and should the woman become upset during the interview, the interview could be stopped to allow her time to consider her ongoing participation. It is common for women to cry while re-telling their stories, and some women did become emotional during the interview; however, no woman wanted to leave the interview, cease participation, or withdraw from the project. At the end of the interviews, the women were asked if they wanted to see a practitioner from the agency before they left.

Thirdly, as part of the interview process, women were informed that should they disclose specific details about a current threat to their own safety and life or that of another person, the interviewer would need to work with the agency to report appropriately. This event did not occur for any of the women interviewed.

Safety for Aboriginal families and communities

In addition to the above considerations of women's safety, this project was also guided by *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* (2003). It is important for researchers to recognise and promote local relationships to benefit from the nuances of their

judgement and practice. This local expertise was particularly important for Derby, which is located 220 km from Broome and 2383 km from Perth. It has a population of 3261 people and 37.2 percent of the population are Aboriginal people. A further 810 people live in communities surrounding Derby. Residents of these communities are predominantly Aboriginal people.

The researchers worked with local Aboriginal agencies and practitioners to be introduced to local Aboriginal communities. As non-Aboriginal researchers, it was critical that the process was respectful of the local Aboriginal practitioners' way of working and that the researchers could demonstrate appropriate rapport and respect with both practitioners and women in the study. From past experience, the project team understood that Aboriginal community members can feel "over-researched" and frustrated that recommendations from previous research have not been implemented (NHMRC, 2003). It was therefore essential that the researchers could provide acceptable reasons for the study and its methods, and how the data would be used after collection. In addition, at each stage of the data collection, summaries of the findings were collated and made available to the community to ensure knowledge sharing and appropriate interpretation of the interviews and focus groups.

The researchers were supported to undertake the work by practitioners in key Aboriginal and mainstream agencies The facilitation of introductions and joint agreements about how best to conduct interviews and support women before and after opened discussion that enabled the research to be conducted at Derby.

Data analysis

The project had two main phases of data analysis. Before researchers analysed the women's interviews, vignettes were constructed detailing their individual circumstances. This allowed the research team to become familiar with the complete sample of women. First, the data generated from each site was thematically analysed, which involved reading interview and focus group transcripts, and initial coding of the main themes that emerged from both sets of data. The themes were read again to identify sub-themes contributing to the main themes. (Please see Appendices H-L for a summary of the themes that emerged from interviews with women and through focus groups for each site.) Finally, the main and sub-themes were organised through a process of selection, that is, quotations were selected to demonstrate evidence for the themes.

This process of thematic analysis was conducted for each site and reported separately, developing five stand-alone case studies. This phase of the research provided the opportunity for further collaboration with managers and practitioners at the sites by providing a draft report detailing the findings of their specific region. They were asked to comment and provide feedback about the themes that emerged from the data based on the researchers' interpretations. All managers and practitioners substantiated the themes that had been identified.

The material from the five site reports formed the basis of the second phase of data analysis. Both focus group and interview data from each site report were analysed together using thematic analysis. This involved a higher level of thematic analysis whereby similarities and differences were identified across the five sites from the data sets.

This phase of analysis process enabled the researchers to identify the key messages about how geographical and social isolation influenced women's coping strategies, and decisions to disclose and seek help; and to identify the key concerns of managers and practitioners working in regional, rural, and remote locations. Recommendations could then be developed for practice and policy and the researchers were confident that the project would be beneficial for women living in regional, rural, and remote places and also relevant to domestic and family violence service provision more broadly.

In summary, these two phases of data analysis enabled the research team to explore the individual lived experiences of women as well as the practitioners' experiences of working and living in the same community. Exploration of the nuances and complexity of individuals also exposed the commonalities in how women generally cope and seek help for domestic and family violence and how this violence work is shaped by geographical and social isolation.

Limitations

As noted above, a limitation of this study is that the findings are not generalisable to all regional, rural, and remote communities in Australia. Four sites were from regional South Australia and one site from remote Western Australia. These sites were selected because the research team had previous working relationships with the communities. The existing local relationships helped promote and support the research project across the 2 years. Contextual differences in these sites potentially limit the findings being applicable on a national scale. However, this research contributes to the gap that exists within the scant Australian literature on regional, rural, and remote women's help-seeking for experiences of domestic and family violence. It is expected that many of the findings will resonate with communities outside of the five sites presented in this research. Another limitation of the research was that women who had not yet ever sought any assistance about domestic and family violence living in the five communities were not approached. There were ethical concerns in recruiting such women for research that could not be overcome in the time available.

Key findings

The findings of this report are structured around the three broad categories of coping and decision-making, seeking help, and isolation. These three categories highlight specific experiences and impacts of domestic and family violence for women living in regional, rural, and remote Australia. This report brings together the findings from the women's interviews and focus groups across the five sites to highlight the similarities and differences of experiencing domestic and family violence and living and working across remote, rural, and regional communities in Australia.

Understanding domestic and family violence

Women's experiences

This study was focused on women living in regional, rural, and remote Australia; however, it has resonance for understanding women's experiences of men's violence more generally. Twenty-two of the 23 women experienced violence by male perpetrators. One woman described violence perpetrated by her female partner. Like in so many other studies, interviewing women about their experiences of coping and seeking help for domestic and family violence exposed a range of behaviours and tactics (including physical, sexual, psychological, financial, social, and spiritual abuse) mainly used by men to exercise power and control over women and their children (Wendt & Zannettino, 2015). While it is important to explore, identify, and advocate for the unique needs of different groups of women, of which this report is an example, we simultaneously cannot ignore women's collective experiences of men's violence and the similarities within and across diverse groups.

The stories of the 23 women interviewed highlighted the centrality and dangerous nature of coercive control present in domestic and family violence consistent with the findings of Stark (2007). Women in this study had survived domestic and family violence by calculating and evaluating their partner's violent behaviour as well as navigating their partner's physical, material, and social power in their local communities. Women told stories of severe physical violence such as broken bones and weapon use, and sexual violence such as rape and sexual degradation and humiliation. Women described losing friends and family and being dependent on their partner financially and socially. Women cried at the fear and low self-worth they felt after being controlled by their partner and some women expressed frustration and exhaustion at having continually to negotiate around a violent partner post-separation to keep themselves and their children safe.

> I have seen him kill pets, the emotional blackmail, the fear, manipulation. I just lost my self-worth. (Wendy, Mount Gambier)

> I ended up in hospital. The police said I needed to make a statement and so I did. They charged him with attempted murder. (Melanie, Murray Bridge)

> He flew around the side of the house, jumped over the fence and he quickly opened the screen door and smashed it. (Beatrice, Riverland)

> I was hiding all my bruises and the pain I was in. (Susan, Whyalla)

> Extremely jealous, he badly beat me. (Kelly, Derby)

The stories of the 23 women revealed domestic and family violence including coercive control and a range of abusive behaviours such as physical, sexual, psychological, social, and economic abuse. The examples also showed that the women were victimised by more than one type of assault; that is, they could describe patterns of behaviour over time, and they endured domestic and family violence for years, and, for some women, decades. These findings align with other literature (see DeKeseredy, 2011; Laing & Humphreys, 2013; Wendt, 2016).

Amongst the similarities, however, there were points of difference in how the women coped with and sought help for domestic and family violence—embedded in the nuances and complexities of class, Indigeneity, criminality, and community connection. For example, six women were Aboriginal (five in Derby) and 17 were non-Aboriginal. Twelve women had lived in their local region for 15 years or more; some had lived their entire life in the town or region. Four women had lived in the region for approximately ten years and seven had lived in the region for 5 years or less. Some women experienced a life of transience while others had only ever lived in their local community. Most women lived in regional centres, with four women living on isolated properties (more than 1 hour's drive to the regional centre). All except two of the women had children. Seven women talked about more than one perpetrator of domestic and family violence across their lifespan. Some women had support from a family or friend while others were completely bereft of social networks. The Aboriginal women (on the whole) were more likely to describe family support than the non-Aboriginal women. Six South Australian women mentioned their partners were involved in criminal activities related to drug distribution and fraud and most of the women in Derby mentioned their partners were known to police for alcohol

intoxication-related offences. In summary, there was similarity in the stories and experiences of domestic and family violence whereby examples of physical, sexual, emotional, and social abuse resonated across the sample. The differences in the stories can be seen in women's coping and help-seeking decisions, which were influenced by their own personal web of relationships and the power and influence that these relationships had in their lives. The journey of seeking help is a complex, non-linear process influenced by the duration and impacts of violence and abuse as well as the unpredictability of responses from informal and formal networks.

Managers' and practitioners' experiences

Managers' and practitioners' work is shaped by its geographical and social contexts and the programs, polices, and funding available.

Funding for specialist domestic and family violence shelters and refuges is provided through the *National Partnership Agreement on Homelessness* (Council of Australian Governments, 2015) and the *National Affordable Housing Agreement* (Council of Australian Governments, 2009). As part of funding and contract arrangements each agency was required to report on service statistics, with reporting periods ranging from 6 to 8 months. As described in the current South Australian *Homeless to Home* policy document:

> The period of time a client receives services from the agency is referred to as a support period. A support period starts on the day the client first receives a service from the agency. It ends when the relationship between the client and the agency ends, the client has reached their maximum amount of support the agency can offer, or a client has not received any services from the agency for a whole calendar month and there is no ongoing relationship. The end of a support period is the day the client last received services from the agency. (Department of Premier and Cabinet, 2014, p. 12)

The Homeless to Home (H2H) system is used by all funded specialist homelessness agencies, with the aim of ensuring a consistent response to clients across Australia, as well as allowing agencies to record contact with services provided to, and outcomes reached with, clients (Government of South Australia, 2011). The current refuge-funding contracts in both states are for 2 years, ending on 30 June 2017.

Key policy documents guiding South Australian responses to domestic and family violence are South Australia's *A Right to Safety*, launched in 2011, which outlines the next phase of the Women's Safety Strategy and provides a framework for action to address violence against women (Office for Women, 2011). The Family Safety Framework (FSF) is a South Australian Government statewide initiative developed under these strategies as an interagency approach to supporting women and children at high risk of serious injury or death from domestic or family violence (Office for Women, 2015). Family Safety Meetings (FSM) are chaired by the South Australian Police (SAPOL), with Victim Support Services (VSS) providing administrative support. A range of government and non-government agencies attend fortnightly meetings to create a "Positive Action Plan" for individual families perceived to be at high risk. The South Australian regional domestic and family violence agencies that took part in the study participate in the (FSF) as part of their crisis response.

Western Australia similarly has state-level domestic and family violence policies to guide the work of practitioners and is also influenced by the *National Plan to Reduce Violence against Women and their Children 2010-2022*. In 2012, the Western Australian Government launched Western Australia's Family and Domestic Violence Prevention Strategy to 2022, setting out a long-term across-government framework for responding to domestic and family violence (Government of Western Australia, 2012). *Freedom from Fear: Working Towards the Elimination of Family and Domestic Violence in Western Australia—Action Plan* (Government of Western Australia, 2015) outlines 20 key actions under five priority areas, including promoting awareness about domestic and family violence, targeting communities and populations at greatest risk, and engaging and responding to perpetrators.

Time spent working and living in the regions varied amongst the 37 managers and practitioners sampled. Some had worked in domestic and family violence for 20 years, others for approximately a decade, and some practitioners had recently been employed into the sector. Some managers and practitioners had lived in their local region for 20 years or more, while others travelled to the region, living in a nearby smaller township. Some practitioners had worked in other human service agencies in their local communities before they worked in the area of domestic and family violence, whereas others had only ever worked in these fields. Managers and practitioners raised geographical isolation as a factor shaping their work, particularly through discussion about the distance they were required to service as well as managing their visibility in their communities.

The stories of the managers and practitioners from the different sites showed that domestic and family violence was a field of practice requiring specialist service provision. This was evident through the practitioners' accounts of planning for safety and assessing complex and challenging risks posed by men's violent behaviour. It was also seen in the recognition that any response that addresses Aboriginal men's perpetration of family violence needs to engage with Aboriginal women's specialist family violence services. Specialist services have established boundaries about what they can and cannot offer (Wendt, Chung, Elder, & Bryant, 2015), and having an established women's domestic and family violence specialist agency in a regional centre was seen as

necessary and beneficial. However, managers and practitioners expressed concern and frustration that their work was mostly crisis response and management, and other work such as community development, counselling, and outreach activities was given less time because they did not have the resources, time, and staff to enable this work longer term.

Coping and decision-making

This section examines women's coping experiences before seeking help for domestic and family violence. Their stories provide insight into how women reached pivotal points of decision-making to change the direction of their lives. Generally, coping is understood as dealing with difficulties, changing behaviours and thinking, and strategies to manage difficulties with a degree of success. With this understanding, it can be argued that all women coped with domestic and family violence because they remained in their relationships for years, and some for decades, persevering with their partner and trying to change their circumstances.

However, domestic and family violence as described by the women required them to be constantly vigilant about their partner's behaviour and actions. This is a key consideration in understanding how women cope and make decisions for themselves and their families (Anderson, Renner, & Bloom, 2013). Living in an abusive relationship shapes coping and decision-making, and the relationship between stress, anxiety, depression, fear, and coping is complex and context dependent (Anderson et al., 2013). The fear instilled from abuse creates an unstable and unpredictable environment. Furthermore, coping and decision-making in domestic and family violence are shaped by the availability of material and social resources such as financial and legal resources, family, and friends.

All of the women described trying to understand and navigate their partner's behaviour. As the violence and abuse progressed, in some cases becoming extreme and sinister, some women lost the ability to talk about and describe such levels of violence. Three main themes emerged from the interviews with women describing their coping and decision-making about domestic and family violence. The first two themes were *placating and promising* and *shame and embarrassment*. However, women also described themselves as not coping, which became a third theme. When their own strategies did not work, they reached out to informal supports with varying degrees of success.

Placating and promising

Across the five sites, most women talked about trying to predict and understand their partner's violent behaviour, and therefore they coped by developing strategies to placate him and become familiar with his behaviour. The women employed various techniques to keep themselves and their children safe. Most women described trying to please their partner or attempting to calm him down as a way to de-escalate his rage, anger, and potential for abuse. They positioned themselves as a peacekeeper or mediator to try to show him they understood or wanted to help him.

> I would usually try and appease. As long as he was getting his own way it was fine, and I thought that maybe I could implement certain methods to prevent the physical abuse from occurring, which was successful, to a degree. (Noelene, Murray Bridge)

> I could tell by the way he was acting. I was scared of him but would try and calm him down. (Jude, Murray Bridge)

> I'm the only one that he really listens to, he doesn't listen to his mum and sister…but when I tell him something he listens. I'd rather try and sort my own problem out first because I made my own decision to be with him and I don't like to make things big. (Stella, Derby)

Other women described trying to please their partner by engaging in household activities such as keeping their house tidy, cooking, and waiting on their partner and children.

> I slaved, cooked my meals every weekend for the week so I could do the day work as well as the night work shift. And then I was up at half past five every morning getting the boys' stuff ready for school. I was just flat strap…I was bashed a few times at home, but that happened when I questioned him about where he was and why he was coming home late. (Beatrice, Riverland)

Importantly, these descriptions by the women show that during the relationship they saw themselves as both responsible for and capable of contributing to his change. Some women, particularly the Aboriginal women in Derby, used "leaving" as a placating strategy. If the women were not successful in predicting or diffusing their partner's violent behaviour, they made the decision to remove themselves and their children from their home for a while until the danger period passed.

> Because we talked it out and no need to leave, I did not feel as unsafe…Things have settled down as I have put down some boundaries, particularly around his drinking and use of violence…but when he would make threats or become abusive, as I felt unsafe, I would go to refuge. (Helen, Derby)

> I just put up with it…I don't want to put up with it anymore…I can just come [to the refuge] you know, spend the night…here it's better you know, you feel safe. (Jill, Derby)

Another factor that influenced some women's coping and decision-making, particularly to engage in placating strategies,

were moments in their relationships when their partners promised to seek help. Women described that this gave them optimism and they therefore hoped that their partner might change.

> Like I was in a unit on my own—it was really—I had the girls by myself. I wanted to go home, and he was saying, "I'm going to change, things will be different". All those promises are made so, yeah, I guess things kind of stumbled along. (Tammie, Whyalla)

> I would always return to him. I sacrificed my children, they are all damaged now and I feel extremely guilty. (Kerri, Mount Gambier)

Most women described moments when they left their partner and tried to end the relationship as a coping method However, some women who left the men numerous times described their partners as relentless, persistent, and determined to remain together and to see the children. This harassment eventually wore them down and, the women explained, it seemed easier to remain with him.

> When I left he hounded and hounded me like a dog, sent me letters, rang the children, approached people in the church, tried to approach my friends, abused my friends. (Wendy, Mount Gambier)

The women's stories showed that they all tried to cope on their own for periods of time, to navigate the violence and relationships themselves, and that they used various tactics such as withdrawal from partners to survive. Living in an isolated place shapes women's coping because it can limit their options. A woman can either cope on her own or leave her partner for short periods of time and return when she feels safer. Coping becomes about her managing his behaviour because options are also limited for perpetrators, besides police intervention, and cannot offer women round-the-clock safety.

Shame, embarrassment, and pride

All the women named shame and embarrassment as feelings that influenced their coping strategies and decisions about whether or not to reach out to informal and formal services. This theme was particularly strong in the South Australian sites for non-Aboriginal women.

Some women explained they didn't reach out to family and friends or couldn't contact the domestic and family violence service in their local area because they felt shame and embarrassment about enduring such abuse or returning to their partner despite the abuse. For the women who had accessed domestic and family violence services in the past, some felt they had let the practitioners down.

> I didn't seek help because it is embarrassing. It doesn't matter what anyone says, it's shameful, it's damn shameful to sit there and explain to somebody that you let someone treat you like that and you went back. How do you explain that to someone? (Leanne, Mount Gambier)

> I am ashamed that I was stupid enough to put up with that for so long. I should never have done it and I felt guilty for staying with him for that long…I can't explain it; I am not an idiot but I have a great deal of intelligence but just to tolerate that. (Dana, Murray Bridge)

> I think I struggled a long time feeling judged. People aren't silly. Like, you try and hide things and you try and cover things up, but people aren't silly; they know. (Tammie, Whyalla)

Some women described trying to keep the abuse hidden because they were embarrassed about their partner's behaviour. This was exacerbated for women whose partners also had a criminal record involving abusing children or manufacturing and distributing drugs or other illegal behaviours. They did not know how to speak about or name the horrendous and heinous acts their partners engaged in—particularly sexual abuse—as they felt that speaking about it implicated them in some way. They also described guilt and remorse that their children had witnessed such acts.

> He dominated everything: the children's lives, and my life. He had to come number one all the time…I feel with trying to manage the drinking, his mental health, moving around, I was conditioned. (Wendy, Mount Gambier)

Four women spoke about shame and embarrassment through the fear of poverty for themselves and their children. For these women, their partners controlled the finances and were the main breadwinners.

> But I was too terrified to move on because of the kids. And he always used to say to me things like, you couldn't support the family like I could…Financially I didn't know how I was going to do it because I felt I would lose what I had. (Angela, Murray Bridge)

> I knew what was happening but I had consciously hidden it. I wasn't able to financially support my children and I thought that to reduce their living standards was not correct. (Noelene, Murray Bridge)

The women interviewed in Derby did not explicitly mention shame. However, they did speak about the importance of pride. They described being proud of keeping their children safe and close to their extended family, and being able to maintain their relationship whilst also demonstrating self determination. Four

Aboriginal women in Derby spoke about how the violence started and became progressively worse after they had children. They talked specifically about how their children shaped their coping and decision-making about domestic and family violence. Concern for the wellbeing of the children had often been the catalyst to reach out for help from family members or to ring the police.

> I was fearful and felt unsafe. The violence became worse since we have had children…I reached out because of concerns about the children being exposed to the violence. (Sharon, Derby)

> I tried to do things for myself but then I think for my kids. (Jill, Derby)

Whilst keeping children safe was a source of pride, some of the women explained they were guarded about what they told practitioners about their children for fear the practitioner might contact child protection. Data from the practitioners' focus group in Derby indicated that this perception prevented the women seeking help for their children's needs.

> Some women will not seek help because one of those responses could be children will be removed if she returns to the perpetrator. It is the safety of the children that Child Protection tend to look at. (Derby Focus Group)

The competing demands that Aboriginal women juggled to keep the peace and not make things worse were evident in their interviews. Stella described the difficulties of maintaining this balance and felt a sense of pride in how she manages such sensitivities and complexities.

> I'd just rather just sort it out with him and myself…he have some issue, I help him out…I think now because the police have been involved he'll back down. It is good now, he's changing now. (Stella, Derby)

Many women described feeling ashamed as to how others might perceive them, but women named and described shame in different ways. Some were ashamed of being a victim of abuse, whereas others were ashamed of being the partner of a man that engages in a range of illegal activities. This contrasts with Aboriginal women's descriptions of shame and pride being associated with the capacity to keep children safe. The interviews revealed that women examined themselves and their partners in order to understand domestic and family violence and this created shame. Being concerned about what others think may be amplified when living in places with small populations.

Not coping

When asked about coping with domestic and family violence in their lives, it should also be noted that many women expressed some surprise or bewilderment at the term coping and used phrases such as "I don't know how I coped", "I don't think I coped that well", or "you just had to cope", and "that was just how it was".

Four women disclosed during their interview that they contemplated or tried to commit suicide during their relationships because they felt they were not coping with the domestic and family violence and they had lost hope in their lives.

For example, Kerri from Mount Gambier spoke about feeling very low during her marriage. She attempted suicide twice and used alcohol to cope with her situation. However, she also spoke about how she needed to get herself sober first to be able to leave her husband.

> I didn't feel good about myself. I was in that cycle. I was tired of being told I was lazy, fat, ugly, and to cope with the sex life he expected. (Kerri, Mount Gambier)

Susan spoke about feeling turmoil and difficulty making decisions about leaving. She recounted being "on and off with him for about a year".

> So I came down and dropped the charges on him and then it was only a couple of days later and he attacked me again out the front of his place where he was on home detention and that's when I tried to kill myself. (Susan, Whyalla)

Some women described themselves as not coping and referred to symptoms of depression or anxiety or both. These women coped by trying to understand their diagnosis or changing their medication. They talked about periods of time in their life when they thought something was wrong with them and remembered justifying the abuse or feeling like they deserved it.

> I was on autopilot but I also went on anti-depressants after my children were born. I was losing my hair, it was so stressful. (Dana, Murray Bridge)

Other women spoke about a "fog" they could only see in hindsight after leaving the violent relationship. They explained this fog as having developed from trying to predict their partner's behaviour and control his temper.

> You can't think straight because he was at me all the time. I had 120 messages from him once in a day.
> (Leanne, Mount Gambier)

For most of the women, coping on their own was their first strategy, which included placating and trying to help their partner. Despite the women's efforts to cope and understand their partners, the women recognised they were increasingly struggling to cope and needed support.

Seeking help

Informal supports

Research is increasingly confirming that, in most situations, women seek support from informal sources in the first instance, mostly family and friends (Barrett & Pierre 2011; Klein, 2012; Ragusa, 2012; Shannon, Logan, Cole, & Medley, 2006). This can be a mixed experience for women. Where men's tactics have sought to deliberately isolate women from family and friends, they may feel as though they have no option other than to seek formal support services. For other women, they may be judged and blamed by those in their informal network for their partner's abuse or for being seen as "choosing" to stay with him. In some cases, women have found that their partner's family blame her for his violence, asserting that he was not violent before his relationship with her so she must be the cause. This serves to further alienate the woman and reduce her access to any informal sources of support. In this study it was found that if women's coping strategies were not successful, they would generally reach out to family or friendship networks, only using formal networks such as police and the women's shelters when they felt in significant danger. Reaching out to family members was one of the more common, and often the first, way in which women sought help.

Family

Generally, the women of Derby coped firstly on their own and therefore tried to help, understand, and placate their partners. When they felt they could not cope on their own, and, in particular, when they were concerned about their children, they would reach out to family networks for support. For this reason, these networks were particularly important to Aboriginal women in Derby. Women often relied on extended family to provide a safe place for respite from their partner until they felt they could safely go back to their home. However, when extended family became fatigued or concerned for their safety and that of the woman, the women would seek police assistance and respite at the local women's shelter. This often resulted in the issuing of an intervention order and the women managed to continue living in their communities, using these options to keep safe. The participants reported that the intervention orders were largely successful in deterring their partner's violence and abuse. This contrasted with practice wisdom that suggests the orders are not liked nor ever effective for Aboriginal women (Russon, 2014). The women and their children often lived with family for a short while and then returned home.

> What I used to do, I used to just ring my sister up. She come down, pick me up, and I used to go and stay in another town with my sister for maybe—stay for a month, or 2 months, then come back. (Jill, Derby)

Jill later used the refuge and called the police as needed, eventually opting to end the relationship. On this issue of staying with family for a short while, others shared:

> Friends and family (even my sister-in-law) said "don't go back"; children and my siblings gave advice and voiced their concerns for safety…Elders, community, church members, and community nurses were wise and supportive. (Kelly, Derby)

> I am always in my Mum's house. I would feel safe but then because he knew where to find me, my family would say stay at the refuge. (Sharon, Derby)

However, Sharon did highlight that there are challenges around "maintaining confidentiality and professional boundaries when living in small well-connected community which may at times jeopardise safety". In particular, this occurred when information about the victim was shared amongst community members who may have known or been related to the perpetrator.

Similarly, non-Aboriginal women in South Australia gave examples of attempting to seek help from family; however, many did not have family they could reach out to. This lack of support shaped women's decisions to try to cope alone. Women in such circumstances spoke about absence of family because their partners had threatened them, or their family had lost patience and had limited understanding of them because they remained with or returned to their violent partner. Some women said their family were interstate and they did not have the type of relationship where they could ask them for assistance. Others reflected on their own childhood trauma and abuse as to why they did not have contact with their immediate family.

> I didn't really reach out to my family or lifelong friends. I mean I couldn't, they are interstate and I was rarely able to talk on the phone freely because my husband was always around, in the house, hovering. They sometimes knew things were a bit off but I felt stupid and we would change the topic. Here I became isolated because he didn't want to socialise, he didn't want me to socialise, his family are awful really, then I got sick. I didn't have close friends here and didn't really form any. (Julie, Mount Gambier)

> I have a brother here, he's younger than me, and we talk about stuff. He knew it was happening but I guess he's quite timid. My parents, I don't really talk to. I know they didn't like him and they knew things weren't right, but as far as going into details with them, I chose not to. (Tammie, Whyalla)

> I ended up losing my sister through this too. She tried to help me out at the start. She turned around and said I didn't want to be involved in any of your shit anymore. She could only handle so much. (Beatrice, Riverland)

For the few women in South Australia who had supportive family, they explained such relationships impacted on women's ability to leave their violent partner. For example, in the Riverland, Jane and Molly expressed that once they knew they could not cope anymore, they reached out and asked for help. They felt a sense of safety when they returned to their community and sought the support of their family and people they knew well in this setting. Having supportive family networks was valuable in aiding their recovery.

> I am quite good at seeing signs and I do ask for help. (Jane, Riverland)

> I know there has been damage with my family because of my partner, but I came home and so I am trying to rebuild bridges with my family. (Molly, Riverland)

For some women, their family only stepped in and supported them because of a crisis, serious injury, or police involvement. For example, Tilly explained that once her partner was arrested for attempted murder some of her family members assisted her.

> I had to call the police and he got locked up. I had to give statements and they kept saying they thought it was about time I left him. My brother-in-law and brother came over to stay for a week then to help me try and sort things out. My brother said, "I am scared for you. You need to get out, because the way things are, you are going to be dead." I wouldn't have coped or left if it wasn't for my brother, friend, and brother-in-law and the police. I would just sit and cry. (Tilly, Riverland)

Similarly, Kerri in Mount Gambier explained that she only re-established connection with and support from her family after recovering from rape and subsequently leaving her partner.

> I asked around if anyone knew of any cheap immediately available properties. I got an intervention order with all the kids' name on it and then I re-established contact with my family who live in another state, but that was really hard and embarrassing. (Kerri, Mount Gambier)

For women who received family support, this was invaluable to them for emotional needs such as receiving validation and empathy as well as practical needs such as gaining a place to stay for a while or help with moving. Social contact and interaction were valued by the women interviewed, particularly Aboriginal women in Derby. For some women, family support meant they could move out of the region to return to family; for others it meant they could stay in the local community with family and feel safe and a sense of belonging.

Friends and acquaintances

The women who did not have supportive family networks mostly searched for alternative social supports from neighbours, co-workers, friends, and acquaintances for both practical and emotional support to leave their partner. Particularly in South Australia, many women sought quite practical assistance from acquaintances to leave a violent partner, such as securing alternative accommodation. In contrast, many South Australian women did not seek emotional support from friends because they did not have such networks. These networks had been eroded by their partner's behaviour or they had received a negative response whereby friends had failed to understand or express empathy.

The interviews in South Australia showed women used their own limited social networks or reached out to acquaintances in the community to seek help for domestic and family violence, mainly to secure alternative accommodation. For example, Dana explained that she was "lucky" to find a rental property in a small township outside of Murray Bridge because she knew the owner of the house. The owner agreed she could move immediately and pay rent once she received assistance from Centrelink.

> I asked a friend if they knew of anywhere to rent. I don't have a rental history, I had no money and I had three children with me. I had no Centrelink, I was totally dependent on him. (Dana, Murray Bridge)

Jude explained that her partner kicked her out of their house on their property and she was so scared she drove away and slept in her car. She described going into the small township the following day and spoke to people she described as "acquaintances".

> I spoke to a couple and they fed me and let me stay for one night at their house. The next day I just sat behind the community hall and cried and cried and thought, "What am I going to do?" At the back of the hall I saw a woman in her yard and I didn't know her well but I had seen her around, so I went over to her and introduced myself. She invited me in for coffee and I told her about my situation. She had been in a domestic violence situation and so said, "Look, I have got a caravan out in the backyard. You can go in there if you want"…so I lived in there for 8 weeks. (Jude, Murray Bridge)

Beatrice explained that having a few close friends was pivotal in helping her leave and get a safe house immediately. Her friend allowed her to live rent free until her settlement was finalised.

> Closest friends, just deal with a few, not too many, because there is positive and a negative. I am sticking with my positive two friends which have been through that stuff. They know

> what I'm going through and they are the positive people. I've got some negative people say don't worry about that, get on with it, he is entitled to the business not me. (Beatrice, Riverland)

Only two women discussed having supportive work colleagues and how the emotional support received from them influenced their decisions to seek help for domestic and family violence.

> She [boss] said to me, you don't have to put up with this and that made so much difference to me, and that night after the assault, she rang my mum and dad. (Jane, Riverland)

> I had a really supportive manager, helped me to keep working, and just that support around—it's okay, you'll be fine—that moral stuff. (Tammie, Whyalla)

In Mount Gambier, practitioners also commented that supportive work colleagues can enable women to reach out to formal supports. Work colleagues were identified as having the potential to help and assist women who disclose domestic and family violence.

> I had a lot of help from bosses, that is, they have provided women with a safe place for them to ring us without being monitored, a quiet space to ring us, or look up information on a computer. (Mount Gambier Focus Group)

Alternatively, some women gave examples of reaching out to informal networks with unhelpful and confusing results. For example, Wendy spoke about her experiences of reaching out to a church group in her local community because she had no informal networks in the region. She thought the church might be able to help her husband.

> I appreciate Christian people praying for me and listening to me but they don't understand what you are going through. Realistically women need to be given correct advice: that you are going to be hounded by your ex; that it is hard; even if you take out an order, he will still persist. Realistically you can't give false hope to people in domestic violence…I felt lonely, I wanted to hide. I didn't want anything to do with anyone, things were too overwhelming. I was terrified, and so you can't give false hope. (Wendy, Mount Gambier)

It seemed from the interviews with women that non-Aboriginal women had mixed success reaching out to family, friends, and acquaintances due to the precarious nature of their networks, whereas Aboriginal women were able to access family networks time and time again to cope with domestic and family violence. Only one of the Derby women who had separated from her partner spoke about her work colleagues as a source of support and strength.

No networks

Some women spoke about feeling lonely and having no family or friendship networks, and making decisions to remain with their partner as he was all they had in terms of personal relationships and connection. For example, Melanie spoke about violence in her childhood and violence in previous relationships, and therefore not forming sustainable personal connections and networks.

> You lose family, your friends, and services are slim in the country…over the years I have learned how to take the beatings and to not cry, if you cry it makes it worse…then when he promises you everything and says sorry and you have nothing. (Melanie, Murray Bridge)

Similarly, Sandy in Mount Gambier described herself as a "hermit" as a result of growing up in a violent home and not forming friendships and relationships into adulthood.

> I just didn't have any support networks to go to, to speak with and hear people say this is wrong. That really kept me in the relationship I think, and so I didn't seek help. I only got help because it got really bad and violent and like a crisis and had to call the police because I had no option. I was more likely to ignore it, and he would get worse and worse and I just tried to pretend everything was ok and he would settle down. (Sandy, Mount Gambier)

In addition, some of the women hinted during the interviews that their partners had been involved in illegal activities such as methamphetamine production, fraud, and theft. This impacted on their decision not to reach out to informal networks or formal supports.

> I have seen him kill pets, the emotional blackmail, the fear, manipulation. I just lost my self-worth. I was in pain and just thought no-one can help me with this He was abusive to other people. He was a criminal and I knew his business and I was just married to a criminal. (Wendy, Mount Gambier)

The women's stories showed that it was not unusual for informal networks to dissolve when they were experiencing domestic and family violence, leaving them more isolated within and outside the relationship. Women who had reconciled with their partner numerous times and had experienced domestic and family violence for an extensive amount of time often had no support networks left. The control, manipulation, and fear perpetrated by their partner eroded networks over time and created extreme social isolation. For this group of women, practitioners identified

that there were no networks left because family and friends have withdrawn. This highlighted the importance of their service, as they could be the only source of support the woman receives.

> A lot of women have already been given ultimatums by family: if you go back to him again, we won't have you back. But she goes back and they cut her off and there is no longer support. (Mount Gambier Focus Group)

For other groups of women, privacy and anonymity are particularly important to them, so they seek out formal supports instead of talking to extended family or friends. Avoiding embarrassment and protecting family reputation was important, as engaging with other family members or friends could be frightening and mortifying.

> The woman wants to protect her anonymity. She wants to protect the family reputation. (Mount Gambier Focus Group)

Managers and practitioners in the focus groups across most sites identified that the success of informal support can depend on who the perpetrator is and who the woman is. For example, if the perpetrator has a criminal record, is known to local police, is associated with drugs, and has developed a reputation of being "dangerous", and, if the woman reaches out to her informal support networks and they reach out for help on her behalf, they often received a quick response from police and local agencies. The situation would be assessed as "high risk". However, if the woman is constructed by police and local agencies as "destructive" because she is associated with such crime and drugs, the response can also be the opposite from both informal and formal networks, that is, "she knows what she got herself into with being associated with him".

> You know, Whyalla can still be a bit cliquey. Sometimes it is like high school even like when you think about that sort of cliquey-ness, or reluctance maybe to involve other people. (Susan, Whyalla)

> The community is quite a strong community in Cooper Pedy, so they actually wrap around the women. We have had community members bring women to us. They say, you need to go here, this is what's going to happen, and that's because we've done a lot of work in different ways, run different groups, education stuff, as it has a flow on effect I guess. (Coober Pedy/Port Augusta Focus Group)

Another example of the unpredictability of informal support network responses was given when perpetrators were particularly powerful or influential in the local community.

> If he is employed in a good job in the town he can fly under the radar because of his own informal support networks and friendship groups. (Mount Gambier Focus Group)

> Most of the women that are of the higher socio-economic level have maybe come here because their partner has got a job at the mine. So they don't really have any informal supports because they've only just moved here. (Whyalla Focus Group)

Overall, the women's interviews and focus groups reveal the complexity of decision-making and coping in the context of domestic and family violence. Women's help-seeking is influenced by attachment and involvement with their partners, who are often the father of their children. It is also influenced by the presence or absence of informal networks where women are required to navigate attitudes and behaviours of family and friends regarding their own individual circumstances. The unpredictably of responses from informal networks can also be based on limited understandings of domestic and family violence and the position of the perpetrator in the community. Furthermore, women's help-seeking can be shaped by the erosion of their own self-esteem and their ability to assess their circumstances objectively due to living in a fearful and violent environment for an extended period of time (O'Doherty, Taft, McNair, & Hegarty, 2016).

Formal supports

Despite women's efforts to cope and seek help from informal supports to navigate the violence and relationships themselves (using various tactics such as placating and withdrawal, which kept the violence somewhat contained), they all experienced moments when circumstances became impossible for them. This section details firstly the women's decisions to seek help from formal supports in moments of crisis. Formal supports are police; specialist domestic and family violence services; human service agencies; or organisations, either government or non-government or both, that a woman engages with at a point of crisis. This section also details the perceptions, opinions, and experiences of practitioners responding to women seeking help for domestic and family violence, highlighting the experiences of practitioners working in regional centres.

The women's decisions to seek formal support

The majority of women did not contact the local domestic and family violence agency directly for assistance. In most cases police contacted the service on their behalf because of their assessed high risk. Alternatively, if police did not assess the situation to be an emergency, typically they gave the women the details of the domestic and family violence service and highly recommended the women ring to receive counselling and referrals to legal support. If it was not police that facilitated contact with the local domestic and family violence service, it was likely a general practitioner (GP). Local links between police, GPs, and the specialist domestic and family violence

agency enabled a quick response for women. The importance of domestic and family violence training and awareness amongst police and GPs, and partnerships with specialist agencies in regional centres, cannot be underestimated. In these locations women were more likely to contact police or a GP, as these professionals were well known in their local community.

Police

Perceptions about the authority of the police were an important factor shaping women's decisions to initiate contact. Most women called the police themselves seeking direct protection.

> The last attack was so brutal, I got in my car and drove to Mount Gambier and rang the police. I must have sounded a mess because the police found me and got me help…he was finally arrested and the police thought it safer if I left town. (Leanne, Mount Gambier)

> I became frightened for my own safety, physical safety, to such a point that I called the police. It was such a vicious physical attack upon my body by my ex-husband last time, he broke my ribs. A position which I was not prepared to put myself in ever again. Having sought police assistance, I was contacted by the domestic violence service. (Noelene, Murray Bridge)

> His eyes turned the colour of black and he was so angry, I saw a change I had never seen in him. I looked at the kitchen knife and grabbed it and said I am going. He moved towards me and I asked him to back away. I said, I am going to call the police, and then he stopped and laughed at me. It was awful, I knew I had to get out of here now. (Julie, Mount Gambier)

> The police were effective, as we are local and police know a lot about the couples that are fighting. They would see he was being violent and serve him with a 24-hour police order. (Sharon, Derby)

In contrast to the others, Helen began to contact the police as a means of keeping safe or safety planning rather than only as a crisis response. Early contact with the police prior to an incident escalating may also reflect the distances and availability of police officers in rural and remote locations, where women may need to plan more for their attendance than in metropolitan places.

> I would often sense when an episode of violence may occur. When there were fights and arguments, I would go to the refuge or ring the police. I would come to the refuge which was close by as a safety measure, as I was fearful he may be more violent. (Helen, Derby)

Practitioners from both focus groups in Derby confirmed that Helen's story was becoming increasingly common. Aboriginal women were starting to ring the police before an episode of violence started as part of a strategy to try to keep themselves and their children safe. These proactive steps were perceived as preventing or at least ending the violence.

> If a woman feels unsafe or threatened in relation to her partner's use of violence and the possibility of it escalating, she will ring the police and seek accommodation at the refuge for a few days and plan to go back after he has calmed down or stopped drinking. (Kimberley Focus Group)

> Most of our women who come to our service are self-referred but we have also found that police are referring or bringing them in a lot more, which is good. (Derby Focus Group)

Three Aboriginal women specifically talked about their decisions to continue to seek help from police and the women's shelter in the local region because they had received positive responses every time they made the decision to reach out for help.

> The refuge was pivotal—safety and protection from further acts of violence. A safe place to go for me and my children in time of crisis. May only be a short-term stay but able to get support when I needed it was vital. Police escorted me to the refuge, arrested him, and issued a police order. I have a current intervention order in place and have had one previously. (Kelly, Derby)

In small communities, such as Derby, the location of the refuge is often known by many, so it lacks anonymity; however, the positive side to this can be that community members are aware that such a service exists. Aboriginal women seem to plan ahead in using the refuge and practitioners reported that men are gaining a better understanding that they cannot come to the refuge when the woman is there.

> Where there have been issues in the past with men coming to the refuge, this now is minimal and they know the police will be called. (Kimberley Focus Group)

Formal supports such as police and domestic and family violence agencies are particularly necessary to respond to and protect highly vulnerable women and their children. At times, police, child protection authorities, and domestic and family violence agencies are required to intervene even though women do not seek such formal support themselves. In a number of situations, the police were called by others so it was not the women seeking their help directly. For example, four women in South Australia only left their partners because of intervention by authorities.

For example, Wendy could not remember the details of how she left her ex-husband. She outlined long-term physical and sexual violence and abuse throughout the interview. Her ex-husband had spent time in prison throughout their relationship.

> He assaulted me, he was begging me uncontrollably not to leave him. I was rigid with terror and I thought, "he is going to kill me". I am not sure but the police turned up and so I think they were called by neighbours, or someone, I don't know but he was arrested? (Wendy, Mount Gambier)

Wendy said that since leaving and obtaining an intervention order, she still needed to call the police numerous times because of breaches of the order.

> He has no respect for the law, no respect for police, no respect for the courts, and for years he has got away with it…Here they took it seriously, they had safety procedures, and the police followed up on it and he has been arrested. (Wendy, Mount Gambier)

Wendy's story shows that some women need continual support from formal agencies to remain safe and keep their children safe because of the long-term impacts on their psychological wellbeing as well as the persistence, relentlessness, and danger posed by their partners.

Melanie's story from Murray Bridge provides another example of the need for authoritative intervention in the context of a partner's criminality. Melanie explained that she only received help from the police because her children enacted their safety plan and rang for help. She had established a safety plan that entailed her children packing their school bags with clothes and her phone and walking into town. As part of the plan, the children needed to ring an acquaintance. The children did this and the acquaintance came to the property. The assault was so severe she needed to be hospitalised. Melanie was reluctant to involve police because of her partner's criminal history and connections.

> I ended up in hospital. The police said I needed to make a statement and so I did. They charged him with attempted murder…the police put me in touch with Murray Bridge domestic violence…the worker was really good. She got my furniture, clothing, she set up the school for the kids and counselling for them. (Melanie, Murray Bridge)

For Libby in the Riverland, it was police intervention that enabled her to leave her violent partner. Without the intervention of police and child protection Libby may not have left. She struggled to understand the sexual abuse and rape of a child perpetrated by her partner. Libby was particularly vulnerable as she may have had a mild intellectual disability and limited social supports.

> What helped me to leave was the police came and arrested him and I was, "So oh, I want to leave, but hang on, should I leave?" I was all over the place and was totally at a loss and they were concrete to go, "Hang on, shit, this isn't right"… Yeah, so, Families SA [child protection] they were the ones that hooked me up with the domestic violence service and the financial and legal help. (Libby, Riverland)

Families SA and the Riverland domestic and family violence service—working together—were pivotal in supporting Libby to understand the abuse she and her children had endured. Their counselling, advice, and support has enabled her to remain separated from her partner and not be manipulated by particular abusive tactics. Her partner wanted to see her and the children while he was in prison.

> He wanted the kids and I was, "Well, he is their father, but then, no; I want to protect them; but hang on, he is their father". But then I was advised not to let him see the kids whatsoever…"But why, he is the father?" as it didn't make sense to me, but they explained because of what he did, like, in simple terms. (Libby, Riverland)

It can be seen throughout these stories that the partnership of local police and local domestic and family violence services and their collective response is particularly influential in assisting a woman to leave a violent relationship. Some of the women interviewed in this study had experienced significant long-term relationships and had successfully left for a significant amount of time. These individuals described moving around a lot with their partners before moving to their region, but they had found a sense of stability through obtaining their own accommodation and specialised counselling. A quick, efficient, and positive response was vital, as well as identifying the high risk associated with men's violence.

General practitioners

Some women in South Australia first disclosed domestic or family violence to their GP, who strongly encouraged them to ring the local domestic and family violence service. The women often made appointments to discuss their anxiety, depression, or stress, and it was the local GP who made the recommendation to seek help from the domestic and family violence service. Three women explained that, as a result of a GP visit, and the recognition and naming of domestic and family violence in their relationship, they felt vindicated and justified to ring the police or domestic and family violence agency.

> I just couldn't focus properly. I ended up seeing my GP. I had got to the stage where I had massive headaches; I feel sick all the time. (Beatrice, Riverland)

> He said you have been beaten emotionally and mentally and referred me to the domestic violence service…I have never looked back; the counsellor was excellent, she supported me, encouraged me to stay in TAFE. She helped me understand my ex-partner. (Molly, Riverland)

> I was shaking, stressed, anxious, but she [GP] named it domestic violence. (Julie, Mount Gambier)

Crisis accommodation

Crisis accommodation is a key element of the support women require to escape immediate danger due to domestic and family violence. Crisis accommodation was accessed by women in South Australia whose partners were assessed as particularly dangerous and a high risk for murder. This group of women also tended to have very limited finances and informal networks with which to secure alternative accommodation.

> When my partner was coming out of jail, I moved into the shelter and went into hiding. I lived there for a few months and then moved to a longer-term domestic violence housing option, that was a bit more independent, and I have recently secured public housing here…I have not seen my ex-partner since this time, because they really protected me and kept me safe. (Sandy, Mount Gambier)

> The months of being in transitional housing with all the security has given me peace of mind. I have been able to sleep, which I haven't done for months. Being in private rental will be a big step for me. (Julie, Mount Gambier)

> I had to call the police. I have moved into a place through the domestic violence service with security, and then I will move into a house they are arranging permanently. He is on bail. I feel like I will never be safe for the rest of my life and I know I have to live with that—attempted murder. I couldn't stop crying, my worst day was the day after and I said to [names the DV practitioner] "Can I go back to my house now please?" and she said in a very nice way, "Oh no, you better stay here with us for a while". It was so surreal and without their help and without the police I wouldn't have survived. (Tilly, Riverland)

Women in South Australia who were able to access safe and secure supported accommodation had access to immediate protection and intensive support. Subsequently, they were able to start planning for possible intervention orders, legal support, financial assistance, and their future.

All the women in the Derby site accessed the short-term crisis accommodation available at the shelter. In South Australia, Aboriginal women were more likely to contact the shelter directly than non-Aboriginal women, with non-Aboriginal women predominantly accessing crisis accommodation through a police referral. Aboriginal women in Derby described accessing the shelter in times of heightened risk of violence or when they were "reading" their abuser's behaviours or knew there would be an external instance placing them at greater risk. This could include events, held in town, where drinking and fighting might occur. Seeking help from the women's shelter in Derby was considered—by participants—to be a reprieve from the violence, but it should be noted that some women still remained fearful on their return home.

> [It is good] to have a break from what's happening for a night or two but then you still feel afraid because you can't just freely go and walk out. (Jill, Derby)

Generally, the women from Derby preferred to receive assistance from family, but when this was not available they would seek help from the refuge. The women tended to stay for short periods of time because, as some explained, they felt isolated, alone, and afraid during this period of stay. Whilst in the shelter the women had the time to make some decisions about whether to pursue any legal interventions and practitioners could offer them information. Each of the Derby women interviewed had applied for protection or restraining orders for their safety whilst they were resident at the refuge.

Women reported that options to leave their home and find alternative accommodation were extremely limited because of a lack of available public housing options in Derby and the surrounding area. Consequently, they often left their home if they feared for their safety and returned once the crisis or danger has passed. The women's shelter is pivotal in providing safety for women at such times. In this regard it differs from the dominant expectations of other refuges, where it is expected that women are using the service to commence separation from their violent partner. Some Aboriginal women were also in the process of separating when using the refuge, as Kelly indicated.

> Options to leave were limited due to the lack of available public housing in Derby. I would like to move from the area, as there is lots of fighting outside in the streets. (Kelly, Derby)

Crisis response

Practitioners and managers at all the South Australian sites reported that most of their energy and time was invested in crisis management and responding to high-risk assessments. For example, the Limestone Domestic Violence Service reported that its capacity has narrowed to responding to women at high or imminent risk of harm, with around 80 percent of referrals coming from South Australia Police's Family Violence Investigation Section.

> We have evolving state policy around domestic violence, A Right to Safety, Family Safety Framework, a change to policing models, intervention order legislation, which has gradually happened. There is a lot of political push after coroner inquests

> and it is a welcome change, but it does have an impact on certain systems and ways of working. We don't have people on the ground to deal with the tsunami. (Mount Gambier Focus Group)

Similarly, managers and practitioners from the Riverland Domestic Violence Service described that, in the past, women contacted them in a variety of ways, including through the police, word of mouth, from the phone book, and though doctors and mental health practitioners. However, in recent times they have seen more and more police referrals and their work was increasingly "crisis response", consisting of:

> Mostly high-risk clients for a long time now. So a lot of work is crisis work. So we're often balancing crisis situations all the time and then once a client enters the service they require a lot of support that has to go on, e.g. the Family Court, and hence that support can take a couple of years of work. (Riverland Focus Group)

Managers and practitioners from Whyalla maintained that much of their work is responding to crises and at times domestic and family violence is not the only presenting problem. Therefore crisis work is often layered.

> So they might present in crisis because they don't have any food and we'll have to—like we'll seek out where they can find assistance and we'll make referrals and make appointments for them and stuff. But we do sort of find that people may come back time and time again with different issues. (Whyalla Focus Group)

Even though the Murray Mallee and Adelaide Hills Domestic Violence Service did not have crisis accommodation as an infrastructure embedded in their agency, they still reported that this continued to be a large component of their work. Practitioners maintained that funding bodies assumed that because Murray Bridge was a 45-50-minute drive to Adelaide—the capital city—women would be willing to flee to Adelaide for emergency accommodation. Yet, they found this was often resisted by the women and so they managed to find other ways to support women to remain in the region during a crisis. For example, the agency formed a relationship with local motel owners to enable the women's immediate safety.

> The motel owners and hotel owners here in the town are sensational and their role is not to deal with angry aggressive partners, who it takes a very short time to drive around and find a woman's car, for example, but they are like bodyguards or security guards. At times I am aware of business owners who are supporting families and young women and not claiming the finance for that…the metro services are very fond of saying Adelaide is just 45-50 minutes down the road but we don't have great public transport options, a bus, that's it…And what about the women that live beyond Murray Bridge, the town? We don't have emergency housing and so we rely on those motels. (Murray Bridge Focus Group)

Managers and practitioners at the South Australian sites reported that working predominantly in crisis response and risk assessment, and managing and supporting women post-crisis, creates pressures for a small number of staff.

> I just probably feel stretched: we would get between 30-40 referrals a month between the two of us and as well as the people we were already seeing. So to really be able to respond to everybody's needs is impossible. So you do feel stretched and so with that comes an element of guilt. (Murray Bridge Focus Group)

Practitioners have the added pressure of helping the women to find alternative, appropriate, affordable, and safe longer-term housing options. Housing options in regional centres can shape the experience of pressure for practitioners. For example, the practitioners in Whyalla explained that they do have two crisis accommodation options and they can advocate for motel assistance if these two options are full. However, they were not experiencing immense pressure to house women because cheap housing options in the community were available. The housing market has been influenced by a number of factors, including the downturn in mining and steel production.

> We have crisis properties but obviously these are limited too if the two crisis properties are full. One of the benefits of Whyalla is there are a range of housing options available for women, and the private rental market. There are lots of housing options available. (Whyalla Focus Group)

Focus group participants reported that it is vital to have alternative housing options to facilitate moves from emergency crisis accommodation in a timely manner. Doing so potentially aids women's wellbeing and recovery as well as alleviating the practitioners' worry and pressure. Similar to Whyalla, the Port Augusta region had an increasing range of housing options.

> I'm happy to even say the last 12 months we've had significant change. We have had consistent and timely moves through the crisis transition and out into private rental, which seems to be tracking over quite well at the moment. I don't know for us whether it's the downturn in mining and potentially then the affordability rate has dropped, and then you have significant pockets that want and need to rent out, but it seems to trending back down to local people actually being able to access their rental. (South Australia Regional Managers Focus Group)

Crisis work can emerge sometime after a woman has contacted the service and hence, crisis work is not necessarily with new clients. Due to the high needs often present for a woman entering the service at crisis point, another crisis is often experienced, and intensity and volatility takes some time to dissipate. Similarly, the agencies discussed that some women contact the service numerous times before a significant change occurs in their life.

> Yesterday I saw a woman face to face as a follow up from a conversation on the phone the day earlier. But then I came back very concerned for her safety, and so this has escalated to crisis today. I need to start thinking we need to follow through with this and that, but through this, another woman has come to our attention earlier this morning…And, basically, some days you're balancing, prioritising the crises. And that's an uneasy feeling especially when there is not enough workers to go around. (Riverland Focus Group)

> I think that the fact that we do have people that present here multiple times or they might go away and come back. Even if they're a bit more informed, you know, they might go away and then might show up again down the track. (Whyalla Focus Group)

The practitioners expressed concern about the wellbeing of women seeking assistance and the wellbeing of staff trying to respond when working with such limited options and resources and with the next crisis being only days away.

> It is dangerous, really, being under-resourced: dangerous for women and children, dangerous for workers, dangerous for the organisation, massive risk exposure. We can't do other things or other work. We are expected to cover 27-29,000 km^2 of area for service provision with two full-time workers, which is ludicrous. (Murray Bridge Focus Group).

The findings from the focus groups with managers and practitioners from the Derby and Kimberley regions highlight that there are very few safe and affordable housing options for women, and that women and children only have the option of the emergency accommodation of the refuges. Crisis responses made up a large part of work in the regions. In addition to a lack of affordable housing in the Kimberley, women are often living in highly impoverished circumstances and (due to family demands) are not able to budget or save money. Most of the women also did not have private transport or ready access to funds to secure other transport or housing, compounding the possibility of crisis experiences in their lives.

> Women have difficulties with securing alternate, affordable, and appropriate housing. Services are therefore geared towards helping women in crisis and they are so busy doing this. Lots of families need financial assistance. (Derby Focus Group)

Many Aboriginal women do not wish to leave their partner, as where they live geographically is their home, their family is nearby; and they do not wish to move. However, some Aboriginal women do wish to leave the violent partner but may have extremely limited options. The refuge is therefore used not only as a crisis response but also as a form of safety planning and respite from a period of violence, as well as a possible first step in moving on.

In general, the practitioners in South Australia indicated that their working relationships with Aboriginal women were often short-term and a crisis response. The practitioners reflected on how being available and responsive to Aboriginal women at crisis point was important to the women's decision-making. They spoke about how Aboriginal women tended to gain knowledge of their service as a "word of mouth thing" and only to help them survive a particular moment in their life—contacting and using the service as a last resort and in the short term.

> We might have one Aboriginal [woman] come and stay here and then for 2-3 months there would be a few more wanting assistance and then we wouldn't have any for 6 months. It seems to go up and down like that. The community here is very closed and they are pretty insular and stick to each other. (Riverland Focus Group)

> We quite often hear "I came here because you helped such and such". I think that that's the biggest thing, particularly when working with the Indigenous community because there's that distrust of services. (Whyalla Focus Group)

Mangers and practitioners at all the South Australian sites acknowledged they wanted to do more in terms of connecting with Aboriginal communities, but they reported limited staff and time as barriers to developing meaningful and long-term relationships. Practitioners were wary of offering tokenistic responses.

> But we're learning how to engage with Aboriginal people all the time, trying to improve our services on that. But you know it takes a lot of work to say that, you know, that we can support Aboriginal people. And so we're trying to learn from, you know, community, elders, Aboriginal organisations. (South Australia Managers Focus Group)

> For a start we actually employ Aboriginal staff. That can be good but it's also a barrier because of the family ties and issues, and don't want to be involved or—so that can be an issue as well. We had to really build on our relationship with the Aboriginal women, and the communities around. How we did that to start with was we just went into the communities and went to the women's groups and with no purpose, just

> to go and see it and if they want to show us how to paint or share their stories or whatever…just getting back in there again but working with the Aboriginal women, to wait and gain their trust. You just can't walk in and that can take a long, long time. So that is frustrating for a worker when you just want to get in there and solve their problem. (South Australia Managers Focus Group)

In the Kimberley region, focus group participants concurred that most of the users of their service were Aboriginal, so the need to provide culturally responsive services was paramount. Refuges in a number of Kimberley locations had Aboriginal managers and staff. Whilst this was generally seen as positive and appropriate, there were times when, due to being known, some women chose not to use the refuge. However, on the whole, there was empathy and understanding for Aboriginal women using the services. The barriers Aboriginal women face are much more extensive outside the refuge as opposed to within, with limited housing options and very little work with perpetrators to help them change.

Over time, crisis work has grown in the domestic and family violence sector and it now dominates service provision. Practitioners from all sites reported they do not have sufficient staff numbers to sustain this level of work. Furthermore, crisis work is not necessarily a response to a one-off "incident", as it is common for a crisis to compound for women when they are trying to leave a violent partner. Women who enter domestic and family violence emergency services often have other high needs such as mental health problems, drug or alcohol issues, or complicated legal circumstances related to children or their partner's criminal history. These needs must be responded to, while at the same time practitioners juggle other incoming crisis work. When staff numbers are not sufficient, the pressure of crisis work is compounded, which negatively impacts the wellbeing of staff members.

Outreach

Practitioners at all five sites discussed outreach as an important part of their work. They valued this role because they viewed it as a channel to prevent crisis and the escalation of violence in women's lives as well as to provide longer-term support post-crisis. For example, in the Riverland, one practitioner attempts to travel to townships every fortnight to offer face-to-face counselling and advice for women. Furthermore, the practitioners described telephone work as a large part of their outreach, as they provide support, advice, and counselling on the phone.

> And lots of phone, like always try and have face-to-face—that's really important and then try because of the travel, have a phone appointment for the next one, and then a face-to-face to try and break it down like that. Otherwise I just don't have time to see clients. (Riverland Focus Group)

Outreach was described as seeing women who were planning to leave their violent relationship (which sometimes takes up to 12 months). Counselling was also named as outreach work, as well as supporting women in their own homes, and supporting women to access other services such as legal services and supports for their children. Practitioners from all services discussed the importance of travelling to and forming relationships in other townships throughout their regions. Each of these different forms of outreach are detailed below. As women in Derby had very few options other than to return home and keep using the refuge when events escalated, participants in both focus groups emphasised the important role of outreach for women who had used refuges and returned to their partner in the community and for women who needed information and support for their decision-making. In this way outreach provided an important safety and support function to women living with domestic and family violence. Concern was raised regarding the limited availability of staff, and it was noted that there have been periods of time when there were no staff to provide the outreach support.

Secure housing

In South Australia, when women secured their own accommodation in their region through private rental or through their informal networks such as friends or acquaintances, they accessed the local domestic and family violence service for counselling support, legal advice, and referrals. They would also seek security infrastructure such as alarms and screens to secure their newly acquired property. This could be observed in Murray Bridge, perhaps because emergency housing was not resourced as part of the local domestic and family violence agency's remit and because most of the women interviewed (four) lived a significant distance from the regional centre of Murray Bridge.

Dana received support from Murray Mallee and Adelaide Hills Domestic Violence Service because her partner continued to harass her after she left and moved into a rental property. She stated that he would come to the house at night and watch her house. She called the police and they encouraged her to take out an intervention order and call the local domestic and family violence service for support. The practitioners assisted her in securing her house with alarms and security screens and they were supporting her through court proceedings related to custody and a property settlement.

> It gives me some peace of mind, and it helps the kids too. They aren't as scared. (Dana, Murray Bridge)

Similarly, Kerri secured a property through an acquaintance approximately 2 hours' drive from Mount Gambier before she

left her husband, and domestic and family violence service practitioners provided her with support throughout court proceedings relating to the intervention order and disputes over custody of her son. Supporting women in their own home was an important part of the work of all South Australian sites.

> You know, we do safety planning. I go through, you know, "If he turned up at your front door what would you do? How are you going to keep your kids and yourself safe?" Court companion, support, just let them know what's going on, and, I mean, Staying Home, Staying Safe. We do the risk assessments as well. We don't have buckets of money that we can dip into, but it might be enough for a locking security screen door, sensor lights and things like that. (Whyalla Focus Group)

In Derby there was not a specific Safe at Home Program which operated as it does in other sites in Western Australia. The most assertive response to keep men from the home was the voluntary Housing Restrictions Program. This program initially aimed to prohibit drug and alcohol misuse in people's homes. Jill spoke highly of the program and its effectiveness in reducing the incidence of alcohol and drug use in her house, which she attributes, in many cases, to fuelling the violence her spouse uses against her.

> I have a house and in my house it's got restriction—I've got a big sign restriction there and put no drinking and no calling house. No alcohol and no drugs. (Jill, Derby)

Applications are made through state departments, and, under the program, police regularly drive past surveying the property, or the tenant can call to have a person removed. A fine of $200 can be issued to anyone contravening the restrictions. Jill said:

> They [police] come round and do patrol—themselves…they [partner/family] want to drink then and I say no there's a sign, not allowed to drink in my house. But then they want to full on argue with the police…I said the police are going to come anyway because that's why the sign is here, so they get fined. (Jill, Derby)

For Jill, this deterrent was effective in reducing the frequency and degree of violence experienced in her home. Other Aboriginal women who had restraining orders for their safety described them as valuable. They believed the orders were valuable because they helped the women to live independently but generally not in their own family home. The main source of support for women, post-refuge, was the outreach provided by the refuge.

Counselling

Most of the women consulted for this study emphasised the importance of counselling and finding the right person to talk to about the violence and abuse in their relationships. They often wanted to move beyond short-term crisis counselling, but, due to the limited resources of the specialist domestic and family violence agency in their community, this was not always possible.

> I have done counselling before and the domestic violence worker was brilliant, but she doesn't do long-term stuff. She's only just the short-term stuff. (Susan, Whyalla)

> She was the first person that understood what my partner was doing and how it was affecting me. Because whenever I tried to explain things that had been going on for me, with my family, it didn't seem like a big deal to them, like I was overreacting. I now understand manipulation and control. Like with the rape, he didn't punch me and hold me down; I froze, felt tricked, and I have lost my confidence of misjudging a scenario. (Angela, Murray Bridge)

Practitioners argued that long-term support and counselling to understand power and control and the trauma associated with domestic and family violence is vital in women's and children's recovery and safety. During her interview, Sandy identified feelings of isolation and reflected that perhaps this contributed to her decision to visit her ex-partner after she had left the relationship. She described how her ex-partner reached out to her, which resulted in her being in danger again. Sandy explained that the domestic violence service has been incredibly valuable in helping her understand the coercive tactics used by her partner, even post-separation.

> I have learned about manipulation, his tactics, and I have a renewed faith in police. I have had a service to talk to about him and I have made mistakes but they have helped me understand. Getting the advice of the domestic violence service is why I think I am alive today. (Sandy, Mount Gambier)

Her account illustrates the importance of post-crisis specialist support given by a domestic and family violence service in helping women understand features and behaviours of male perpetrators.

Practitioners also outlined limitations with short-term counselling. With the focus on high-risk cases and crisis management, many practitioners expressed concern that, without the necessary staff or capacity, other domestic and family violence work was not being undertaken to the degree they would have liked. Outreach and longer-term counselling and support were identified as areas of concern, where advocacy should—if possible—be extended.

> I do counselling with women who've been in domestic violence, although I'm very time poor at the moment to offer that service to the best of my abilities. (Whyalla, Focus Group)

> Counselling appointments are few and far between because we are dealing with crisis all the time. I have to cancel counsellor

> appointments more often than not because there is always more pressing need. (Murray Bridge Focus Group)

Practitioners expressed some frustration and guilt about not being able to provide more long-term counselling. They argued that such counselling is vital, in order to ensure women understand the risks associated with domestic and family violence. The specialist understandings of domestic and family violence that inform crisis work are not currently being translated into long-term specialist support and counselling.

> …there is a knowledge and skill base associated with understanding the dynamics of domestic violence and people don't grasp that…that's when it is dangerous. (Mount Gambier Focus Group)

To provide long-term counselling for women, some agencies noted that they referred women to a local psychologist or counsellor, whom they believed had a good understanding of domestic and family violence. They noted that if their contacts were not available, women may not be able to receive specific domestic and family violence counselling. This approach is only as strong as the relationships between practitioners in these positions.

> Referring—I guess you know, or worry, it might not be domestic violence–specific or the worker doesn't have any experience specifically with domestic violence. That is our main concern. (Mount Gambier Focus Group)

> There is no acknowledgement or recognition of where the expertise lies. We need counsellors who are specially trained, who know complex understandings of what's going with the people. We can't have pejorative attitudes towards women or victim-blaming, stereotyping, and that kind of stuff in counselling contexts. It is very disheartening. You cannot dismiss the specialist knowledge about domestic violence in response and recovery. (Murray Bridge Focus Group)

The lack of long-term support to assist women to recover has implications for long-term outcomes for women in two main ways. First, without independent long-term support, practitioners believed that it becomes harder for women to resist pressure from the perpetrator or family and friends to reunite with him whilst navigating the judicial space. Without long-term support for women, perpetrators are more likely to manoeuvre their way back into the family home and to ignore orders, and the women are more likely to withdraw charges.

> We find sometimes, without the longer term support, the men sort of work their way back into the women's lives and without a worker being involved in the long term, and just checking in and how are you going, looking at these behaviours, the next thing you get another report saying he's back in the house… you don't have the capacity to really engage long-term. (Mount Gambier Focus Group)

Second, practitioners argued that long-term support is important because domestic and family violence erodes social support networks for many women and negatively impacts on their mental health. As a result, women often leave domestic and family violence relationships without social support networks; they do not have close friends for quite some time; and they often have no or strained relationships with family. Domestic and family violence creates social isolation, and this has long-term consequences for recovery. Practitioners raised concerns that, once the crisis experience was over, women can struggle emotionally with the social isolation they are left with as a result of domestic and family violence.

> When you are in crisis you will have all sorts of appointments, such as finance, mental health maybe, or child protection, or legal—a whole range of things. Or maybe women have been in crisis for so long that they no longer do any of the things that they'd enjoyed doing, like work, craft, read, or whatever. It is sometimes very hard to hook women into activities and things that might lead them to perhaps develop some of their own networks. I've found that a really challenging thing. (Mount Gambier Focus Group)

Many practitioners felt that long-term trauma associated with experiencing violence and abuse for women and children was under-recognised.

> I've noticed that women come here looking for ongoing counselling because they're still traumatised but we have got to deal with crisis, crises that are coming up. So they're really not getting what they need, long-term. Trauma work is under-recognised in resourcing. It's under-recognised by government because they want a quick fix and there is no room for more complex, sophisticated understandings of the long-term dynamics and effects of domestic violence in our workload. (Murray Bridge Focus Group)

Addressing complexity

All sites reflected on the complexity and intersecting problems that can surround such trauma. Some practitioners felt that the multiplicity of needs that accompany mental health, drug and alcohol issues, and poverty were not being addressed or case-managed as collaboratively as they could be in their location. There were several reasons given for this lack of collaboration to address the complex

needs of women victims in regional, rural, and remote areas. First, some felt that most human service sector agencies in their region experienced similar pressures to themselves in terms of lack of time, staff, and resources.

> See we're expected to work with not just domestic violence, but increasingly we are having to wade through mental health issues, drug and alcohol issues, and it's hard to do domestic violence work because those issues are getting in the way…to the extent that I feel that women aren't getting the help that they do need. We try and help them but other services let them down because they are up against it too. There is only one 0.8 drug and alcohol worker in the Riverland. (Riverland Focus Group)

Second, some felt that assessment in response to risk and crisis management has increasingly dominated discourses within human services. Some participants explained that in complex assessments, domestic and family violence was often the "trump card" because of the fear that murder is a frequent outcome, and hence agencies felt they were increasingly assisting women with high needs. The question "where do you start?" was often asked in the focus groups.

> I would say most of the women that come into our shelters or come into our service are affected by either drugs or alcohol, and that can either be themselves being affected or because of an abusive partner. We try and get the mental health worker in to come and have a chat, an assessment for an hour, or the drug and alcohol services. But they do the assessment; they're there for an hour, and then it's, well, see that client in another week, which means we're having to deal or look after that person 24/7. We find we don't get a service for our clients unless it's an absolute crisis. Lots of assessments, but that's it. The long-term support is what's starting to worry me…who's going to do that follow-on. So lots of assessment, lots of risk assessments taking place but not the follow-on. (Mount Gambier Focus Group)

> And you see if any case has a sniff of domestic violence all the services just refer them here straight away…we are starting to ask other services to help out and they refuse because it is not their core business and so that just hasn't worked for us. So other people are not taking on the responsibility for domestic violence when they hear of it. (Riverland Focus Group)

Third, some felt that, being the only specialist service in the region, other agencies looked to them for leadership, guidance, and management. This was appreciated in terms of validating their expertise but it added pressure to already high workloads.

> I see the isolation factor impacting that we probably have to try and deal with many complex issues where we don't have the availability of a counsellor or specific medical practitioner or specialist that we can refer to a client immediately. Because those services or that counsellor may not be available for another month, 6 weeks. So we're finding we are having to have the expertise to do the counselling, virtually mending bones and minds. The healing process is all falling back onto our case workers…that's the frustrating part that we're finding, is we're having to try and deal with all the issues ourselves. Our staff having to be multi-skilled. Now nobody can be multi-skilled and have all that knowledge. (South Australia Managers Focus Group)

> We always feel too that the drug and alcohol and mental health services look at us as the agency, it comes back to us, our responsibility. My case managers are Jack and Jills-of-all-trades—they have to be—they have to have a knowledge of mental health, drug, and alcohol, but also financial issues. (South Australia Managers Focus Group)

In summary, with the increased levels of government and community commitment to domestic and family violence and women's safety, practitioners reported that more and more women have recognised themselves as victims of intimate partner abuse and have sought help. Practitioners raised the concern that there is no guarantee that their efforts to seek assistance will result in them receiving knowledge specifically pertaining to domestic and family violence. Many practitioners argued that an increase in resources is needed in specialist domestic and family violence agencies not only to support the front end of crisis work but also for long-term counselling.

> It is about physical safety but also how they feel. You need to support the emotion of it. Men can still come to the house and the police get called, but the emotional pull men can have over them, so how you balance personal safety and the controlling level of emotional stuff in terms of staying in your home and managing him coming to the house; this requires longer-term support. (Mount Gambier Focus Group)

Specialist domestic and family violence services were seen as vital in providing this form of counselling because knowledge and skills have been developed and maintained for decades around the dynamics of violence and the impact of trauma. Such agencies were named as best positioned to provide this level of support.

Reaching diverse populations

Outreach was also named as an important strategy to reach women from different cultural backgrounds; however, building rapport and providing a private and safe service required time which the services often did not have.

> I have worked with the Sheik women for over 23 years and nothing has changed. And it sounds like I'm generalising, and I guess

> I am, but the women that I have dealt with over the years, the level of abuse, the beatings. We have had leaders come and say, we can deal with this our way thank you, and women have left our service to go with them. Another example: I had a meeting with an Indian woman yesterday and she is already divorced, but she came and saw me and showed me the papers, but then said she is really frightened because Indian women die and they die in India and they die here. And all I can say is we have a place for her to stay but she won't leave her home because that's her home. (Riverland Focus Group)

Some practitioners reflected on the challenges they have experienced over time when trying to connect with informal support networks of culturally and linguistically diverse groups of women. They recognised that informal support networks based around religion and culture could often be tight, closed, and influential in women's lives.

> I have been supporting a woman, and about six men from the community came to her door, and they were all standing there and said to me they have to talk to her and they are there to support her…we have had meetings with such leaders but we have different cultural ideas and beliefs. (Mount Gambier Focus Group)

> …when we support Philippine women they don't want us to link in with the Philippine community. They don't want the Philippine community to know that they've actually come to our service and that they're in domestic violence. They want that to be kept very secret. So that's a barrier itself when trying to support women and reach the community. (South Australia Managers Focus Group)

Other practitioners discussed concerns about the isolation of various ethnic or cultural groups who do not have extended networks in the area—in particular, the women who have come from another country to marry an Australian man and don't have family supports.

> They're the types of people that I worry about that are isolated, that have come from another country, whether they be refugees, whether they be mail-order brides, those are the people that I'm concerned about that don't reach out for the help and the support. Whether they don't know what support's out there, whether they're scared for visa purposes—you know, their husband is the only reason they're here and if they're not married to him then they're sent back to another country. You know, things like that, no family around them to support them. They're usually quite isolated. (Whyalla Focus Group)

With the increased pressures of crisis work and limited staff, outreach work becomes eroded. This was frustrating for practitioners at the South Australia services because they see outreach work as a vehicle to prevent crisis as well as to raise awareness in the community about their service and about domestic and family violence as a social problem. Practitioners highlighted that in regional, rural, and remote places, women should not be asked to leave their community if they do not want to. Working with women to stay in their own homes is important in domestic and family violence work in small townships because it enables housing stability; keeps women close to local community networks, family, or friends; and reinforces the discourse of the perpetrator's responsibility. However, again, practitioners discussed the importance of outreach support in keeping women safe at home through counselling and responding to the perpetrator at all times.

In summary, with the spotlight on domestic and family violence crisis work, practitioners expressed concern that other elements of domestic and family violence work were at risk of disappearing. Furthermore, they expressed concern that they did not have the capacity as an agency to attend to these other elements of work, particularly outreach and longer term counselling and support. The spike in demand for crisis services means that agencies need to rationalise and prioritise responses and there is an increasing inability to provide early intervention, community awareness, and prevention responses.

Isolation

There is a dominant assumption that remote, rural, and regional women have particular barriers which preclude them from seeking help for domestic and family violence as a result of geographical distance and small population sizes (Hogg & Carrington, 2006; Wendt, 2009b). However, in all sites, contrary to what was expected, most women explained they were not affected by distance and population sizes; that is, they did not see distance as a barrier to accessing services. Instead, the social isolation they felt as a result of the domestic and family violence (not distance) was the more significant issue of concern to them.

Social isolation: Women's experiences

For the women in both South Australia and Derby, the social isolation they felt as a result of domestic and family violence was described as shaping their coping and decision-making to seek help. Social isolation was described as a consequence of domestic and family violence, not as a lack of contact with other persons and groups and society because of distance and population sizes. However, there were differences in experiences of social isolation for Aboriginal and non-Aboriginal women.

The non-Aboriginal women in South Australia reported that social isolation created the greatest difficulty for them when

seeking help. They spoke about social isolation in two particular ways. First, they explained the isolation they felt while living with a violent partner, describing their experiences of social abuse. Social abuse includes perpetrators isolating victims from family and friends by convincing them they do not need anyone else and sabotaging contact with them (Chung & Wendt, 2015). For example, many of the women highlighted the increased isolation they felt over time, particularly when they relocated, leaving existing informal networks. Many reported their husband's behaviour was embarrassing and consequently they found it hard to form new friendships in the community.

> His strategy, while it's been controlling, it's also been isolating. He didn't approve, no matter who I became. If I had an acquaintance and I liked that person, and went down the path of developing that acquaintance, he stopped it, and he didn't like it and made it obvious. Isolation as an emotional and mental thing is totally different; it hurts, it is devastating, and it goes to your centre. I always felt lonely. (Noelene, Murray Bridge)

Secondly, women in South Australia described the isolation they continued to feel after leaving their relationship and therefore identified potential gaps in services for the regions. All of the women in this cohort had left their partner and some had reported no contact with him for up to a year. However, they discussed feeling lost, lonely, scared, and shame after the "dust had settled", that is, after the crisis was over. They were experiencing a form of long-term social isolation and trauma as a consequence of domestic family violence, and therefore felt nervous and unsure about their long-term coping abilities and their future.

> What do I do, how do you live again, what do normal people do?…The aftermath and once the dust settles, all the services move onto the next urgent case…I feel like I need long-term support because I need to work through some stuff. I have flashbacks and I can't sleep but to get over the shame factor is big for me, because people think differently of you. They just do. And I feel like people can see my past just by looking at me. I hate being treated less than. (Leanne, Mount Gambier)

> You lean on everyone, you know, you have police, the [domestic violence] service, the solicitor all working with you, helping you, but then it all just finishes and it is just, now what do I do? (Kerri, Mount Gambier)

The effect of social isolation played out in diverse ways, depending on the status of a woman and her partner in the community. For example, Dana discussed the local cultural pressures she had been experiencing because generational property and business is valued in her personal networks. The court proceedings for custody and assets shaped her feelings of social isolation in the community because within her informal networks people were divided between the couple.

> Someone said to me, it can't be that bad, you have been with him for ages. He is fourth generation. They are leaving me alone at the moment, but his family really upset me. Some of his extended family are saying, please come back, you are the best for him, but I am not coming back. People in the community say don't believe me. People say, we have never seen him raise his voice, and we haven't seen him be violent. Well I have seen him lift a massive angle grinder and send that far into the air. I have seen him kick car doors in. (Dana, Murray Bridge)

On the other hand, some women spoke about the reputation of their ex-partners and being visible in the community and to police because of drugs and associated criminal activity. This shaped the responses from informal networks such as not receiving empathy and compounded their social isolation.

> I have had experiences of going to the police and being laughed at. You have no choice. I walked into shops and people would turn their back on me because I would have a scabs on my face, or a bite mark once, and he would be sitting in the car waiting. (Melanie, Murray Bridge)

> He grabbed the shower handle out of my hand and wacked me across the head with it and then another blow, both sides in my temples, then he broke my foot slamming me around in the bathroom. It took ages for the police to arrive…but I have called the police many times, but I think they were sick of being called out to the house for the domestic violence… They think, look at her she's back in that situation again and it's her own fault, and they push you aside. Whyalla can be a very malicious place and people can go around and spread lies and bullshit about people and then they'll believe them and if you're not in with the in-group, you get treated like a piece of shit. And it's a small community and, yeah, if you're not in there with them, you're just basically pushed out into the gutter. (Susan, Whyalla)

For women whose partners have a criminal history, the social isolation that comes from being within a domestic and family violence relationship was compounded, and forming and keeping new social relationships was difficult. Women were forced to rely on their precarious networks established through their partner's criminal activities.

> I don't really have much to do with anybody really anymore. What [names partner] hasn't pushed away or what hasn't walked away I've pushed out. (Susan, Whyalla)

> Once one of his drug dealers put me up in a house. I stayed there for a while, but [name partner] keep ringing and getting

> his family to ring and in the end it was like—you have go back now. (Melanie, Murray Bridge)

Being associated with crime and drugs can limit access to both informal and formal supports. Similarly, being associated with influential families in the community can make informal support network responses unpredictable.

Conversely, the intimacy of a small township can provide a survivor of domestic or family violence with access to and growth in informal networks. Some women mentioned they felt their social isolation dissipated because of the support they received post-separation. For example, Jude described herself as always being isolated because she does not have friends and she does not have a relationship with her family. She thought this isolation influenced her decision to enter a relationship with her ex-partner and move on to a property with him despite "feeling wobbly" about it. However, because acquaintances in the small township in which she now lives assisted her with accommodation, she expressed starting to feel a sense of belonging and, consequently, planned to stay in the community. On this issue, she remarked, "I joined the social club now at the pub, which has been good". In the Riverland, being connected to the domestic and family violence service offered women social contact with other women through an established craft group. This was valued by women who were feeling lonely. For example, Libby and Tilly spoke about attending the group every Thursday, and how this was, for them, an important part of their week and a chance to talk to other women.

> Just having them all there, the local services, that you can ring, so if there is a problem I just go, hey, who do I ring… and that is the thing. I have long-term support from them. (Libby, Riverland)

> So no matter where I go, I'm never really going to be safe the rest of my life, and, and I know that but I have to live with that. I'm edgy. He said to me "When it all dies down, that's when I hit". He will one day get me…I want to stay here because I have started to go to quilting, support group, I socialise, and I know that no matter where I go he will find me. So I'd rather be in this community where the people know me; the police officers, they all know me, so they know the situation. So I'm better off where everyone knows me and I think I'm, I'm safer even though I'm not safe, because I can't keep running. I am too old. (Tilly, Riverland)

Some women combated their feelings of social isolation by accessing support and counselling from the local domestic and family violence service. These individuals increasingly felt part of the community and talked about how a close-knit community enabled a sense of belonging, not social isolation.

Two women in South Australia described themselves as not socially isolated because they were known in the community and had both formal and informal supports they could access. Jane and Tammie worked within the broader human service sector in their local regions and thought that being known in the community made them feel valued, respected, and supported.

> I have never felt isolated, but I kind of had rapport, so that's kind of an issue in itself. I am likeable and I make friends quickly. I am also clever. As far as distances and stuff, I could imagine that would be really, really hard work for some people. I've always had a driver's licence since I was sixteen. Yeah, so having a vehicle is my security, but you know not all domestic violence women are lucky. (Jane, Riverland)

> It depends on where or who you are in the community and how visible, and your role is to whether that's a good thing or a bad thing. I've also got really good neighbours, so I've been really lucky in that respect. People keep an eye out for me and are really supportive as well. (Tammie, Whyalla)

In contrast to the South Australian context, women living in Derby explained isolation in differing ways. The Aboriginal women of Derby did not report feeling socially isolated due to distance. Some women spoke of the benefits of being aware of and able to access services in the area over and over again, when needed. Specifically, three women discussed the benefits of the women's refuge in Derby being run by an Aboriginal Managed Corporation. They said the refuge not only helps women but can be a catalyst for men to seek help too.

> He knew I was seeking support from the refuge and now he has started to go to see a male counsellor through Anglicare and things have settled down on the drinking and his use of violence. With the refuge, they understand and are aware of the issues that Aboriginal women may face when trying to escape a violent partner when living in a close-knit community. (Helen, Derby)

Secondly, the Derby women had informal social networks and supports close by. They spoke about their families as being strong and supportive and many felt they could always turn to their family. These networks enabled them not to feel isolated while living with domestic and family violence and when seeking help.

> I have enough support in Derby when I need it despite geographical isolation. Family are close, children keep me busy. (Sharon, Derby)

> I can phone my friend when I need to speak to someone close about what was happening and found this useful. Because of this I don't feel lonely. Also I was aware of what services around in Derby and would often leave the home if I felt unsafe or before an episode of physical violence. (Helen, Derby)

> I find myself free and happy. I have a good job and can support my little children. I am more relaxed now, live a better life, not scared anymore and I am around people every day and able to see my friends. I don't feel lonely as always around people in the community. (Kelly, Derby)

Whilst the Aboriginal women spoke of the importance of their informal social networks in combating feelings of isolation, two women talked about a type of social isolation that comes with feelings of fear. Fleeing and hiding from abusers created moments of social isolation and fear for Aboriginal women. For example, Jill spoke about how the refuge provides relief and respite, as it enabled a safe place to stay away from the violence and abuse. However, at the same time she experienced this "quarantining" as socially isolating and she felt afraid when she had to leave the refuge:

> You know, you feel like you're just in one place and you can't have access to go anywhere, you know, walk outside. I'm thinking you're always afraid and that sort of stressed you out. That's why I say, and sometimes when I came in here [refuge], sometimes I do need to come and I come for one night or two nights to…you know to say my prayers. I stay for a couple of days but then I'd rather stay with my sister or family, you know. (Jill, Derby)

Jill felt social isolation as a result of having to remove herself from her partner's acts of violence and being away from family and her own home. All Aboriginal women spoke positively about their experiences in the shelter but, as Jill pointed out, the refuge offered safety but also moments of social isolation from the supportive and protective elements offered by family and friends.

Overall, the social isolation women felt as a result of the domestic and family violence was a significant issue for them and shaped their experiences of coping and seeking help. As pictured in Diagram 1, social isolation as a consequence of domestic and family violence eroded contact with family, friends, and other persons. Relationships with informal supports became generally precarious and unpredictable. Simultaneously, women described feelings of reduced capacity to cope with and endure their partner's behaviour because of multiple forms of abuse and fear. Limited contact with persons, feelings of limited capacity to cope, and increased risk to safety because of a partners' violence and abuse often pushed women to crisis and forced engagement with formal supports.

Geographical isolation

Geographical isolation was only a factor for women who lived on isolated properties, that is, 1 hour's drive or more outside the regional centre, and this shaped their decision-making in specific ways. On the other hand, practitioners identified geographical distance and isolation as a factor that shaped agency responses and work contexts, and their personal and professional lives.

Women's experiences

Geographical isolation that comes with living in a regional, rural, or remote centre was not a significantly influential factor in shaping women's decisions to seek help for domestic and family violence. Most of the women did not identify distance as a barrier to receiving help.

These women explained they did not feel geographically isolated because they had access to services such as police and the domestic and family violence service in their region. Having formal networks in the township and being known to them was reassuring for the women.

> I have kept in contact with the domestic violence service because they have been really helpful and I have participated in the Family Safety Framework meetings. They have background information on me now, there is a red flag on my house, so if I ring 000 they go there straight away. So having the DV service and police has been the best thing ever. I didn't have to do it myself and prove everything; I haven't felt isolated. The police really helped with the process, and the safety audit by the domestic violence service has been brilliant for my home. To have the funding to put locks on my windows, deadbolts; the peace of mind is wonderful. (Wendy, Mount Gambier)

The women valued the formal supports and networks of the regional townships because they described feeling cared for when they accessed the formal supports. It is often assumed that the high level of visibility and lack of privacy in small towns can compromise anonymity (Wendt & Zannettino, 2015; Wendt, 2009a; Wendt, 2009b, Carrington & Scott, 2008), and deter women from seeking help for domestic and family violence, but this was not always the case in this study. For some, the visibility of the perpetrator was an advantage and worked in the women's favour. Lack of anonymity was not a particular issue for some of the women interviewed, perhaps because some had not lived in the region for a significant amount of time or their partner was already known to the police because of other illegal activities. For example, Sandy said:

> I didn't grow up here and so didn't have that isolation of wanting to keep things private because I knew the police officers; they knew the situation…having people understand domestic violence, I would never underestimate how important that was…It's strange because I have moved states and I have moved, like, 500 km and I was going to move again to the other side of Australia, but he would have found [me] and without the support of people who know the abuser and what they do—having that knowledge is what keeps women safe. I got help in

a small town. I love it here and I hope he will now move away. (Sandy, Mount Gambier)

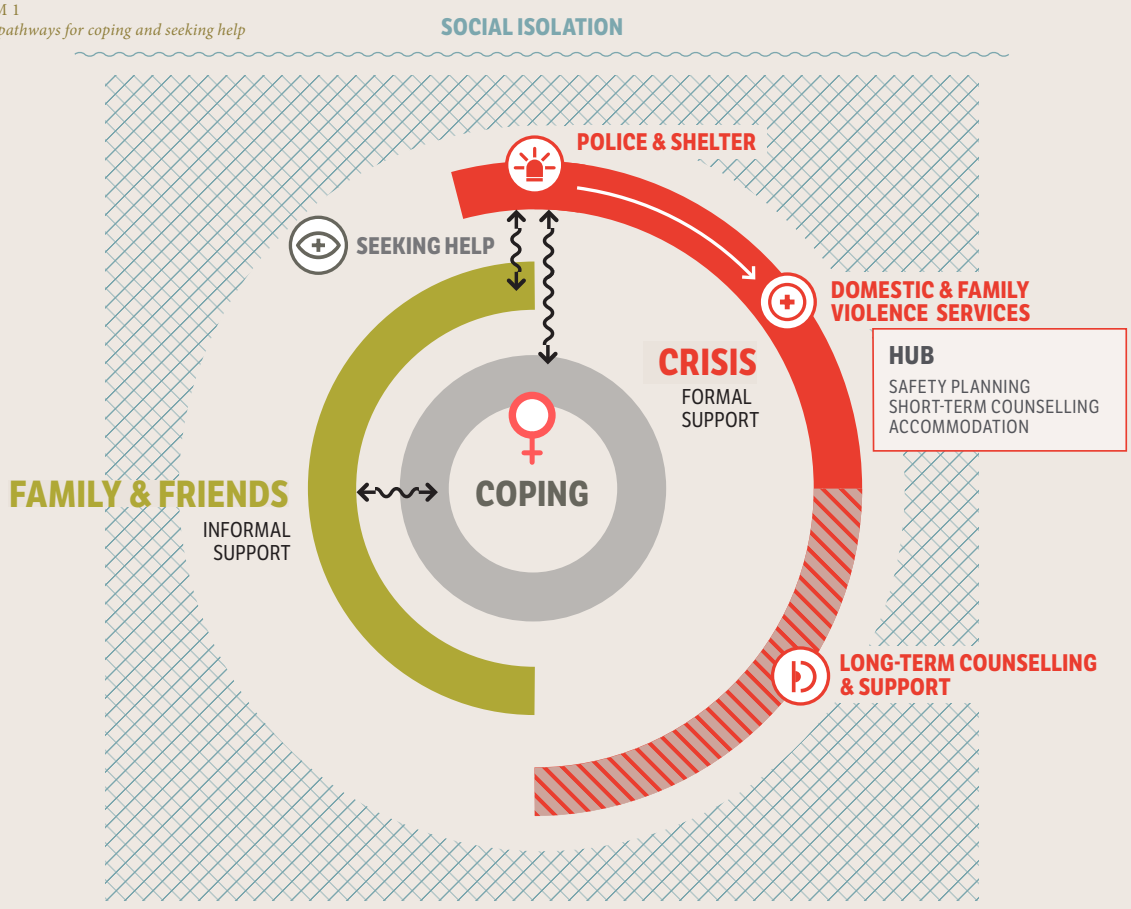
Similarly, some practitioners didn't seem to view the geographical distance as a barrier to services for women who lived in and around the regional centres. As regional centres, practitioners described their communities as vibrant hubs with a range of essential services. In fact, the short distances women would travel to a variety of services seemed to be a benefit.

> A benefit is our availability to do home visits because of working in closer proximity to clients. It's a 2-minute drive. The office is situated really quite close to most of the clients. Most clients can easily pop into the office as well. (Whyalla Focus Group)

Geographical isolation, however, was a factor for women who lived on properties outside the regional centre and hence the physical distance to drive to access services shaped their decision-making in specific ways. For example, Dana lived on a property and spoke about how the isolation impacted on her ability to leave her relationship. She talked about how planning was important so she could exit safely:

> I was completely dependent on him, even for petrol. He would drain petrol from the car. We lived out of town and there was nobody next door. The isolation is daunting in terms of planning. There was nothing or anyone to help me really. If you want to see someone you have to come to Murray Bridge and I struggled with getting the car and petrol. (Dana, Murray Bridge)

DIAGRAM 1
Women's pathways for coping and seeking help



This diagram represents the range of informal and formal supports women access when seeking help. The informal supports are represented on the left as precarious and unpredictable (see black non-linear lines) and the formal supports on the right are represented in red.

Jude spoke about how her partner used the isolation of their property to control her. She described feeling isolated and stressed living on the property with her ex-partner. Her experience, as well as Dana's, demonstrates how a perpetrator can use geographical isolation as a tactic of control in domestic violence.

> I couldn't go anywhere anymore. I stopped seeing my chiropractor because I couldn't afford it, and I didn't have a haircut for 2 years. I just let myself go. He would always be saying don't take too long, ringing me, like he was right on me all the time…he would make me order things to the property, like get dog food in bulk delivered so I didn't have to travel to town. (Jude, Murray Bridge)

Melanie explained that isolation in terms of geographical distance was a reason why she rarely called the police or ambulance for help: because it would take too long to receive a service.

> I never called an ambulance because by the time they got there, 2 hours to get the team together and reach me. So I always tried to get myself and the kids on the road, drive into the town. (Melanie, Murray Bridge)

The women who lived on isolated properties did not seem to expect formal supports to reach them because of distance, and they positioned the responsibility with themselves to plan, navigate, and negotiate leaving. Geographical isolation can prevent women from accessing services and the women in the interviews displayed an awareness and, to some degree, an acceptance of this. Women living on properties outside the regional centre did not have particular expectations that services would assist them.

Similarly, in Derby, Aboriginal women named geographical isolation as a factor only for women who lived some distance outside of Derby but not a factor for women who lived in Derby. Derby was not seen as geographically isolated by the women because it had a range of essential services they could access, in particular police and the women's shelter. For example, Kelly spoke about a period of time she lived away from Derby and felt both socially and geographically isolated.

> When living in the bush far away from help, I was frightened as he would also say, "I will kill myself". There is more help available in town [Derby] than there was in community. There was no police station, no services, no awareness-raising out there. (Kelly, Derby)

The tactics used by her violent partner had an impact on Kelly's safety and wellbeing, both emotionally and psychologically. Her partner ultimately took steps to conceal his use of violence and prevent Kelly from seeking help by locking her in the house and limiting her ability to reach out for help.

Similarly, prior to living in town, Jill lived in a remote community some distance from Derby. Jill relied upon family members or practitioners to take her into town to escape the violence and abuse she suffered in the remote community. She said:

> In the remote area, put up with the violence until you get a lift into town, but family members would help most, sending a car and pick me up or even come. (Jill, Derby)

The lack of transport, particularly public transport and taxi services, when living remotely was a significant factor for women and therefore delayed their ability to seek help. Relying on transport into Derby sometimes meant days, even weeks, before a woman could get a ride to the shelter or other services in town.

Practitioners in South Australia and Derby also thought geographical distance was felt or exaggerated for women who lived on properties outside the regional centre, making them more vulnerable, as they were often without private transport and services were not available. All groups raised concern about the number of staff employed to service large geographical regions with sparse populations. The majority of clients being served by the agencies were those that lived in the regional centres, not the outlying smaller townships or properties. When they did include those from outlying areas it was largely because they had come to the township to get help.

> But then you have isolation on a farm—like physically isolated when abusive partner doesn't let her see any friends or go to any functions in the township. They often have guns and they are often buried somewhere on the property so the women are very frightened to seek help because that's how isolated they are physically. (Riverland Focus Group)

> …we are responding to referrals from police, high-risk families, but most of our clients live in Mount Gambier. This tells us that those women that live in isolated pockets aren't being identified, they are not identifying themselves, and so there is no recognition of them. We are really just battening down and dealing with what is coming from SAPOL; we don't get out of this office. (Mount Gambier Focus Group)

Service delivery and distance

Participants from all sites acknowledged that the few referrals that they received from women living outside regional centres added layers of planning, time, and problem-solving due to distances to travel for either the woman or the practitioner.

> I just think women cope on their own—not that there is no domestic violence outside Murray Bridge, we just don't hear from them—but when you do, it requires planning and creates pressures. You just cross your fingers you won't

> get one or two remote referrals a week. There is a sense of powerlessness about all that for the worker and the women that is unique to remote areas. The experiences are amplified; everything is louder and brighter when you are by yourself. (Murray Bridge Focus Group)

To try to cope with servicing such large distances, some agencies shared particular strategies they used to reach women who contacted them. Practitioners from the Murray Mallee and Adelaide Hills Domestic Violence Service explained that they first attempt to encourage women living on isolated properties or smaller outlying townships to travel to Murray Bridge to see them in the office. This practice has formed as a result of having only two practitioners and to increase the safety of practitioners. Second, if women cannot access a vehicle to travel or cannot afford the time away from the property, practitioners would then try to arrange to see them at a neutral location such as a cafe in the closest township to her property.

> I feel like you don't want to have too many referrals from an isolated area in the same week because it takes a whole day sometimes. A lot of women we work with, their lives are messy because of the domestic violence, so you might get out there and they are not home. We try and get women to come here to the office because it's safer when you don't know them or you don't know where the perpetrator is. (Murray Bridge Focus Group)

> We try to avoid workers going out into isolated areas. We try and problem-solve, whether it's can they come here—do we really need to go? Is there a cafe or whatever in the little township? So you're not necessarily going directly to something that's totally unknown. (Murray Bridge Focus Group)

If a decision is made to travel hours to an outlying township or property, the agency plans the visit to ensure the safety and wellbeing of the practitioner who is travelling as well as the practitioner who remains in the agency, responding to other issues and calls as they arise. For example, the practitioner records where they are going, how long it should take to travel there, and how long they think they might be with the woman. They also check in with the agency once they arrive to see the woman and when they are leaving to return to the office. Should the office not hear from the practitioner as planned, staff will ring their phone on three occasions. If the calls go unanswered the matter is raised with the manager and a decision is made to ring the police.

However, concern was raised by practitioners at most sites about mobile phone coverage and drop-out zones in the surrounding region. Depending on staffing levels, each agency managed travel in different ways.

> So, for example, I have two case managers and they manage all the [names a region] so they may have a client which requires 2 hours' drive one way. For safety reasons I say that both of those workers have to go. So 2 hours to get there, they see a client for an hour or two, 2 hours to get back. They might then have time to do their case notes, but that's two case managers for one client. (South Australia Managers Focus Group)

> I have to say that's one area that we don't cover as well as I would like is that going out to the smaller towns and, you know, we rely on having to do it via phone a lot of the time. Often they will be coming to town to do shopping or things [like] doctors' appointments, [and] we can tie it in with that. But that's one area that we don't, just don't have the resources or the staff to do. (South Australia Managers Focus Group)

> Because of that safety issue, sending workers out and there are—you know, over the years, you know, obviously technology's got better—but there are pockets within country towns where you don't get coverage on your phones, and so you have to, you know, you're working with the women to put in safety plans but you're working with the workers to put in their own safety plans…We tend not to do a lot of outreach for that reason. (South Australia Managers Focus Group)

Outlying townships and properties were identified as increasing women's vulnerability when experiencing domestic and family violence or when trying to seek help from practitioners. When living outside larger regional centres, women experience limited transport options, lack of alternative accommodation, and limited access to medical, social, and legal services. Additionally, beyond regional centres women can experience decreases in anonymity and privacy that come from living in small population groups. These conditions can increase opportunity for surveillance of victims by perpetrators and their associates, as well as increasing pressures from family and friends to remain in the local community.

Focus group participants named building local relationships and spending time in townships outside the regional centre as important components of domestic and family violence work. This local work enables women's disclosure, planning, and help-seeking decisions, and without it, domestic and family violence responses can be limited to crisis work.

> We can't spend whole days in those smaller communities and get to know people. You need an outreach worker to make those connections with community—for example, health, financial counselling, legal aid…so we need mobile worker, we need more human resources to be able to reach the areas we are responsible for or part-time worker in the smaller surrounding towns…we need to reach large geographical spaces and populations we are trying to serve. (Mount Gambier Focus Group)

Reaching and supporting women in townships outside the regional centre was seen as particularly important for two reasons. First, practitioners expressed concern about how a lack of transport shapes women's decisions to seek help for domestic and family violence. Some women do not have a car or petrol to travel to the service located in a region. Second, if women do have a car, the time to travel to and from the regional centre takes up a significant part of a day, and women are required to think about and plan such a trip, so that it does not jeopardise their safety. It can be difficult to hide such a lengthy trip from a partner.

> Clients don't have transport in a lot of places to get to our service and public transport is not here. We need to do support work, go to women. (Riverland Focus Group)

> Especially if we are working with Aboriginal women in the region, which is another 200 km west from our program and there is no transport, they don't have transport, the bus is that [sporadic] it might come in once a week. And if the women do come in then they're actually stranded in a town 200 km away from their home. (South Australia Managers Focus Group)

In summary, to reach and support women living outside the regional centre required investment in human resources and advanced planning by agencies. Due to limited service resources, women were required to enter the service while the practitioners remained on-site to cope with the demand.

Practitioners' experiences

Some practitioners across the sites explained that geographical isolation shaped domestic and family violence work in various ways, including the cost of service, management practices, and practitioners' personal lives. The issue was raised that generally wages are lower and opportunities for promotion fewer in the not-for-profit domestic and family violence sector than in other human service areas, which makes it difficult to attract and retain staff, particularly in regional and remote areas. Many felt the wages did not match the crisis nature and highly complex needs embedded in domestic and family violence work. Managers, in particular, indicated that the time needed to support and train new staff did not always translate into retaining staff because of the demands of the work, the potential of working alone as a practitioner, and the lower wages.

> Our workers can get down and tired when women go back again and it is hard not to feel like "what a waste of time". And then we as managers having to spend that time and reflection with workers, that what we do is important, but it's very tiring for us constantly. (South Australia Managers Focus Group).

> Like I've had my longer term staff but I've had consistent change too, staff turnover in both regions. Like, we just had a new worker for a stint of 7 months and now am trying to recruit again. I think there are complexities and unique reasons for this; it is around experienced people within community are few and far between and if they are there they are already employed and we aren't competitive. Maybe for new people moving to the area this work has a shelf life because it is complex, hard, and unique. (South Australia Managers Focus Group)

Attracting and retaining staff to work in the field of domestic and family violence was an issue of concern discussed in both the Derby and Kimberley focus groups. Furthermore, focus group participants identified the challenge of employing local residents who may not have the required experience or training and who find it difficult to work in a small community where they will most likely know clients personally.

> We need people at the coalface, and I really admire the work being done, but what I have noticed it seems the Indigenous staff seem to say there are a lot of non-Indigenous staff when we really need to support local Indigenous people. Because it is not a field that a lot of people go into. There are people out there I can see with great potential and who should be supported and encouraged with training, people who will have the heart of the community and want to stay. (Derby Focus Group)

> Some can grapple with their work status and role as well as their family and community connections, the conflict of interest with the worker, and connections to community. (Derby Focus Group)

Furthermore, practitioners across the sites raised the issue that domestic and family violence service provision can potentially be more expensive in regional centres compared to metropolitan areas due to distance required to travel to women and provide outreach, petrol costs, and telephone calls to mobiles.

> Especially the financial situation is just being squeezed—every year it gets tighter and tighter. There was a time a few years ago where petrol prices went up to the roof. We didn't get extra funding to pay for petrol and we're in the country. What about everyone has mobiles now. I can spend an hour and a half doing counselling on a mobile phone. Can you imagine what that one phone call costs? If we want to get a taxi for a woman from, say, Renmark to here, the cost is really high. (Riverland Focus Group)

Distance also shaped the work of managers in domestic and family violence agencies in regional centres. For example, managers often travelled to meetings in Adelaide, which they viewed as an important layer of work in terms of connecting with the sector and keeping abreast of policy and practice changes. However, frequent travel to maintain these connections and

visibility takes them out of the office and community work. Some managers were working at more than one site, which also created additional travel.

> I've had to cut down—I don't go to conferences anymore. To get to meetings in Adelaide, which I am expected to attend, it costs so much more to attend. The people who work in the city services, they've got more staff to support them to go to meetings and conferences. They don't realise that it costs me $60-$70 in petrol just to attend the meetings. They don't realise that I have to spend nearly $200 being accommodated the night before because they choose to hold their meetings at nine in the morning. So that's petrol, accommodation, food cost, and then that's two days out of your time in your week, and in a small service, and it's a great impact. (Riverland Focus Group)

> Like distance, so I am managing two different contracts or sites over such vast regions. I'm based in [names regional centre]; I don't live in that community either, but the distance between [names a site] and [names another site] which I manage is 6-and-a-half hours in the car. So literally it's a day's travel to that office and a day's travel from that office and how often I travel that depends on staffing needs. And basically going up every 2-3 weeks and stay for a week and so I am away from home a lot—and then add commitments at Adelaide. (South Australia Managers Focus Group)

Some managers reported that they have struggled to take recreational leave because of the pressures associated with work and feeling a sense of guilt that staff will have to manage on their own. With small staff numbers, the absence of a practitioner or manager has an impact on everyone's workload.

> I do worry, because I am thinking I've got to get this done for this person, or what's happening at work next; no, I can't go on leave yet. Even though I know I've got staff who are confident to do it, but there is always you're dealing with the client, or your staff are dealing with a difficult client. They are debriefing with you about the client, then you're making sure that that staff member is in a good place to be able to go home, so all that is in you. (South Australia Managers Focus Group)

> So I guess I'm very mindful, I'm mindful of me but I'm probably a lot mindful, probably more mindful of my staff and making sure my staff are okay so that they can continue to do their work, and I probably put me a little bit back from that. (South Australia Managers Focus Group)

Finally, doing domestic and family violence work shapes personal lives in particular ways in smaller communities. The visibility and profile of the practitioners—being known for some time in the community—has shaped how some practitioners interact in their local setting. For example, some practitioners (in particular managers), reflected on their visibility in the community and gave examples of changing their life practices to fit their work practice. Practitioners in Derby, in particular, spoke about community connections.

> Well, we have confidential addresses. We have silent numbers. I have stopped going to my grandchildren's schools because of clients coming up to me; clients and their partners watching me interact with my grandchildren. (Riverland Focus Group)

> Personally, we're known in the community, particularly managers, and I don't think there'd be anybody that doesn't know me. I'm usually the face of the organisation; some of the other workers don't have quite that profile. So as managers we are known, so who we are, where we are. This has impacted on me personally at different times but I surround myself with good people, people that you know have healthy relationships. I live out of town and my local pub, my friends are there, so I go there, but there are partners of clients that you will run into; that is a challenge. (South Australia Managers Focus Group)

> We know a lot of people; as workers, we are all related or connected in some way. If you get a family that walks in the door and you are the only worker and you know each other, you know the victim and the perpetrator, they don't have a choice of who they see, like maybe in a city. It is about being on top of knowing personal boundaries and so that is a big thing. (Derby Focus Group)

The practitioners discussed "visibility", whereby blurring of personal and professional boundaries was an element of the work that required some personal managing. Some practitioners spoke about being uncomfortable knowing intimate details about clients' lives and then seeing them in a social setting. Similarly, they discussed clients approaching them outside of office hours to discuss their upcoming appointment, reasons why they missed an appointment, or to seek help immediately. Some practitioners talked about trying to manage women's search for friendships after they had left the violence and were recovering from the crisis.

> I live in the area and there are things that I know about particular people through work that I would rather not know and that has a direct effect on my personal life. I am involved with the community in very select ways. This is unique to rural workers and it can't be underestimated. Most of the time I'm pretty comfortable with the way I manage it but there are times when it has an impact on me. (Murray Bridge Focus Group)

> It is wonderful living in a small community but everyone knows what I do and so, in the first place, I'm one of two

houses that gets doorknocked, not for just random things, but, if it's gone really bad or she's being flogged down the street or whatever the case may be, I'm the door they knock on. (South Australia Managers Focus Group)

I still get phone calls from time to time after hours. I am that first contact, like my daughter's friend, her mother in-law rang me one night and said, "I need to talk to you about [names a person]". So you know, like, you do, you just do it: "yeah go on". (South Australia Managers Focus Group)

We do come in contact with a lot of our children's friends who may have to go in the shelters, and how we manage that and how you also discuss that with your children. Like you can't actually come out and say that you know one of their friends and the mum's in the shelter, but they'll hear about that from school. (South Australia Managers Focus Group)

I have worked here for 20 years. Four years ago I moved, but I remember many times trying to explain to women we aren't friends, because their perception is "you're one of the best friends who has ever helped me out in my life". Explaining we are not friends is a bit tricky. (Murray Bridge Focus Group)

In summary, geographical distance was not a significant issue for most of the women seeking help for domestic and family violence because they lived in the regional centre; however, it was a factor for women living in townships or properties away from the centre. Geographical distance also shaped how domestic and family violence work was done and experienced by practitioners living and working in their local communities. Furthermore, practitioners identified specific practices that they use to manage personal and professional relationships as a consequence of living and working in the same community. Regional, rural, and remote contexts contribute to a layer of potential risk to practitioner safety when trying to reach isolated women and such contexts increase practitioner visibility because of lower populations.

Communities working together

Local collaborations

Despite feeling work pressures associated with crisis-focused work, frustration, and struggles to provide longer-term services to address the complexity of women's needs, practitioners from all specialist domestic and family violence agencies spoke about the importance of growing further local collaboration and integration to support women in the longer term. This was especially so for women with complex and multiple needs such as mental health and drug and alcohol problems.

Collaboration would make a big difference if the mental health system supported more. It would help our clients a lot more if they were able to see their drug and alcohol counsellor in a timely manner. It would help our clients if there was a drug rehabilitation centre in the Riverland. Currently there is not. It would help our clients' children if Families SA were involved in—to be able to—support their families into the future after they leave our service. It would help our service if we did have a minimum of at least two more case managers to help with longer term work. (Riverland Focus Group)

Managers and practitioners at all sites identified that their relationships with local police are vitally important in helping them respond to crises. Practitioners explained that they tried to communicate with police daily, particularly the domestic and family violence unit. They worked hard to maintain good relationships with patrols so they could explain and advocate for women who had left abusive relationships multiple times but go back to their abusive partners.

I liaise with police quite a bit and I have got a really good working relationship with them. So I can normally go and speak to the detectives or the officer concerned, or even prosecution, find out what's going on for women. (Whyalla Focus Group)

We have a very good relationship with police. We've got two safety officers in the police force—well, a full time and point-five. They virtually nearly work out of our office now, or they've got their own swipe cards. They just come in and out; they are in and out two or three times a day. It's fantastic and the information sharing for us is a huge benefit. And it's not just the two safety officers; it's the men in the police force as well feel really comfortable coming to see us. Our response if we ring is less than a minute and I'm not exaggerating; we've got somebody there all the time. (South Australia Managers Focus Group)

However, the practitioners reflected that, while they had strong relationships with domestic and family violence specialist officers, the general police response in some regions varied.

I think it comes back to attitudes; there is variation here, but we try and challenge those attitudes the best we can while maintaining a working relationship…I have seen subtle changes. For example, a police officer said to a woman when she wanted to come in and talk about a breach to an intervention order, "they aren't really worth the paper they are written on, it won't stop the bullet", which is unacceptable, and I spoke to the officer about that. (Murray Bridge Focus Group)

Practitioners reported that interagency collaboration was improving, particularly with the police, and Derby practitioners wanted this to continue to grow. They valued the Multi-Agency

Case Management Meetings and the Family and Domestic Violence Response Teams but some raised the concern that these models of practice could not be the only response, given the high rates of domestic and family violence in Derby.

Another example of collaboration is the adoption of the South Australian statewide Family Safety Framework (FSF). This response ensures that families most at risk of violence are dealt with in a structured and systematic way through local agencies sharing information and assisting families to navigate the service system.

All focus group members acknowledged that there has been some improvement over time in how domestic and family violence crisis and risk was acknowledged and responded to by police. However, some practitioners felt like they were constantly advocating for specialist understandings of domestic and family violence that take into account power, control, and gender. Without such knowledge, practitioners believed responses to domestic and family violence may be less productive.

> We hear "what about men as victims of domestic violence", which is merely a reflection of their poor understandings of the dynamics of control. So we have women in this town who are being charged with assault when we're talking about retaliatory and self-defence. So that's just a reflection of not understanding the complexity of domestic violence and gender. (Murray Bridge Focus Group)

> There seems to be a more streamlined approach to police referring to services like ours. We do find that if it's the Family Violence Unit that responds, we do have a good relationship with them and they're quick to refer people on. If it's patrols, the response might be a little bit different. I don't know whether that's to do with the lack of education around the issues with domestic violence and how that response sort of then affects people in the future when they want to seek help. (Whyalla Focus Group)

All managers and practitioners valued being part of formalised local collaborations. For example, the Murray Bridge Regional Collaboration on Violence Against Women and Children was established in 1992 and continues to works towards the elimination of violence against women and their children as well as in providing public education and awareness raising about domestic and family violence and its effects. The group is composed of local human service organisations, private therapy practitioners, and Soroptimist members. Being part of this collaboration enabled shared understandings of domestic and family violence and opened up referral pathways for women. Similarly, the Limestone Coast Domestic Violence Service was connected to the Limestone Coast Violence Against Women Collaboration (LCVAWC), which is strategically linked with the Limestone Coast Community Services Roundtable and the Limestone Coast Family Violence Action Group. These collaborations helped enable preventative, protective, or service provision-focused discussions and actions at the local level. In addition, these collaborations could also possibly offer capacity to develop informal networks amongst women to offer support through shared experiences. In Derby, practitioners at the focus group also highlighted the importance of agencies "getting together".

> We need to talk about the challenges of work, break down barriers between organisations you're dealing with, and sharing and keeping the communication lines open, keep communication open with the woman, protecting her. (Derby Focus Group)

Managers and practitioners named the stability of the workforce as an important factor in creating effective responses to domestic and family violence. They explained that sustainable, long-term relationships between practitioners that had formed over time as a result of staff living or working in the community for many years was a positive aspect of domestic and family violence service delivery. Practitioners therefore felt they had a shared understanding of domestic and family violence and the local area, and knew whom they could talk to and ask for support. The development of local relationships and peer support was seen as an important part of building successful and effective collaborations, which then benefited women seeking assistance for domestic and family violence. The response to domestic and family violence and follow-up support could be arranged quickly and effectively because of existing local relationships.

> We do have stability here in the domestic violence workforce and that is very useful, but it is very useful because it is local people who have lived here and have experienced and worked in other agencies such as Families SA…collectively we have a lot of knowledge, clients, and organisational experience, but once you move out of Mount Gambier, that knowledge gets less. (Mount Gambier Focus Group)

> If I can't fit someone into my schedule I do rely on other agencies, and I will refer out. I've got a really strong network of people that I've worked with in the past. (Whyalla Focus Group)

> We have police on our board, but the thing that probably works best for us is our team, you know, being part of that team and how the people work together—communication, support. You know, we have friendships, so we don't see very much of each other outside of the workplace, but in the workplace we are very close. (South Australia Managers Focus Group)

> Working in collaboration with other services—I have been at the service for 16 years now—I've worked really hard at

> maintaining relationships with other services, so, and there are some other managers and case managers in other services that I've known all that time. (South Australia Managers Focus Group)

Specialist domestic and family violence agencies provide leadership in the regional, rural, and remote areas, including sharing information and understanding about the issue. Such agencies and their practitioners are often the linchpins that grow and build collective community awareness and action. Furthermore, because of the sensitivity and trauma associated with domestic and family violence work, such agencies are able to offer support, mentoring, and collegiality, which are important mechanisms to sustain practitioners in their work.

Community development

Practitioners at all sites agreed that having a specialist domestic and family violence agency in the region was a valuable resource because the visibility of a specialist service enables it to take leadership in raising local community awareness and ownership of the issue. It also provides a safe platform to discuss and debate the complexities of domestic and family violence, including gender power relations and intersections with mental health, drug and alcohol problems, and class. However, similar to the concerns about long-term support for women, practitioners felt, over time, they have run out of space to think creatively about community development approaches in their local community. In all South Australian sites, the groups reflected on the importance of having and working with local leaders in the region to raise awareness about domestic and family violence. Local leaders were also seen as vital in terms of creating support networks for and amongst practitioners.

> I think the highlight of my work is having like-minded people in the community I can chat with and talk to. There are local people who do get it, so if you need to have a conversation there is somebody that you can actually turn to that, you know, are talking the same language and really understand domestic violence…nobody does community education, development, and engagement better than we do. Nobody does it better than country. We can run an event, cater, and it's a piece of cake for us to put an event for 100 people. (Murray Bridge Focus Group)

However, concern was raised that, as services are mostly funded to deliver crisis and short-term responses, there is little time and few resources available for community development approaches aimed at early intervention, local community awareness, and prevention initiatives.

> I think we need a dedicated community development service that can actually do some of that stuff around information networks and building up resilience within communities to sort of manage it. Because we can't keep having like just a service provider–only intervention…you don't have to feel the stigma, like people that do understand in the community. So a dedicated community development program would be good, bringing it out from closed doors and talk about it, so people can seek support. (Mount Gambier Focus Group)

Practitioners also thought that community development was particularly relevant in regional and rural areas because they felt they were continually battling gender stereotypes. Raising awareness about domestic and family violence was therefore seen as never-ending work and vital in raising understanding that gender power relations are part of domestic and family violence.

> I'm finding that the attitudes seem to be starker at times, like the regressive attitudes or the conservative attitudes in the community, that never goes away and they seem amplified in country—it's the same as in metro but amplified, on steroids. (Murray Bridge Focus Group)

> As an agency, it takes strength and confidence to speak out in a community, because patriarchy is alive and influential. It also worries workers once they start naming this, and they have women approach their service, they don't have the means to discuss gender and support women more broadly. (Mount Gambier Focus Group)

Community development being led by a local specialist domestic and family violence service was seen to be important because they are familiar with local cultures and contexts. Women living in a small isolated community can be especially affected by the stigma attached to domestic and family violence due to their increased visibility. Furthermore, the history of a rural, remote, or regional place can shape constructions about families living in the area based on socio-economic divides. Practitioners acknowledged that domestic and family violence can be seen as an issue for particular families in the region, including those experiencing poverty, those experiencing work transience, or those experiencing drug and alcohol or mental health issues. In short, domestic and family violence is something that happens to the "other", and therefore is not named as a community issue requiring a community response. Practitioners discussed that families in the area that are wealthy or who have historic ties to the region valued privacy highly and would seek other alternatives to cope with domestic and family violence. Perceptions of who experiences domestic and family violence and who does not gain momentum in the community based on the visibility of who is accessing and receiving services.

> My experience in Mount Gambier is that we have a perception of good families, bad families. There's an enormous amount of stigma out there in the community that if you're accessing a service, even if you're coming to counselling, that is because

> you're part of a bad family. I think it's something to do with the socio-economic divide, like we have a really wealthy top percentage, but we have real pockets of major disadvantage... Wealthy families will put a bandaid on it, rather than face the stigma that comes with going to the service. (Mount Gambier Focus Group)

> And we have clients that have nothing, and we have clients who are extremely wealthy. Business owners themselves and parts of family businesses and independently wealthy. Less of them but certainly in reasonable numbers. (South Australia Managers Focus Group)

In Derby, practitioners named community development as an important approach to engage men who use violence. They thought that informal groups and other grassroots programs embedded in the community could support and sit alongside crisis intervention. Practitioners spoke of trying to be creative in designing and delivering services; building on existing relationships; and engaging with local initiatives, such as improving health and social wellbeing, engaging with football matches, and celebrating local culture.

> We need to help men understand they need to change their ways. You know, a lot of women still want to be a part of that family environment and still have the male playing his part, but unless the male gets some sort of help, support, or counselling, something, you have just very angry men out there. (Derby Focus Group)

> It is a duty of care: they don't hurt themselves and others. We know where a lot of our mob come from, their backgrounds, and so we want to do more in terms of intervention and education. (Derby Focus Group)

Community development approaches were attractive to all members of the focus groups, perhaps because they had extensive local knowledge about the region and were committed to collaboration across local agencies. Practitioners at all sites looked for opportunities to support and build on existing community connections to raise awareness about the issues but also to provide a level of integration in responses to women and men.

Services for male perpetrators of domestic and family violence

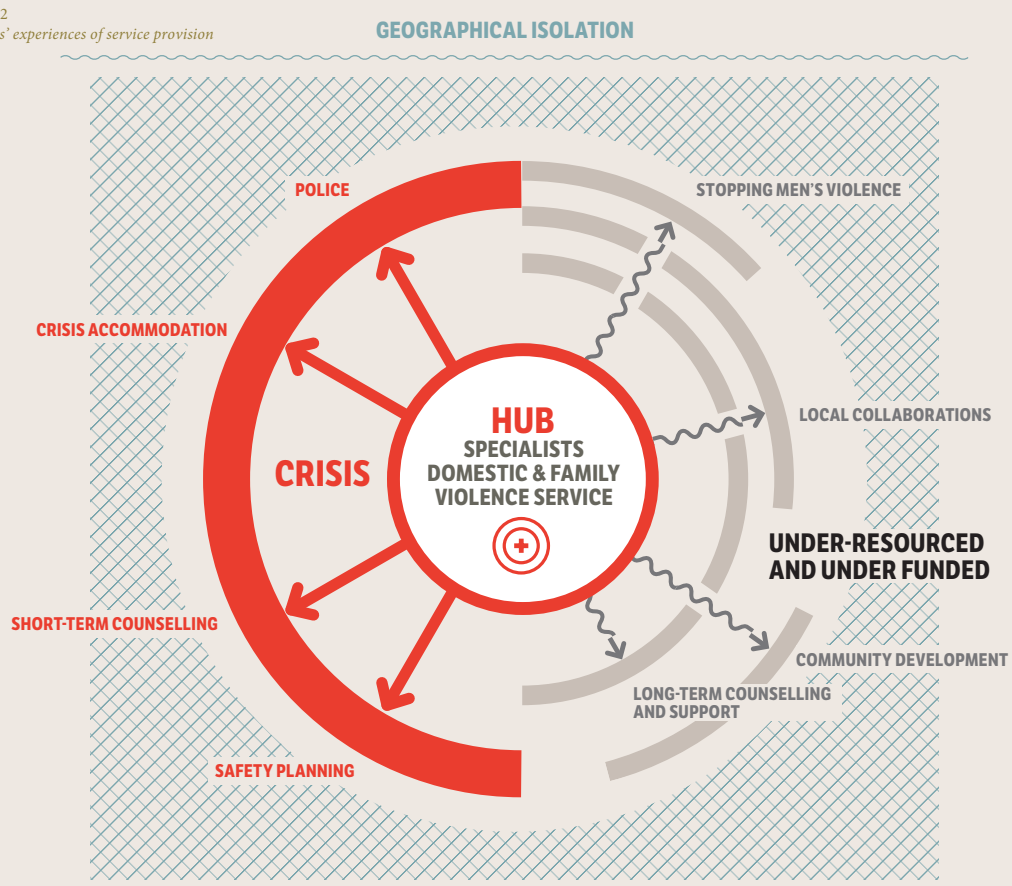
Managers and practitioners at all sites in South Australia raised concerns about their limited means to offer specialist services for men who use violence in their intimate relationships, perceiving support for behaviour change to be largely absent in their communities. Long-term support might be provided by local psychologists or generalist family counsellors, which is accessed through mental health plans. It was discussed during focus groups that using counselling to respond to the needs of women who have experienced domestic and family violence and men who use violence through mental health plans hides the long-term impacts of domestic and family violence. This pathway constructs the issue as an individual, private problem, and domestic and family violence can be subsumed into mental health concerns such as depression and anxiety. Furthermore, many practitioners felt strongly that services for men needed to be provided by highly trained, specialist practitioners, otherwise the complexities of gender, power, and control as dynamics of domestic and family violence can get lost. Practitioners expressed frustration at the often short-term, one-off attempts to provide services or programs for men.

> When we get anything that looks like it's about addressing perpetrators, and even anger management or anything like that, it's typically under-skilled, not specialist, and cowboy-operated, pretty much. That's what we get and it feels a bit like we get the dregs sometimes. Just do something out there and chuck it out there and give them 50 grand and they will fix it up, and it does more harm than good. I would rather not have it than do it half-arsed. It is insulting and it's disrespectful, and the people who suffer are the women and children who are experiencing violence and abuse. And the men wear it like a badge—"I've done it now; I am better". (Murray Bridge Focus Group)

> There is no specialist service for men who perpetrate violence. Having said that, if they choose to get help for themselves there are services available such as Relationships Australia—that's the main service. If they have been through the court system, then they're linked up with community corrections. There's other private counsellors for them if they choose to take it up. There is mental health counsellors. (Riverland Focus Group)

Similarly, at the time of the study, practitioners in Derby raised concerns about the absence of specialist responses for Aboriginal men to address their use of violence in the family. Given the prevalence of domestic and family violence in Derby, community members and workers have identified a gap in this area. During the time of the study the only way men's violence was addressed was through the police and justice responses where this was available and used. Women and practitioners reported very little work directly with men to bring about change. Whilst there is controversy about whether or not Men's Behaviour Change programs are effective (Akonesi, Koehler, Losel, & Humphreys, 2013; Gondolf, 2012; Sartin, Hansen, & Huss, 2006), women and practitioners said they were better than nothing. Participants from community agencies were aware of approaches to working with Aboriginal men around violence, such as: healing programs (like Red Dust Healing and "back to country" trips), and work

DIAGRAM 2
Practitioners' experiences of service provision



This diagram shows that specialist domestic and family violence services predominantly engage in short-term crisis work when resources are limited. This hinders the consistent, longer term support work and community outreach needed to address the complexity of domestic and family violence.

with Aboriginal staff trained in these specialist areas. However, there was no availability of such programs regularly in Derby at the time of the study. Recently, Anglicare Western Australia has been contracted to provide counselling services for Aboriginal men in Derby around their use of violence. The services are based in Broome and counsellors will visit Derby once or twice a month. Whilst this will be a specific service, some focus group members worried that they did not have a program based in the town. Currently in Derby there is a Men's Shed,[4] but it was reported that it has limited resources to purchase materials to specifically address the men's use of violence, as this is not its main purpose. It has been flagged that the venue could be a hub from which to hold specific awareness raising and funded men's behaviour change programs.

Children

To assist in providing more long-term support for women, numerous agencies pointed out the importance of having a children's practitioner to support their work. Without additional supports to do work with women at crisis and beyond, practitioners felt they were trying to meet highly complex needs in difficult environments with a shortage of infrastructure. Again, not having staff to support the work, especially moving past crisis, impacts on how the agency operates, often in pressured conditions.

> And we have children as clients here—do we have a children's worker? No. I am sitting in there on Monday with a woman trying to breastfeed her newborn. We've got this 3-year-old chucking big tantrums because she hates her little brother and I am trying to do a court report with her. They've got no one to look after those children. It was so traumatic for her—with me I left with a massive headache and that was

4 A community-based, non-profit, non-commercial organisation that is accessible to all men and whose primary activity is the provision of a safe and friendly environment where men are able to work on meaningful projects.

> just the most impossible situation. Now I never provided a professional service for that woman. She can't afford childcare. (Riverland Focus Group)

In comparison, Port Lincoln was the only site that had a children's practitioner, and practitioners there spoke highly of the success of such an investment for women, children, and their agency.

> We are very proud of our children's wellbeing program, which is a therapeutic program working with children with narrative-style therapies such as sand tray, art therapy, music, drumming, that sort of thing. And that's been highly successful in assisting children to re-socialise and to get over some of the issues. And we got some funding for that, to do that through the innovation investment funding several years back. It was extended and then when we tended it was part of our tender. But that's something that I would love to see across the board. (South Australia Managers Focus Group)

In summary, managers and practitioners from all sites spoke about the importance of working with women longer term so they could understand the dynamics of domestic and family violence, and patterns of coercive control, and recover from trauma. The practitioners would like to do this work, because that is their area of training and expertise. However, as Diagram 2 shows, long-term work is hindered by the prioritisation of crisis work and the pressure to respond to multiple complex needs with limited infrastructure, including support to work with men and children. Furthermore, geographical isolation and large geographical service areas shape interventions and the practitioners' professional and personal lives.

Discussion

This study aimed to explore how geographical and social isolation shaped women's coping abilities, and decisions to disclose and seek help for domestic and family violence. It also investigated support and services assisting women living in isolated places by partnering with regional, rural, and remote specialist domestic and family violence services based on the hub-and-spoke service provision model. It found that geographic isolation was not identified as a barrier by women living in regional centres seeking help for domestic and family violence. For women living some distance away from the regional centre, geographical isolation was a factor that influenced their individual planning for help-seeking. On the other hand, all women described social isolation as a consequence of enduring domestic and family violence and hence this form of social isolation shaped their coping abilities and influenced their decisions about whether or not to seek help.

The women interviewed described forms of social isolation that were unrelated to geography and distance. Women spoke about social isolation in their lives as a consequence of domestic and family violence. They described how the abuse by their partner contributed to the erosion of their social networks and to their loss of confidence to interact with others, which influenced their decisions to not reach out for help. However, it should also be noted, this was found to be the experiences of non-Aboriginal women. Aboriginal women described having strong social networks and support. In short, this study found that informal supports influenced and shaped access to both emotional and material resources when women sought help for domestic and family violence (Klein, 2012). (Refer to Diagram 1: Women's pathways for coping and seeking help.)

The women's experiences reported in this study reaffirm previous research and practitioners' voices that domestic and family violence has terrifying and longstanding impacts on individuals, families, and communities (Abraham, 2010; Nussbaum, 2005; Trevillion, Oram, Feder, & Howard, 2012). Researchers for this study found that, despite women dealing with multiple and unpredictable forms of violence and abuse, they still found various ways to cope and to seek help from services. However, the strategies that women employed were influenced by their own networks of relationships. The study showed how informal networks of relationships both supported and prevented women in living free from violence and how the complete absence of social and family networks for some women meant they stopped asking for help.

This study confirmed the finding of previous research that most women experiencing domestic and family violence cope on their own for long periods of time by: trying to understand their partner's behaviour, placating him, and positioning themselves as responsible for helping him and keeping the family together (Davis et al., 2001; Hayati et al., 2013; Wendt & Zannettino, 2015). Placating is a gendered construct positioned around responsibility for the wellbeing of partners, children, and family, and is created and maintained culturally (Wendt & Zannettino, 2015). This study found that, like many other groups of domestic and family violence victims, women living in regional, rural, and remote places engaged with these cultural expectations and messages as a means to solve or stop domestic and family violence in their lives.

Additionally, researchers found that shame and embarrassment shaped the non-Aboriginal women's decisions to cope alone for periods of time. However, this finding should not be interpreted to mean that Aboriginal women do not experience shame, because, interestingly, Aboriginal women spoke about their experiences in terms of pride or its erosion. Pride was often associated with the capacity to keep children safe. Feeling shame was not a direct line of enquiry in the interview schedule; however, it emerged as a theme across the South Australian sites. Research has established that shame is a common emotion that shapes women's coping, decision-making, and recovery from violence and abuse, and is specifically shaped by different cultural meanings of gendered expectations (Moulding, 2016). Shame is experienced because women invest in and desire connection with their partners, children, and family (Wendt & Zannettino, 2015).

Moulding (2016) argues that abusive relationships evoke ideas about the self not living up to cultural expectations and hence feelings of defeat, submission, worthlessness, guilt, and confusion are common. Shame is an especially gendered emotion and it is not uncommon for women to feel some self-blame for domestic and family violence (Moulding, 2016). Gendered discourses influence and shape constructions of femininity and masculinity within contexts of family and home (Wendt & Zannettino, 2015). Domestic and family violence by male partners in isolated places is supported by a host of cultural gender constructions and contradictions about the feminine and masculine and associated women's expectations and roles within intimate relationships, family, and community (Carrington & Scott, 2008).

For Aboriginal women in this study, dignity and pride were associated with families being able to rely on other members and not shame them by always contacting authorities. However, this was at odds with women's worries about their safety and that of other family members and their children, all of which had to

take precedence at times of crisis and required involvement of police or use of services such as the refuge or hospital. As Hogg and Carrington (2006) point out, in Australian policy history, Aboriginal people, particularly those living in rural and remote communities, have experienced the public management and naming of domestic and family violence, which can lead to the misapprehension that it is only a problem for Aboriginal families and communities. Where there is visible public violence directed at family members in a community with a small population, this is likely to (at some point) be the object of police attention, unlike violence and abuse perpetrated on large private properties such as farms, often occupied by non-Aboriginal families. This is typified by the relatively hidden nature of non-Aboriginal family violence. Exposure and visibility of abuse shapes shame in different ways. Furthermore, non-Aboriginal people are influenced by cultural messages about private respectability, which compounds the denial, hiding, and silencing of domestic violence (Wendt, 2009b). This can be accentuated in smaller communities, particularly when private respectability intersects with class and criminality (Hogg & Carrington, 2006; Wendt & Zannettino, 2015). Similarly, complicated financial arrangements and financial dependency are common factors that influence women's decision-making, particularly for those women supporting their partners on farming properties (Wendt, 2009b).

In short, this study found that, for most of the women, coping on their own was their first strategy, by placating and trying to help their partner. However, despite women's efforts to cope and understand their partner's behaviour, women recognised they increasingly struggled to do so. This is not surprising given research has established that women experience depression, fear, anxiety, panic, and decreased self-respect due to exposure to domestic and family violence (Trevillion et al., 2012). Some research has argued these long-term impacts can then lead to women's increased use of drugs and alcohol as coping mechanisms (Akyüz, Yavan, Şahiner, & Kılıç, 2012; Montero, Escriba, Ruiz-Perez, Vives-Cases, Martín-Baena, Talavera, & Plazaola, 2011).

The women's stories also confirmed that, despite longstanding efforts to cope alone and resist the violence, most reached out to family or friendship networks as a first step to seek help about domestic and family violence. In particular, the interviews showed that Aboriginal women were more likely to be able to seek help from extended family, compared with non-Aboriginal women. Aboriginal women's networks appeared to be more readily available and predictable, as it was a common experience for women to stay with family for short periods of time over and over again as a way of staying safe.

Non-Aboriginal women were less likely to have ties with family or to have only precarious relationships; however, for the few non-Aboriginal women who had family support, this made a significant difference to their emotional and material wellbeing. For women who received family support, this was invaluable to them for emotional needs, such as receiving validation and empathy. Moreover, such support was crucial in regards to women's practical needs, such as gaining a place to stay for a while or help with moving. This kind of support is instrumental to women seeking help for domestic and family violence (Taket, O'Doherty, Valpied, & Hegarty, 2014). Social contact and interaction are particularly appreciated by women coping with and seeking help about domestic and family violence (Taket et al., 2014). However, family networks can be unpredictable because they are dynamic entities shaped by cultural values and expectations (Klein, 2012). The responses from family or friendship networks send signals to both victims and perpetrators about whether their abuse is acceptable or whether it will not be tolerated (Klein, 2012).

For women who do not have supportive family networks, this study confirmed it is not uncommon for them to search for alternative practical and emotional supports, especially from neighbours, co-workers, friends, and acquaintances (Goodman, Banyard, Woulfe, & Mattern, 2016). Due to variations in access to family supports, the study found that non-Aboriginal women turned to friends or acquaintances for assistance. Some women were able to negotiate and organise alternative accommodation through these networks. However, whether or not this led to a safe outcome was dependent on the women's experiences of class and the local community culture. Bryant and Pini (2011) point out that, while individuals do not necessarily talk about themselves as belonging to a certain class, this does not indicate the demise of class in society or as a factor influencing experiences and responses to violence. Class is not just a position on a material scale, but is also shaped by cultural forms, values, and meanings. Women therefore experienced a range of responses and outcomes, depending on their networks.

The intersection of gender and class rendered some women more invisible and disadvantaged than others. Some women were able to access alternative housing quickly because they had the financial means and informal networks to facilitate this outcome. Yet shelter accommodation was the only option for others, due to limited financial resources and networks which were, in any event, tied up in their partner's criminal activities. Finding alternative housing was a longer and harder journey for these women with less access to resources and networks. Furthermore, some women experienced different responses depending on the status of her partner. For example, women who had partners with wealth and who wielded considerable influence across varying sectors in the local community could remain relatively invisible. Conversely, having a partner with a criminal history, who has a reputation for being dangerous, could facilitate a quick response from services due to their visibility

in terms of causing fear and signifying risk. But this could also incite an equally slow response from police because a woman can be positioned as "just as bad" as her partner and can be highly visible in the community because of her association with a known criminal. The intersections of gender and class highlight that women can experience a range of changeable and unstable responses when seeking help, sometimes making her visible and, at other times, invisible.

The intersections of gender, Indigeneity, and remoteness for women in Derby also created a range of changeable and unstable responses when seeking help. The study found a number of Aboriginal women had a current Violence Restraining Order in place which were regarded as useful in minimising further acts of violence and abuse from the perpetrator. These women also reported that partners or ex-partners were aware of the consequences if a victim's safety was breached, and knew they would be easily found by police within the small town. Some of the women and practitioners spoke of the violence being worse at particular times, and it could be somewhat predictable; however, its severity could not always be anticipated. Aboriginal women described strategies of pre-emptive use of the refuge to keep themselves, their children, and family members safe. Once crisis periods passed, they could return, which sometimes involved other family members and friends advising them it was safe to return. Often women tried to get their men help for drinking and violence in these periods; however, there tended to be few or no options for a response in many areas.

Other Aboriginal women may have used the refuge in the same way; however, at some point many also felt it best to leave the relationship. These women reported they accessed the refuge as an exit point and not just a safe space. Sometimes they stayed in the town but no longer lived with their partner; at other times they left town to re-establish themselves in other places, often locations where they had family. The picture emerging from the study suggests that usage patterns and rationales for Aboriginal women accessing the refuge were more diverse than first assumed. However, these patterns reflect a well thought through safety strategy based around their changing needs over time.

This study demonstrates that informal networks are contextual, unstable, and shaped by class, Indigeneity, local cultures, and contexts of community. Whether or not family members, friends, neighbours, community members, or work colleagues will come to the defence of the victim is unpredictable because of norms and values that go along with such connections. Responses can fluctuate from offering or refusing help, blaming victims or excusing perpetrators, disrupting assaults, dismissing the seriousness of abuse, and consoling victims (Klein, 2012). Family or other social network members are not passive fixtures in the configuration of social ties but are interested third parties whose responses to abuse are shaped by their own values, hopes, fears, and loyalties (Klein, 2012). Despite informal networks being "imperfect conduits" of assistance for women seeking help for domestic and family violence (Goodman et al., 2016, p. 66), they can play an important role in contributing to women's emotional wellbeing and physical safety.

Despite many varied examples of women's efforts to cope and stories of seeking help from informal networks, all women experienced moments when circumstances became impossible for them. In the majority of cases, women experienced police intervention, whether that was instigated by themselves or a third party. In most cases an experience of crisis facilitated the pathway to shelter accommodation and other supports from the local domestic and family violence agency (See Diagram 1: Women's pathways for coping and seeking help).

Research has shown that the legitimisation of women's experiences of domestic and family violence by police is pivotal in prompting women to take action (Ragusa, 2012). This study confirmed that formal supports such as police and local specialist domestic and family violence agencies are particularly necessary to respond to and protect highly vulnerable women and their children. All agencies at the sites we studied, and most of the women we interviewed, reported positive experiences with police generally (particularly specialist domestic and family violence units), improved police awareness and operational responses, and integrated ways of working to gain better outcomes for women. It can be argued that the implementation of the Family Safety Framework in South Australia and the Family Safety Team Triage Model have supported and allowed police and specialist domestic and family violence services to come together to intervene and protect women and their children.

Safe and secure supported accommodation provides protection and intensive support for women, which helps them plan for their futures. It allows them time to understand their experiences with the help of a professional as well as time to seek longer term safe housing (Chung & Wendt, 2015; Jonker, Jansen, Christians, & Wolf, 2014; Mason, 2007). This study found that the work of local specialist domestic and family violence agencies is predominantly formed around providing safe and secure supported accommodation in high-risk circumstances and intensive support to plan for women's immediate futures. However, due to limited resources (staff and time) together with increased need, local agencies reported that they struggle to engage with and respond to the diversity of needs. This includes supporting women in their own homes, offering counselling and legal support, as well as addressing mental health or drug and alcohol issues. The capacity of domestic and family violence work has narrowed, whereby local specialists are only able to respond to women at high or imminent risk of harm. All sites identified

the need to build the capacity of local specialist domestic and family violence services to respond to crisis as well as increase outreach, therapeutic counselling, and community development. These layers of service provision enable early intervention and prevention service delivery models to re-emerge. This was reported to be particularly important to ensure better engagement with women from different cultural and linguistic backgrounds, women living on isolated properties, and women who have a diverse range of social, emotional, and material resources (see Diagram 2: Practitioners' experiences of service provision).

This study confirmed that one of the most concerning problems with living in regional, rural, and remote areas of Australia is that there is little to no help for perpetrators of domestic and family violence whether it be socially or court-mandated. The consequence of limited assistance is only having police and courts available as a response to male perpetrators. Men's behaviour change programs have been discussed as a service provision option, but concern has been raised about their viability in regional, rural, and remote places due to lack of effectiveness, high costs, and low numbers of referrals and attendance (Jamieson & Wendt, 2008; George & Harris, 2014). However, it can be argued from the findings of this study that the presence of an established specialist domestic and family violence service that has established local collaborations makes an integrated response to assist and support perpetrators highly possible. An integrated approach, engaged with an established specialist hub-and-spoke service, has the potential to combat siloed, inconsistent, and ad hoc approaches to reducing perpetrator violence. However, it must be noted that, for such an approach to be successful, any specialist response requires further investment to provide the infrastructure, expertise, pathways, and practices as well as to develop workforce capability and capacity at the local levels. This cannot be another layer of work expected from an already stretched service system responding to women and their children without support and investment from governments and associated funding bodies. In short, the development of perpetrator responses and modes of service delivery must be carried out in collaboration with the existing specialist domestic and family violence agencies in remote, rural, and regional centres. The leadership is established and therefore enables the building of collective, integrated, and community-specific responses that prioritise women's and children's safety.

Focus groups found that local stakeholders looked to the specialist domestic and family violence services to lead strategies to address violence against women and their children at the local level. This was evident in the stories of practitioners who spoke about the growing expectations that they should work across complex problems that intersect with domestic and family violence, such as mental health and drug or alcohol issues. Similarly, local domestic and family violence agencies were at the centre of (and often the driving force behind), local collaborations, networks, and awareness-raising events. They were also the key stakeholders advocating for more support services for men who use violence in intimate relationships. Within the context of these findings, it can be argued that the local specialist domestic and family violence agencies are and need to be the central point (the hub) in local communities (Cheers et al., 2007; Keel, Fergus, & Heenan, 2005) This position and recognition enables them to engage with their local communities to provide a range of services (spokes).

However, it should be noted that patterns of service provision tended to take on the characteristics of the communities in which they were based. Therefore collaborative relationships between services emerged in differing ways in order to try to respond to the needs of women and their children and to monitor perpetrators, and the success of this often depended on local relationships, local leaders, staffing, and resources. This point is particularly relevant in remote locations. As discussed, this study found that the shelter had differing patterns of use for Aboriginal women in Derby than may be the case in metropolitan and regional centres because of lack of alternative housing, or because they were not ready to leave their partner long-term. A number of Aboriginal women used the shelter to seek safety at points of danger and risk, and to a lesser degree, as a point of exiting the relationship. This indicates the pivotal role the shelter plays in the community in terms of ensuring women's security and providing leadership within the local community to understand and address domestic and family violence more broadly. The research highlighted just how critical specialist domestic and family violence services are to the safety of women and children.

As Diagram 2 (page 45) shows, it was commonly reported across all sites that, because crisis response and risk management dominated the work, "the hub" often lacked the time and resources to do outreach work (spokes), which is essential to the success of the model. When resources were strained, crisis response was prioritised. The hub was then forced to service the area with the greatest population density (the regional centre) and it became much harder to provide services and support to smaller townships and properties across large geographical distances. It also restricted the services' capacity to meet the needs of the diverse groups of women who live in these areas. Due to resource restraints, regional, rural, and remote women were therefore required to access the hub if they required a service. Furthermore, this study found that when the hub is working to capacity with crisis work, its ability to lead outreach, community development, and prevention initiatives is significantly reduced. Yet, community development was described as a core activity required by the hub to remain connected to and to influence

their local contexts. Community development enables local awareness raising to influence social change over time, which is vital to influence potentially precarious informal supports (Cheers, Darracott, & Lonne 2007).

Another major concern for local communities was the lack of long-term support for women and their children recovering from domestic and family violence. Long-term support could include a range of activities such as: therapeutic counselling and recovery, advocacy and support during court proceedings, or longer term case management focused on the needs of women re-establishing their lives. The study found that this support was provided in scattered ways across sites, depending on the agencies' capacities, practitioner's skills and availability, or connections to other local contacts with domestic and family violence understandings and expertise to provide such services. Some women reported feeling isolated after the crisis had passed in their lives and therefore were seeking out long-term counselling (with varying success), to enable their recovery and that of their children. Regional, rural and remote, places can struggle to host specialist services due to cost, population numbers and need (Cheers et al., 2007). However, this study found that domestic and family violence specialist services were being used to capacity and practitioners reported feeling stretched. Specialist women's domestic and family violence services have developed and maintained specific knowledge about the dynamics and risks of domestic and family violence over decades in Australia. These services have enabled and grown specific assessments and skills in responding to complexity and risk posed by domestic and family violence that is vital in crisis work. The staff of such specialist services also understand the long-term trauma consequences and impacts for women and their children, and hence are well positioned to provide specialist long-term counselling and support for women and their children, if resourced to do so.

The women's stories showed that living in a geographically isolated place can limit access to an adequate range and level of specific domestic and family violence service responses. All women received some appropriate responses; that is, the police and the specialist domestic and family violence agency were able to provide crisis response and successfully keep them safe. But due to limited resources, this was all the specialist services could manage. The findings showed that, by being the only specialist service in the region, geographical distance and isolation shaped agency responses, work contexts, and practitioner experiences. As has been established, with limited staff and resources, domestic and family violence work becomes concentrated at the crisis point to ensure safety and protection for women and their children. The ambitions of the hub-and-spoke model to reach out to women through outreach activities, community development, and long-term counselling become compromised.

Recruiting and retaining staff was also noted to be an issue for services in these areas as a result of the dominance of crisis work. Through investment in a specialist domestic and family violence service, it becomes possible to build and expand the capacity of a specialist workforce living and working in regional centres. Enabling a specialist service to respond to crisis, as well as to extend service provision to community development, outreach, long-term counselling for women and children, and partnerships to support men who use violence, builds pathways for workforce and professional development in regional centres. Furthermore, investment in workforce development enables the building of collegiality and reduces practitioner isolation in these areas (Cheers et al., 2007; Pugh & Cheers, 2010). Managers can then provide supervision and time to engage in wider policy and practice networks.

The interviews with women also showed the benefits of having a specialist domestic and family violence service in the region to help decrease the sense of social isolation. The few women who were able to access support and counselling for a period of time from the local specialist agency reported feeling less isolated and increasingly part of the local community. This was particularly evident in Derby, where Aboriginal women reported being able to access the shelter on a needs basis. They reported decreased feelings of social isolation because they felt supported. Specialist domestic and family violence agencies provide leadership in regional areas, including sharing information and understanding about the nature and extent of violence. Such agencies and their practitioners are often the linchpins that build collective community awareness and action (Mason, 2007). As Mason (2007) argues, specialist services provide the much needed ideological strength to tackle violence against women and their children.

This study has established that the presence of specialist domestic and family violence services in a regional centre is a necessity to protect women and children from harm. Together with police, they are the first response in regional, rural, and remote settings when women have to contact services for fear about their safety, or when they cannot cope alone or have limited informal networks. The findings have confirmed that agencies are at their capacity, with practitioners being consumed by crisis work even though women often face a complex array of other problems. However, the interviews also found that women and local community stakeholders are increasingly looking to the specialist agencies to provide leadership in community development, outreach, and counselling as well as in developing strategies to support men in local communities. In summary, to reach and support women living in isolation requires investment in human resources—that is, a workforce that can be visible and engage with local community contexts. Cheers, Darracott, & Lonne (2007) argue that services embedded in their local community contexts are

more likely to be successful. Based on women's, managers', and practitioners' experiences across five sites, it can be argued that, when they have sufficient resources, specialist domestic and family violence services are best positioned to take up this role.

Conclusions and recommendations

This project set out to examine how geographical and social isolation shapes women's coping abilities when experiencing domestic and family violence, and how it influences their decisions to disclose and seek help. Overall, geographical isolation was not identified as a barrier by women living in regional centres seeking help for domestic and family violence. For women living outside regional centres, geographical isolation was a factor that influenced their individual planning for help-seeking. On the other hand, all women described social isolation as a consequence of enduring domestic and family violence and hence this form of social isolation shaped their coping abilities and influenced their decisions about whether or not to seek help. The erosion of informal support networks and the sense of social isolation created by violent partners is a common experience for women experiencing domestic and family violence. The study found that women almost always reached out to informal support networks for assistance as a first step. The response received from such networks and its effectiveness influenced their subsequent decision-making and help-seeking attempts, which often included crisis assistance.

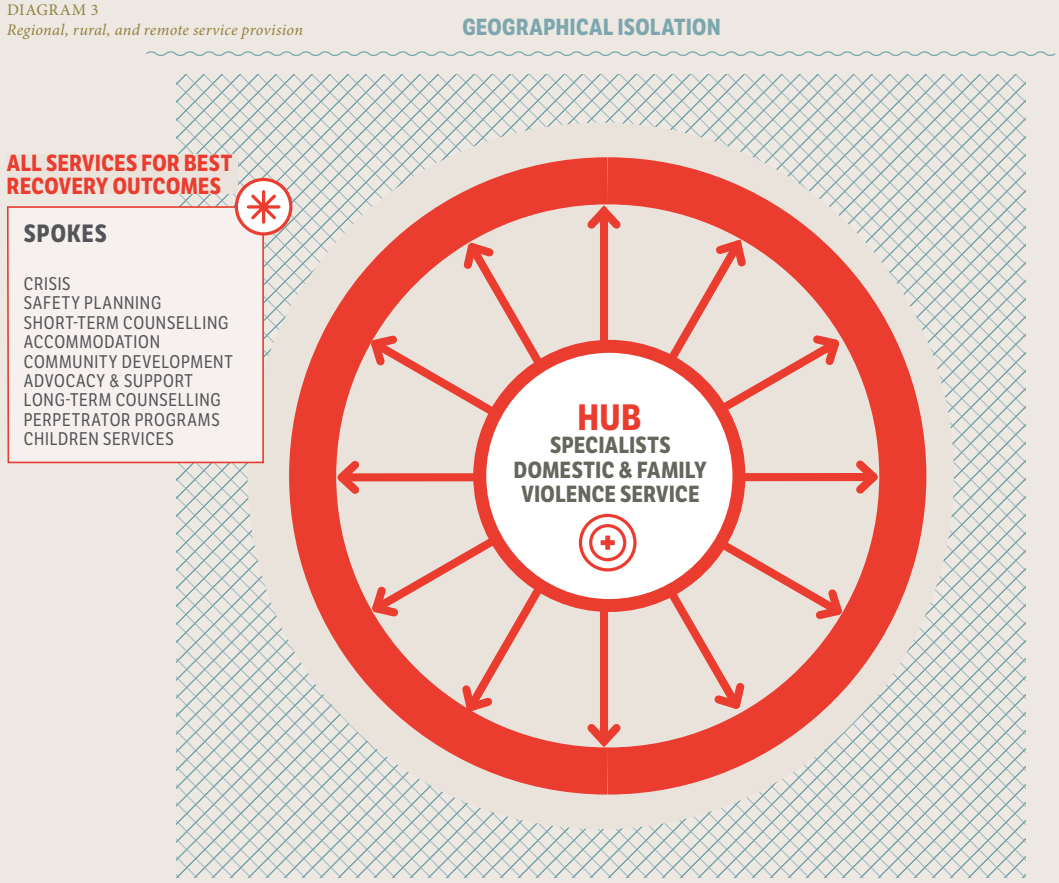
The trauma all women and children experience as a result of domestic and family violence cannot be ignored and hence service provision is needed no matter where they live. These services must extend beyond the crisis period as the trauma does not finish when women separate from a violent partner. Similarly, the precarious nature of informal networks, which are shaped by complex cultural discourses, cannot be the only response to domestic and family violence for women living in regional, rural, and remote locations. Deficits in local community knowledge about domestic and family violence and deficits in agency and community resources become the most problematic issues women face when seeking help. Therefore, of particular interest to this study was the question of what information, support, and services are most effective in assisting women living in isolated places.

Specialist domestic and family violence agencies based on a hub-and-spoke model are demonstrating effectiveness in assisting women living in isolated places for two main reasons. First, they provide specific knowledge and information about the dynamics of domestic and family violence. They employ managers and practitioners who are skilled in crisis response, and who can plan for long-term recovery and support beyond housing. Second, positioning specialist domestic and family violence agencies as a hub in a regional centre allows for outreach and community development. Outreach such as counselling, advocacy and other support, and community development are the spokes of the hub that require investment because such spokes not only reach women but potentially influence informal networks and build collaboration and integration with formal networks.

Geographical isolation and large geographical service areas were major factors identified by managers and practitioners that shaped both the interventions and the practitioners' professional and personal lives. However, as this study showed, servicing large distances when resources are strained forces service delivery to remain within the area with the greatest population density; that is, the regional centre where the hub is based. As Diagram 3 illustrates, for the hub-and-spoke model to be effective in regional, rural, and remote locations, it requires adequate numbers of trained frontline practitioners to provide services to smaller townships and to get to know and consult with local stakeholders. Moreover, adequate staffing is imperative as it facilitates investment in a range of responses which move beyond crisis and risk assessment. Additionally, providing a range of responses (spokes) enables engagement with regional, rural, and remote women's individual and diverse needs. For example, some women have the financial means and social networks to secure alternative safe accommodation and hence may be seeking long-term counselling or support during settlement and other legal procedures. Aboriginal women may use crisis accommodation for short periods of time to keep safe rather than as the beginning of an exit from the relationship. Other women may need intense crisis response and housing because they do not have family and friendship networks.

Finally, the hub-and-spoke model is a vital point of coordination and development when responding to domestic and family violence in local communities and regions. It can potentially inform and lead initiatives to engage with men who use violence as well as attending to children's specific needs. It can be highly effective in reaching across large distances and meeting a range of needs if attention is given to staffing and resourcing.

DIAGRAM 3
Regional, rural, and remote service provision



This diagram represents the recommendations of the hub-and-spoke model to effectively reach the needs of regional, rural, and remote communities in addressing domestic and family violence.

References

Abraham, H. (2010). *Rebuilding lives after domestic violence: Understanding long-term outcomes.* London: Jessica Kingsley Publishers.

Akoensi, T. D., Koehler, J. A., Lösel, F., & Humphreys, D. K. (2013). Domestic violence perpetrator programs in Europe, part II: A systematic review of the state of evidence. *International Journal of Offender Therapy and Comparative Criminology, 57*(10).

Akyüz, A., Yavan, T., Şahiner, G., & Kılıç, A. (2012). Domestic violence and woman's reproductive health: A review of the literature. *Aggression and Violent Behaviour, 17*, 514-518.

Alston, M. & Bowles, W. (2013). *Research for social workers: An introduction to methods (3rd ed.)*. New York: Routledge.

Anderson, K., Renner, L., & Bloom, T. (2013). Rural women's strategic responses to intimate partner violence. *Health Care for Women International, 35*(4), 423-441.

Australian Bureau of Statistics. (2010). *Regional Population Growth, Australia* 2008-2009. Cat. No. 3218.0. Canberra: Australian Bureau of Statistics.

Barrett, B. J., & Pierre, M. S. (2011). Variations in women's help seeking in response to intimate partner violence: Findings from a Canadian population-based study. *Violence Against Women, 17*(1), January 1, 2011, 47-70.

Bosch, K., & Bergen, M. (2006). The influence of supportive and non-supportive persons in helping rural women in abusive partner relationships become free from abuse. *Journal of Family Violence, 21*(5), 311-320.

Bryant, L., & Pini, B. (2011). *Gender and rurality.* New York: Routledge.

Carrington, K. & Scott, J. (2008). Masculinity, rurality and violence. *British Journal of Criminology, 48*(5).

Cheers, B., Binell, M., Coleman, H., Gentle, I., Miller, G., Taylor, J., & Weetra, C. (2006). Family violence: An Australian Indigenous community tells its story. *International Social Work, 49*(1).

Cheers, B., Darracott, R., & Lonne, B. (2007). *Social care practice in rural communities.* Sydney: The Federation Press.

Chung, D., & Wendt, S. (2015). Domestic violence against women: Policy, practice and solutions. In A. Day & E. Fernandez (Eds), *Preventing violence in Australia: Policy, practice, and solutions.* Sydney: Federation Press.

Council of Australian Governments. (2009). *National Affordable Housing Agreement*. Retrieved from http://www.federalfinancialrelations.gov.au/content/national_agreements.asp

Council of Australian Governments. (2015) *National Partnership Agreement on Homelessness.* Retrieved from https://www.dss.gov.au/housingsupport/programmesservices/national-partnership-agreement-on-homelessness

Davis, K., Taylor, B., & Furniss, D. (2001). Narrative accounts of tracking the rural domestic violence survivors' journey: A feminist approach. *Health Care for Women International, 22*(4), 333-347.

DeKeseredy, W. (2011) *Violence against women: Myths, facts, controversies*. Toronto: University of Toronto Press.

Department of Premier and Cabinet South Australia. (2014). *Homelessness to home (introduction)*. Retrieved November 21, 2016 from http://www.sa.gov.au/search?query=homeless2home&collection=sa-gov-web

George, A., & Harris, B. (2014). *Landscapes of violence: Women surviving family violence in regional and rural Victoria.* Melbourne: Centre for Rural and Regional Law and Justice, Deakin University.

Gondolf, E. (2012). *The future of batterer programs: Reassessing evidence-based practice.* Boston: Northeastern University Press.

Goodman, L., Banyard, V., Woulfe, S., & Mattern, G. (2016). Bringing a network-oriented approach to domestic violence services: A focus group exploration of promising practices. *Violence Against Women, 22*(1), 64-89.

Government of South Australia. (2011). *Homeless to home: South Australia's homelessness strategy 2009-2013.* Adelaide: Department for Families and Communities.

Government of Western Australia. (2012) *Western Australia's family and domestic violence prevention strategy to 2022: Creating safer communities.* Perth: Department for Child Protection and Family Support.

Government of Western Australia (2015). *Freedom from fear: working towards the elimination of family and domestic violence in Western Australia, action plan 2015.* Perth: Department for Child Protection and Family Support.

Hayati, E., Eriksson, M., Hakimi, M., Högberg, U., & Emmelin, M. (2013). "Elastic band strategy": Women's lived experiences of coping with domestic violence in rural Indonesia. *Global Health Action, 6,* 1-12.

Hogg, R., & Carrington, K. (2006). *Policing the rural crisis.* Sydney: Federation Press.

Hugo, G., Feist, H., Tan, G. (2013). Temporary mobility and regional Australia. *Australian Population and Migration Research Centre Policy Brief, 1*(5).

Jamieson, S., & Wendt, S. (2008). Exploring men's perpetrator programs in small rural communities. *Rural Society, 18*(1), 39-50.

Jonker, I., Jansen, C., Christians, M., & Wolf, J. (2014). Appropriate care for shelter-based abused women: Concept mapping with Dutch clients and professionals. *Violence Against Women, 20*(4), 465-480.

Keel, M., Fergus, L., & Heenan, M. (2005). *Home truths: A conference in review.* Canberra: Australian Institute of Family Studies

Klein, R. (2012). *Responding to intimate violence against women: The role of informal networks.* New York: Cambridge University Press.

Laing, L., & Humphreys, C. (2013). *Social work & domestic violence: Developing critical and reflective practice.* SAGE, London.

Lanier, C., & Maume, M. (2009). Intimate partner violence and social isolation across the rural/urban divide. *Violence Against Women, 15*(11), 1311-1330.

Mason, R. (2007). Building women's social citizenship: A five-point framework to conceptualise the work of women-specific services in rural Australia. *Women's Studies International Forum, 30*(4), 299-312.

Montero, I., Escriba, V., Ruiz-Perez, I., Vives-Cases, C., Martín-Baena, D., Talavera, M., & Plazaola, J. (2011). Interpersonal violence and women's psychological well-being. *Journal of Women's Health, 20,* 295-301.

Moulding, N. (2016). *Gendered violence, mental health, and recovery in everyday lives: Beyond trauma.* New York: Routledge.

National Health and Medical Research Council (2003). *Values and ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research.* Canberra: Commonwealth of Australia.

Nussbaum, M. (2005). Women's bodies: violence, security, capabilities. *Journal of Human Development, 62*(2), 167-183.

O'Doherty, L., Taft, A., McNair, R., & Hegarty, K. (2016). Fractured identity in the context of intimate partner violence: Barriers to and opportunities for seeking help in health settings. *Violence Against Women, 22*(2), 225-248.

Office for Women. (2011). *The next phase of South Australia's Women's Safety Strategy: A right to safety*. Adelaide: Government of South Australia

Office for Women. (2015). *Family Safety Framework Practice Manual.* Adelaide: Government of South Australia

Owen, S., & Carrington, K. (2014). Domestic violence service provision and the architecture of rural life: An Australian case study. *Journal of Rural Studies, 39*, 229-238.

Pruitt, L. R. (2008). Place matters: Domestic violence and rural difference. *Wisconsin Journal of Law, Gender & Society, 23*(2), 347-416.

Pugh, R., & Cheers, B. (2010). *Rural social work: An international perspective.* Bristol, UK: Policy Press.

Ragusa, A. (2012). Rural Australian women's legal help seeking for intimate partner violence: Women intimate partner violence victim survivors' perceptions of criminal justice support services. *Journal of Interpersonal Violence, 28*(4), 685-717.

Riddell, T., Ford-Gilboe, M., & Leipert, B. (2009). Strategies used by rural women to stop, avoid, or escape from intimate partner violence. *Health Care for Women International, 30*(1/2), 134-159.

Roufeil, L., & Battye, K. (2008). *Effective regional, rural, and remote family and relationships service delivery* (AFRC Briefing No. 10). Melbourne: Australian Institute of Family Studies.

Russon, B. (2014). *The law of equality and justice: Evaluating domestic violence outcomes for Aboriginal women in New South Wales.* (PhD Thesis). University of New South Wales, Sydney.

Sandberg, L. (2013). Backward, dumb, and violent hillbillies? Rural geographies and intersectional studies on intimate partner violence. *Affilia, 28*(4), 350-365.

Sartin, R. M., Hansen, D. J., & Huss, M. T. (2006). Domestic violence treatment response and recidivism: A review and implications for the study of family violence. *Aggression and Violent Behavior, 11*(5), 425-440.

Shannon, L., Logan, T., Cole, J., & Medley, K. (2006). Help-seeking and coping strategies for intimate partner violence in rural and urban women. *Violence and Victims, 21*(2), 167-181.

Stark, E. (2007). *Coercive control: How men entrap women in personal life.* Oxford, UK: Oxford University Press.

Taket, A., O'Doherty, L., Valpied, J., & Hegarty, K. (2014). What do Australian women want from family and friends? *Qualitative Health Research, Vol. 24*(7), 983-996.

Trevillion, K., Oram, S., Feder, G., & Howard, L. M. (2012). Experiences of domestic violence and mental disorders: a systematic review and meta-analysis. *PLoS One, 7*(12).

Wendt, S. (2009a). Constructions of local culture and impacts on domestic violence in an Australian rural community. *Journal of Rural Studies, 25*(2), 175-184.

Wendt, S. (2009b). *Domestic violence in rural Australia*. Annandale, NSW: Federation Press.

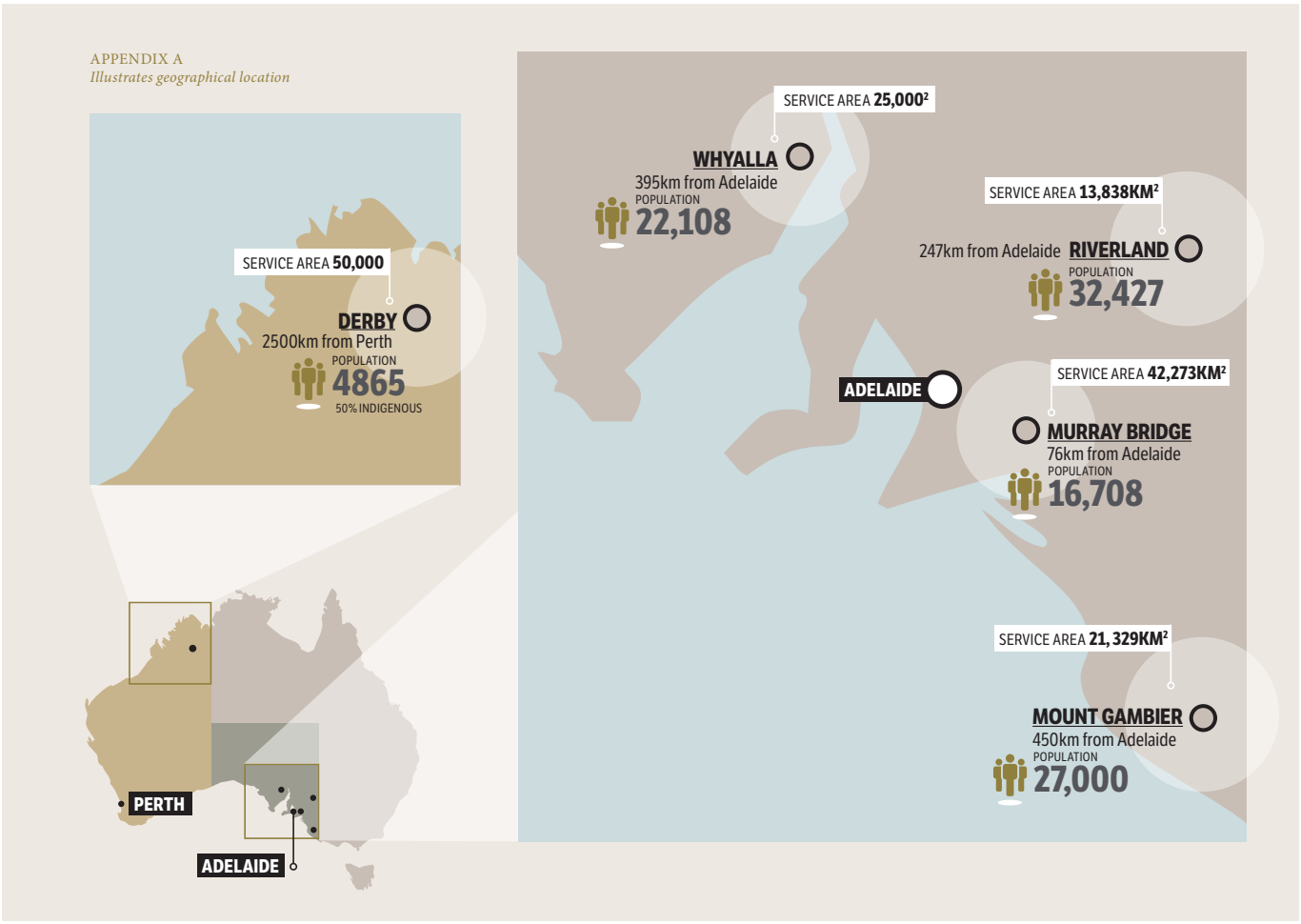
Wendt, S., Chung, D., Elder, A., & Bryant, L. (2015). *Seeking help for domestic violence: Exploring rural women's coping experiences.* (ANROWS Landscapes 04/2015). Sydney: ANROWS.

Wendt, S., & Zannettino, L. (2015). *Domestic violence in diverse contexts: A re-examination of gender.* New York: Routledge.

Wendt, S. C. (2016). Intimate violence and abuse in rural contexts. In J. F. Donnermeyer (Ed.), *The Routledge international handbook of rural criminology* (pp. 191-200). London: Routledge.

Appendix A

Geographical locations of research



Appendix B

Women's information sheet

University of South Australia

Information sheet: Women

Title: Seeking help for domestic violence: exploring rural women's coping experiences

Researchers: Associate Professor Sarah Wendt
Psychology, Social Work and Social Policy
University of South Australia.
PH: 83024347 or sarah.wendt@unisa.edu.au

Professor Donna Chung and Dr Antonia Hendrick
Curtin University of South Australia.
PH: +618 9266 3340 or d.chung@curtin.edu.au

You are invited to participate in a research study that aims to explore how different types of social and geographical isolation impact on women's abilities to seek help and cope with domestic violence. The purpose of the study is to highlight challenges and experiences of providing support to women in rural and remote places. We want to listen to your views about domestic violence and how to better help families.

What will you have to do?

You are asked to be involved in a face-to-face interview with Sarah in South Australia or Antonia in Western Australia. This means sitting with one of us to discuss your experiences of seeking help, your decision-making, and how you coped with domestic violence.

It may take 1 hour and it will be audio-taped, but if you don't want to be taped, that is OK too. It is totally up to if you want to and you can change your mind at any time. Whatever decision you make, this will not make a difference to services you receive in your local area.

What are the possible benefits or risks to you?

We will present the shared views from the interviews in a report that we give to Australia's National Research Organisation for Women's Safety (ANROWS) if you want to read about the findings. Your views will help us find ways to improve services and programs to better help women living in rural and remote places.

In case you become upset during the interview and need support after the interview we will discuss what services are available and refer you to an appropriate one. If you tell us about life-threatening situations or children being harmed or new (unreported) cases of child abuse we would have to notify the Child Abuse Report Line or police.

If you change your mind about participating, you can withdraw from the research project at any stage until the reporting of results without penalty. If you withdraw your data will not be used and will be destroyed.

What will happen to the information collected?

We will not use your name or anything that could identify you in any reports written as part of this project. We will keep all

information you give us confidential and secure during and after the project. All audio-taping or notes will be put on Sarah Wendt's computer at the Magill campus, University of South Australia, but instead of names she will use codes. All data will be stored for 5 years.

What do I do if I want to participate?

Please talk to the worker who told you about this project, or you can contact us directly, and we will arrange a place and time that suits you.

If you have any questions about this research please contact Sarah Wendt on 83024347 or email sarah.wendt@unisa.edu.au

This project is funded by Australia's National Research Organisation for Women's Safety (ANROWS).

This project has been approved by the University of South Australia's Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this Committee, Tel: +61 8 83023118; email: Vicki.allen@unisa.edu.au

Appendix C

Women's consent form

Consent Form:		
This project has been approved by the University of South Australia's Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this Committee, Tel: +61 8 8302 3118; Email: Vicki.Allen@unisa.edu.au		
SECTION 1: CONTACT AND PROJECT DETAILS		
Researcher's Full Name:	**Associate Professors Sarah Wendt Professor Donna Chung & Dr Antonia Hendrick (Western Australia)**	
Contact Details:	**Psychology, Social Work and Social Policy, University of South Australia. PH: 83024347 or sarah.wendt@unisa.edu.au Curtin University of South Australia. PH: +618 9266 3340 or d.chung@curtin.edu.au**	
Protocol Number:	**Application ID: 0000034007**	
Project Title:	Seeking help for domestic violence: exploring rural women's coping experiences	
SECTION 2: CERTIFICATION		
Participant Certification		

In signing this form, I confirm that:

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it, that is, I am participating in a one-to-one face-to-face interview with a researcher.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future. If you withdraw your data will not be used and will be destroyed.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I understand that I will be audiotaped during the focus group and this information will be stored on a password protected computer in Sarah Wendt's locked office, Magill H1-25.
- I understand that I will be audiotaped. Tick YES or NO.
- I understand that the researchers will report cases of child abuse/neglect during the course of the study should the need arise.
- I am 18 years of age or older.

Participant Signature	*Printed Name*	*Date*
Researcher Certification		
I have explained the study to subject and consider that he/she understands what is involved.		
Researcher Signature	*Printed Name*	*Date*

Appendix D

Information sheet for practitioners

University of South Australia

Information sheet: DV Services

Title: Seeking help for domestic violence: exploring rural women's coping experiences.

Researchers: Associate Professor Sarah Wendt
Psychology, Social Work and Social Policy
University of South Australia.
PH: 83024347 or sarah.wendt@unisa.edu.au

Professor Donna Chung and Dr Antonia Hendrick
Curtin University of South Australia.
PH: +618 9266 3340 or d.chung@curtin.edu.au

You are invited to participate in a research study that aims to explore how different types of social and geographical isolation impact on women's abilities to seek help and cope with domestic violence. The purpose of the study is to highlight challenges and experiences of providing support to women in rural and remote places.

You are asked to participate in a **focus group** with other workers who have experience responding to domestic violence. Focus groups enable workers to come together to discuss their thoughts, opinions, and practice wisdom about working in isolated places and how such contexts shape their work. In the focus group you will be asked questions about your experiences of working with women, training and support needs, isolation, and strategies to engage women.

All focus groups will be facilitated by two researchers and will be audio-recorded. They will take approximately 2 hours.

The possible benefits of participation is that your practice story, together with collective analysis with other practitioners, will contribute to the knowledge base of engaging and working with women living in rural and remote areas who have experienced domestic violence.

The possible risks to participation are minimal. Participation is purely voluntary and you can withdraw at any stage until the reporting of results without penalty. Because other workers employed in your agencies or region may be participating in the focus groups with you, the researcher cannot guarantee that the identities of group participants are protected nor confidentiality of discussions maintained. However, all participants will be asked to sign a consent form stating they agree to confidentiality before the focus group commences.

All information collected as part of the study will be stored on safe, password-protected computers in the locked office of Sarah Wendt for 5 years. No identifying details will be recorded, all data will be coded, all information will remain confidential and you will not be identified in any way in the reporting of results.
This project is funded by Australia's National Research Organisation for Women's Safety (ANROWS).

If you have any questions or **would like to participate please contact Sarah Wendt in South Australia or Donna Chung in Western Australia**—details above.

The project has been approved by the University of South Australia's Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this Committee, Tel: +61 8 8302 3118; Email: vicki.allen@unisa.edu.au

Appendix E

Consent form for practitioners

Consent Form:		
This project has been approved by the University of South Australia's Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this Committee, Tel: +61 8 8302 3118; Email: Vicki.Allen@unisa.edu.au		
SECTION 1: CONTACT AND PROJECT DETAILS		
Researcher's Full Name:	**Associate Professors Sarah Wendt** **Professor Donna Chung & Dr Antonia Hendrick (Western Australia)**	
Contact Details:	**Psychology, Social Work, and Social Policy,** **University of South Australia.** **PH: 83024347 or sarah.wendt@unisa.edu.au** **Curtin University of South Australia.** **PH: +618 9266 3340 or d.chung@curtin.edu.au**	
Protocol Number:	**Application ID: 0000034007**	
Project Title:	Seeking help for domestic violence: exploring rural women's coping experiences	
SECTION 2: CERTIFICATION		
Participant Certification		

- In signing this form, I confirm that:
- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it, that is, I am participating in a focus group with other workers.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I understand that given participation in a face-to-face focus group the researcher cannot guarantee that the identities of group participants are protected nor confidentiality of discussions maintained.
- I understand that I will be audiotaped during the focus group and this information will be stored on a password protected computer in Sarah Wendt's locked office, Magill H1-25.
- I agree to keep the identity of other clients and participants confidential.
- I agree to keep all information shared as part of data collection in the group setting confidential.

Participant Signature	*Printed Name*	*Date*
Researcher Certification		
I have explained the study to subject and consider that he/she understands what is involved.		
Researcher Signature	*Printed Name*	*Date*

Appendix F

Interview schedule for women

This guide follows a semi-structured format. The interview questions below speak to the aims of the research but the interview guide also welcomes thoughts, topics, and other discussions not considered in the premise of the study.

The study aims to explore how different types of social and geographical isolation impact on women's ability to seek assistance and cope with experiences of domestic violence. The specific research questions are:

1. How does social and geographic isolation impact on women's decisions to disclose and seek help for domestic violence?
2. How does social and geographic isolation shape women's coping abilities when experiencing domestic violence?

Living in a rural/remote community, experiencing domestic violence

1. Please tell me about yourself (e.g. age, children, employment, where live).
    a. How long have your lived in your community?
    b. How long have you been with your partner? Tell your history/story.

Seeking help and coping

2. Please tell me ways you have managed and survived domestic violence?
3. What have been your main coping strategies?
4. Please tell moments when you decided to seek help about domestic violence? What were your main reason for seeking help?
    a. How did you seek assistance? Who did you reach out to—e.g. family/friends or formal support (police, local services)? How was that experience with both informal/formal help? What informed your decisions to seek help at these particular times in your life?
5. Can you think of times you didn't seek help and what particularly informed your decision to cope alone?
6. What information, services, or support networks were pivotal in your attempts to cope with and/or leave domestic violence? Tell me about them and why they were effective?
    a. How long have you engaged with formal services, who they are, and what have you been using them for?
7. What barriers challenged you in your attempts to seek help and/or leave your relationship?

Isolation

8. Please tell me about your experiences of geographic isolation (e.g. distance and how you lived with and coped with distance in your life).
    a. Has distance impacted on how you sought help with and/or coped with domestic violence?
9. Please tell me about your feelings of isolation (e.g. connections to family/friends/community)? Have you/do you feel lonely—why/why not?
    a. Did isolation increase possible fear you felt because of domestic violence?
        i. Did your partner use "isolation" as a way to scare you? How?

Appendix G

Interview guide for focus group with practitioners

This guide follows a semi-structured format. The interview questions below speak to the aims of the research but the interview guide also welcomes thoughts, topics, and other discussions not considered in the premise of the study.

The study aims to explore how different types of social and geographical isolation impact on women's ability to seek assistance and cope with experiences of domestic violence. The specific research questions are:

1. How does social and geographic isolation impact on women's decisions to disclose and seek help for domestic violence?
2. How does social and geographic isolation shape women's coping abilities when experiencing domestic violence?

Living and working in a rural/remote community responding to domestic violence

1. Please tell me about your agency/organisation (e.g. how many employed, its purpose, what it does, who it works with).
    a. How long has the service existed in the community? How is it funded?
    b. How does isolation shape the work of the agency? How does isolation impact on or influence workers?
    c. How does the environment context shape the work of the agency? (e.g. depending on if the community is farming, mining, remote).

Helping women

2. Please tell me about the women you help? Describe them? What are the main reasons they seek help from you? What do you mainly do?
3. Do you have a sense that you may not be reaching particular groups of women? Who would they be? (e.g. Indigenous, culturally and linguistically diverse, same-sex, disabilities.)
4. Please tell me about your experience engaging with and helping Indigenous women in particular? What is working well and not so well?

Service delivery

5. What are the major challenges to your service delivery? (e.g. funding arrangements; isolation, recruitment and retention of staff; reaching women; lack of integration.)
6. What is working particularly well in terms of your service delivery? Why?
7. Are there particular support mechanisms you need as an agency but haven't got and want? (Training, engagement with local stakeholders, access to police, housing options, outreach provisions.)
8. What responses or services are available to men who perpetrate domestic violence in your area? What is needed in your community?
9. Research has shown that rural/remote women often reach out to informal networks for help in the first instance (family/friends/community), but how informal care and support networks can be better understood and utilised in terms of violence against women has only begun to receive some attention.
    a. As an agency do you work with women's wider social/family networks or the local community? How? Has it been helpful? Or what is its potential, do you think? What reservations do you have?
10. Technology is often considered a method or way to reach geographically isolated places (video-conferencing, computer based one-on-one counselling, chat rooms) and is seen as potentially aiding women and workers
    a. Does your agency use technology in your work? Tell us about this experience? What reservations do you have?

Improving and sustaining domestic violence work in isolated places

11. Please use time in the focus group to raise any points or ideas about how to improve and sustain domestic violence work in your community?
    a. What key messages do you want reported about domestic violence service provision in isolated places? e.g. your frustrations or celebrations, opportunities to be explored, considerations that can't be ignored.

Appendix H

Thematic analysis and data sample

Mount Gambier

INTERVIEW PARTICIPANTS 5 WOMEN

COPING	Didn't cope
	Shame and embarrassment
	Placating
	No friends or family
SEEKING HELP	Police referral
	General practitioner
	Crisis accommodation key for these women
	Local partnerships vital
ISOLATION	Didn't report geographical isolation
	Felt social isolation
	Looking for long-term support after crisis

MANAGERS AND PRACTITIONERS 7 PEOPLE

CRISIS WORK	Crisis response has increased
	Stability of work force a good thing
LOCAL COLLABORATIONS	Important and named as a strength
GEOGRAPHICAL ISOLATION	Workers struggle to find time to travel
	Property women suffer geographical isolation
COUNSELLING	Long-term support is needed
COMMUNITY DEVELOPMENT	Seen as vital but struggle to commit time due to crisis work

THE FIVE WOMEN'S DATA SAMPLE

WOMEN'S AGE	CHILDREN	LIVED IN REGION	RELATIONSHIP
35 – 65 years	4 of 5 have children	1 – 20 years	In a domestic and family violence relationship for 1 – 25 years

Appendix I

Thematic analysis and data sample

Whyalla

INTERVIEW PARTICIPANTS 3 WOMEN

COPING	Placating
	Children play role in decision-making
	Shame and embarrassment
	Family and friends: mixed response
SEEKING HELP	Wanted long-term help
	Friends and family: mixed response
	Police
ISOLATION	Geographical isolation not a problem
	Felt social isolation
	Had precarious informal networks

MANAGERS AND PRACTITIONERS 5 PEOPLE

CRISIS WORK	Mostly crisis properties available
GEOGRAPHICAL ISOLATION	Geography not seen as an issue, locality and small distances inside the township seen as an advantage for service
COUNSELLING	Long-term support is needed
COMMUNITY DEVELOPMENT	Could be improved, is getting better now with VSS

THE THREE WOMEN'S DATA SAMPLE

WOMEN'S AGE	CHILDREN	LIVED IN REGION	RELATIONSHIP
35 – 45 years	2 of 3 have children	Just moved – whole life	In a domestic and family violence relationship for 1 – 25 years

Appendix J

Thematic analysis and data sample

Murray Bridge

INTERVIEW PARTICIPANTS 5 WOMEN

COPING	Placating
	Shame and embarrassment
	Fear of poverty
	Family and friends: mixed responses
SEEKING HELP	Found own accommodation, particularly rural property women
	Police referral
	Service helped women for short term counselling, security for new premises
ISOLATION	Geographical isolation felt by farming/property women
	Felt social isolation

MANAGERS AND PRACTITIONERS 5 PEOPLE

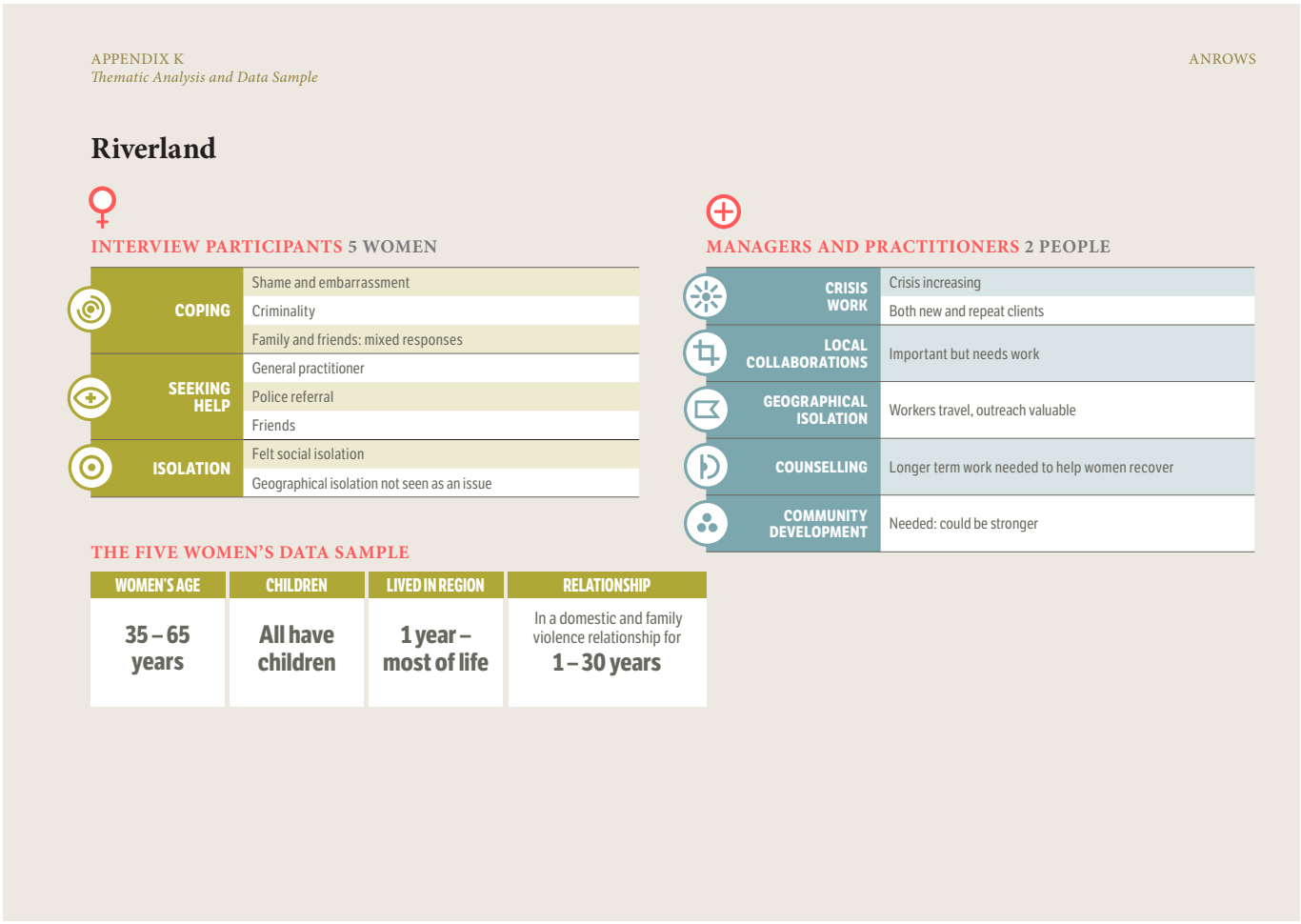
CRISIS WORK	Limited staff (crisis after crisis)
	No accommodation but crisis response
	Good relationship with local motels
LOCAL COLLABORATIONS	Important with police but takes constant work to maintain
	Value local networks
GEOGRAPHICAL ISOLATION	Workers travelling alone creates worry
COUNSELLING	Longer-term work a goal but always working short-term — refer out to counsellers they trust
COMMUNITY DEVELOPMENT	They make time, as it is seen as important

THE FIVE WOMEN'S DATA SAMPLE

WOMEN'S AGE	CHILDREN	LIVED IN REGION	RELATIONSHIP
35 – 70 years	All have children	1 – 20 years	In a domestic and family violence relationship for 1 – 55 years

Appendix K

Thematic analysis and data sample



APPENDIX K
Thematic Analysis and Data Sample

ANROWS

Riverland

INTERVIEW PARTICIPANTS 5 WOMEN

COPING	Shame and embarrassment
	Criminality
	Family and friends: mixed responses
SEEKING HELP	General practitioner
	Police referral
	Friends
ISOLATION	Felt social isolation
	Geographical isolation not seen as an issue

MANAGERS AND PRACTITIONERS 2 PEOPLE

CRISIS WORK	Crisis increasing
	Both new and repeat clients
LOCAL COLLABORATIONS	Important but needs work
GEOGRAPHICAL ISOLATION	Workers travel, outreach valuable
COUNSELLING	Longer term work needed to help women recover
COMMUNITY DEVELOPMENT	Needed: could be stronger

THE FIVE WOMEN'S DATA SAMPLE

WOMEN'S AGE	CHILDREN	LIVED IN REGION	RELATIONSHIP
35 – 65 years	All have children	1 year – most of life	In a domestic and family violence relationship for 1 – 30 years

Appendix L

Thematic analysis and data sample

Derby

INTERVIEW PARTICIPANTS 5 ABORIGINAL WOMEN

COPING	Placating
	Informal networks valuable
SEEKING HELP	Cope on own with family
	Children a catalyst for help-seeking
	Access formal services in crisis
	Refuge and police helpful
ISOLATION	Didn't feel geographical isolation
	Felt social isolation
	Affordable housing a problem

MANAGERS AND PRACTITIONERS 9 PEOPLE

LOCAL COLLABORATIONS	Service trying to improve collaborations
	Service/police refuge working well
GEOGRAPHICAL ISOLATION	Ongoing issues with staff retention
	Conflict of interest
	Regular supervision required and debriefing
COMMUNITY DEVELOPMENT	Investment needed and slowly happening

THE FIVE WOMEN'S DATA SAMPLE

WOMEN'S AGE	CHILDREN	LIVED IN REGION	RELATIONSHIP
30 – 40 years	All have children	1 year to most of life	In a domestic and family violence relationship for 5 – 25 years

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ANROWS

ANROWS