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to Reduce Violence against Women & their Children

Compass

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Seeking help for domestic and family violence: Exploring regional, rural, and remote women's coping experiences: *Key findings and future directions*

Professor Sarah Wendt, Professor of Social Work, Flinders University
Professor Donna Chung, Professor of Social Work, Curtin University
Dr Alison Elder, Research Associate, University of South Australia
Dr Antonia Hendrick, Lecturer of Social Work, Curtin University
Ms Angela Hartwig, University Associate, Curtin University

Flinders University, Sturt Road, Bedford Park, South Australia, 5042
University of South Australia, 101 Currie Street, Adelaide, South Australia, 5000
Curtin University, Kent Street, Bentley, Western Australia, 6102

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

This report addresses work covered in ANROWS research project 1.3 "Seeking help for domestic violence: exploring rural women's coping experiences". Please consult the ANROWS website for more information on this project. In addition to this paper, ANROWS Landscapes and ANROWS Horizons papers are available as part of this project.

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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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Introduction

There is limited research on the coping and help-seeking activities of regional, rural, and remote Australian women when they are surviving domestic and family violence (Hogg & Carrington, 2006; Wendt, Chung, Elder, & Bryant, 2015). ANROWS identified the experiences of women living in social and geographical isolation as a priority topic for research.

This report summarises the key findings of a qualitative case study design on this topic that engaged with five different locations: Mount Gambier, Murray Bridge, the Riverland, and Whyalla in South Australia, and Derby in Western Australia. 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 distance (spokes) (Roufeil & Battye, 2008).

The term isolation was used in this research 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 means persons, groups, or populations separated by physical distance, and social isolation means a lack of contact with persons, groups, and society because of distance and population sizes.

Implications for policy and practice

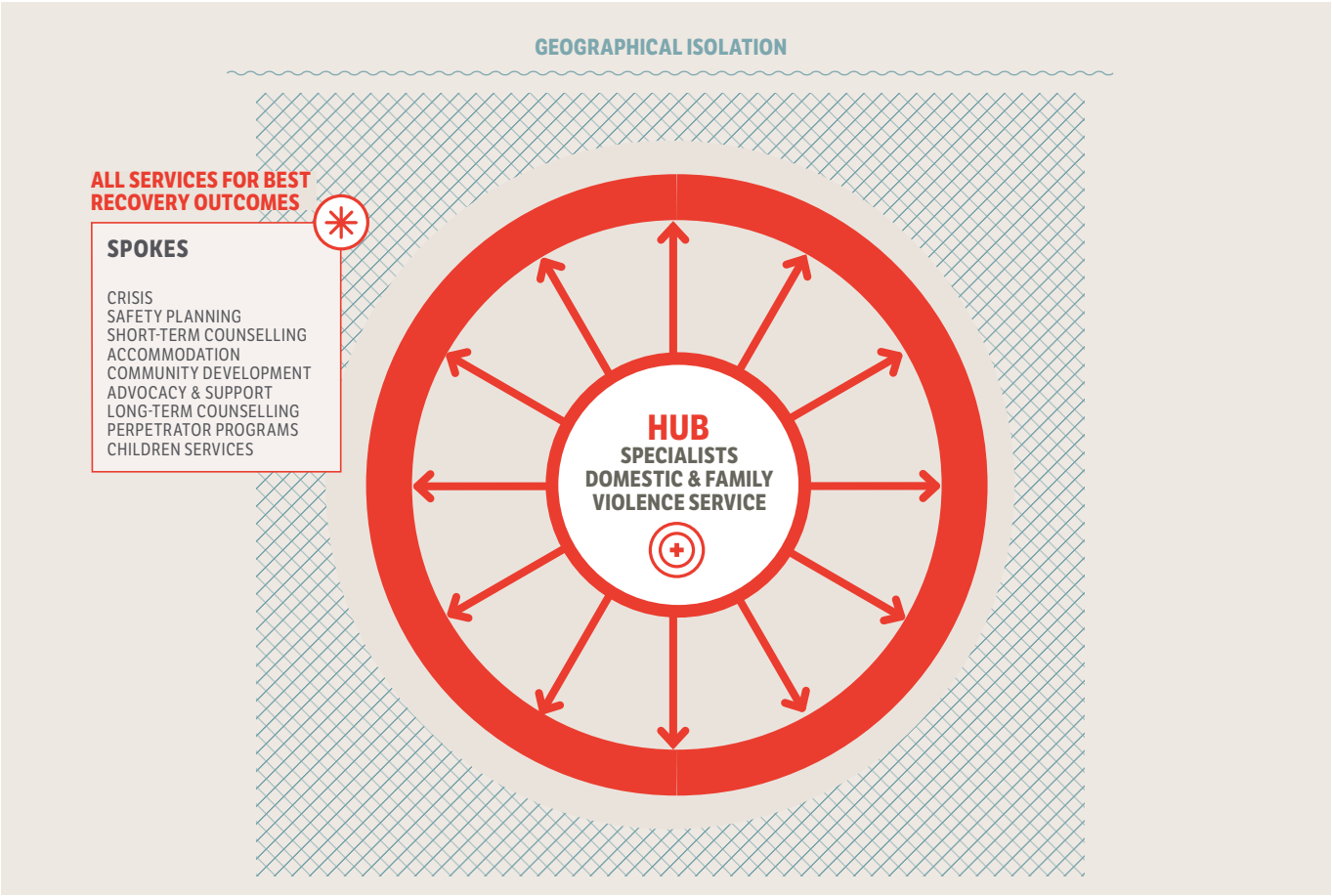
Services embedded in their local community contexts are more likely to be successful (Cheers, Darracott, & Lonne, 2007), with services operating with the hub-and-spoke model being effective in assisting women living in isolated places. Specialist domestic and family violence agencies based on this model enable and support:

- the development of specialist and specific knowledge and information about the dynamics of domestic and family violence;
- the employment of a specialist workforce, including managers and practitioners who are skilled in crisis response, outreach activities, and community development;
- the planning and development for long-term support and recovery for women, children, and men
- flexibility, local participation, local collaboration, and community development; and
- 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 move 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.

Diagram 1 Regional, rural, and remote service provision



A number of findings from this project are relevant to clinical practice (e.g., counselling, crisis interventions) in terms of both informing clinicians' understandings of the experiences of women living in social and geographical isolation and enhancing their practice response with those women. These include women's common experiences of:

- extended periods of coping with violence through various active strategies such as placating and trying to help their partner prior to their own help-seeking;
- shame and embarrassment over being a victim of abuse or a partner of someone engaging in illegal activities, delaying help-seeking;
- Aboriginal women's dignity and pride being associated with being able to keep their children safe and rely on families;
- Aboriginal women using temporary stays at refuges as a way of staying safe;
- significant social isolation, which affected help-seeking more than physical distance from local communities; and
- informal supports influencing access to both emotional and material resources.

The research

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?

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). 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 (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 (Cheers et al., 2006). Throughout the report, domestic and family violence will be used together to recognise the different contexts of these definitions.

Face-to-face interviews were held with 23 women (six Aboriginal women and 17 non-Aboriginal women) and focus groups with 37 domestic and family violence service managers and practitioners across South Australia and Western Australia.

The stories of the 23 women revealed domestic and family violence including coercive control (Stark, 2012) 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. 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 (Klein, 2012).

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 10 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, which was also when the violence was often the worst.

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, 2009). 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. Geographical isolation was only a factor for women who lived on isolated properties or in small townships—that is, one hour's drive or more outside the regional centre—and this shaped their decision-making in specific ways. Instead, the social isolation all women felt as a result of the domestic and family violence (not distance) was the more significant issue of concern to them.

Managers and practitioners identified geographical distance and isolation as a factor that shaped agency responses and work contexts. 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.

In summary, all sites reported that crisis response and risk management dominated domestic and family violence work, thus the hub often lacked the staff, time, and resources to do outreach work (spokes). As a result, it becomes more difficult to provide services and support to smaller townships and properties across large geographical distances and the hub services the area with the greatest population density (the regional centre).

Coping

This study confirmed the findings of previous research that women experiencing domestic and family violence generally cope on their own for long periods of time by: trying to understand their partner's behaviour, placating him, positioning themselves as responsible for helping their partner, and keeping their family together (Davis, Taylor, & Furniss, 2001; Hayati, Erikson, Hakimi, Hogberg, & Emmelin, 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).

Shame and embarrassment emerged as a theme for non-Aboriginal women that shaped their decisions to cope alone for periods of time. Many women described feeling ashamed at 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 contrasted with Aboriginal women's descriptions of shame and pride being associated with the capacity to keep children safe. For them, dignity and pride were associated with being able to rely on families. However, this was sometimes at odds with women's worries about the safety of themselves, other family members, and their children, and hence police were often called for assistance and intervention orders were sought.

Seeking help

The women's stories confirmed that, despite their efforts to cope alone, most reached out to family or friendship networks as a first step to seeking help about domestic and family violence. Aboriginal women were more likely to be able to seek help from extended family compared with non-Aboriginal women. Aboriginal women's networks appeared 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, but for the women who did have family support, this made a significant difference to their emotional and material wellbeing. 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). Family and 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).

It was not uncommon for non-Aboriginal women without family networks to search for alternative practical and emotional social supports—such as from neighbours, co-workers, friends, and acquaintances—to leave a violent partner. Some women were able to negotiate and organise alternative accommodation through these networks. However, whether or not this led to a safe outcome was often shaped by the women's experiences of class and the local community culture. 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. For others, shelter accommodation was their only option, because they had no financial resources and limited networks.

Women experienced different responses from informal supports to help-seeking depending on the status of their partners. Women who had partners with wealth and who wield considerable influence across varying sectors in the local community could remain relatively invisible in their efforts to seek help. Conversely, having a partner with a criminal history or with a dangerous reputation enabled women to receive a rapid response in regards to police and housing. But this could also incite an equally slow response from police, because a woman could be positioned as "just as bad" as her partner and could be highly visible in the community because of her association with a known criminal. The intersections of gender and class

mean 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 created a range of unstable responses when seeking help. Some women and practitioners spoke of the violence being worse at particular times and said it could be somewhat predictable; however, its severity could not always be anticipated. On occasion, the women would seek refuge in the shelter and, once the violent periods had passed, they would return home on the advice of family and friends. Some Aboriginal women used the refuge as respite; however, at some point they also felt it best to leave the relationship. The picture emerging from the study is that usage patterns and rationales for Aboriginal women accessing the refuge were more diverse than non-Aboriginal women. However, these patterns reflected a well thought through safety strategy based around their changing needs over time.

All women in the study experienced moments in which they perceived circumstances to be impossible for them. In the majority of cases, police intervention was necessary, whether that was instigated by themselves or a third party. For most of the women, it was this crisis that facilitated the pathway to shelter accommodation and other supports from the local domestic and family violence agency. The women and practitioners reported that positive experiences with police, improved police awareness and operational responses, and integrated ways of working were ways to gain better outcomes for women.

The work of local specialist domestic and family violence agencies is predominantly focused on 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, counselling, and legal support, as well as addressing mental health and drug and alcohol issues. The capacity of domestic and family violence work has narrowed, limiting the ability to respond to women at high or imminent risk of harm.

A major concern for local communities was the lack of long-term support for women and their children recovering from domestic and family violence. This support was provided in scattered ways across sites, depending on the agencies' capacities, workers' skills and availability, or connections to other local agencies with domestic and family violence understandings and expertise. Some women reported feeling isolated after the crisis had passed in their lives and therefore were seeking long-term counselling, with varying success, to enable their recovery and that of their children. Similarly, there is little or no help for men who use violence in regional, rural, and remote places outside a police or court response. It was reported that 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.

All locations identified the need to build the capacity of local specialist domestic and family violence services to increase outreach, therapeutic counselling, and community development service provision. These aspects of service provision need to sit alongside crisis response and management to enable early intervention and prevention service delivery models to re-emerge. This was regarded as essential to ensure better engagement with women from different cultural backgrounds, women living some distance from the regional centre, and women who have a diverse range of social, emotional, and material resources.

Community stakeholders look to specialist domestic and family violence services to take the lead in addressing 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 would work across complex problems that intersect with domestic and family violence, such as mental health and drug or alcohol issues in the area.

Isolation

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 a lack of contact with people due to distance.

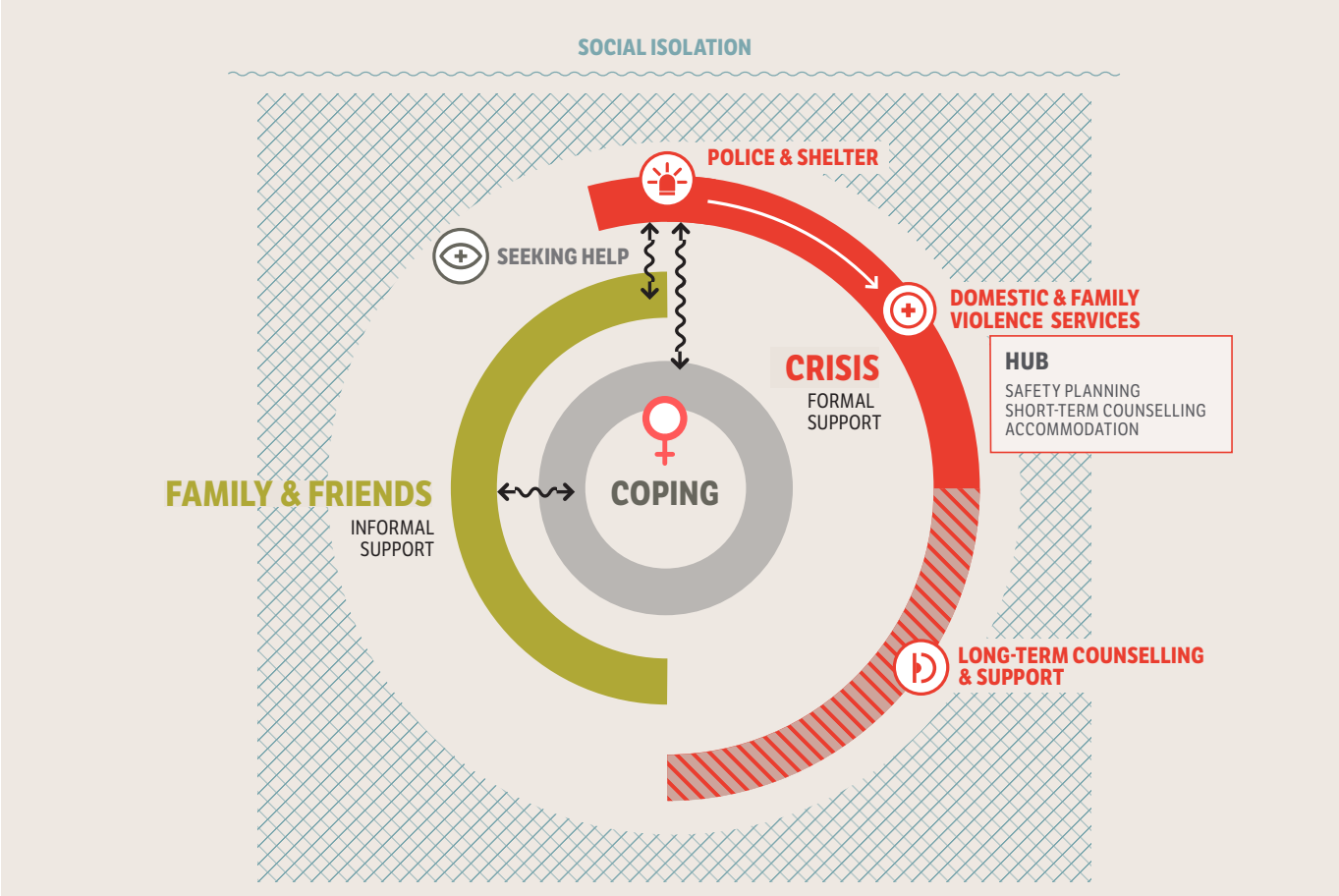
Women's descriptions of social isolation were focused on having limited social networks and supports (such as family or friends) and social resources (feeling a sense of limited means to interact, or a lack of confidence). Social isolation was described as a consequence of domestic and family violence, not as a lack of contact with society and other persons and groups because of distance and population sizes.

There were differences in the experiences of social isolation for Aboriginal women and nonAboriginal women. Non-

Aboriginal women described social isolation as a consequence of social abuse perpetrated by their ex-partner. The effect of social abuse played out in diverse ways for non-Aboriginal women, depending on the status of a woman and her partner in the local community. On the other hand, Aboriginal women spoke about their families as being strong and supportive, which combated feelings of social isolation. But fleeing and hiding from partners for safety reasons created moments of social isolation and fear for Aboriginal women. They did not like being away from family and their homes.

In contrast to the women's stories, geographical isolation was a key issue for managers and practitioners, as it significantly shaped specialist domestic and family violence agency responses and work contexts. The focus groups revealed layers of planning, time, and problem-solving due to distances to travel for either the woman or the practitioner. Other challenges identified included difficulties in retaining staff, demands of crisis work, that the potential practitioners would work alone, and low wages as shaping their work. Stories were also told of managers and practitioners managing their own visibility while living and working in their local communities.

Diagram 2 Women's pathways for coping and seeking help



Service provision

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.

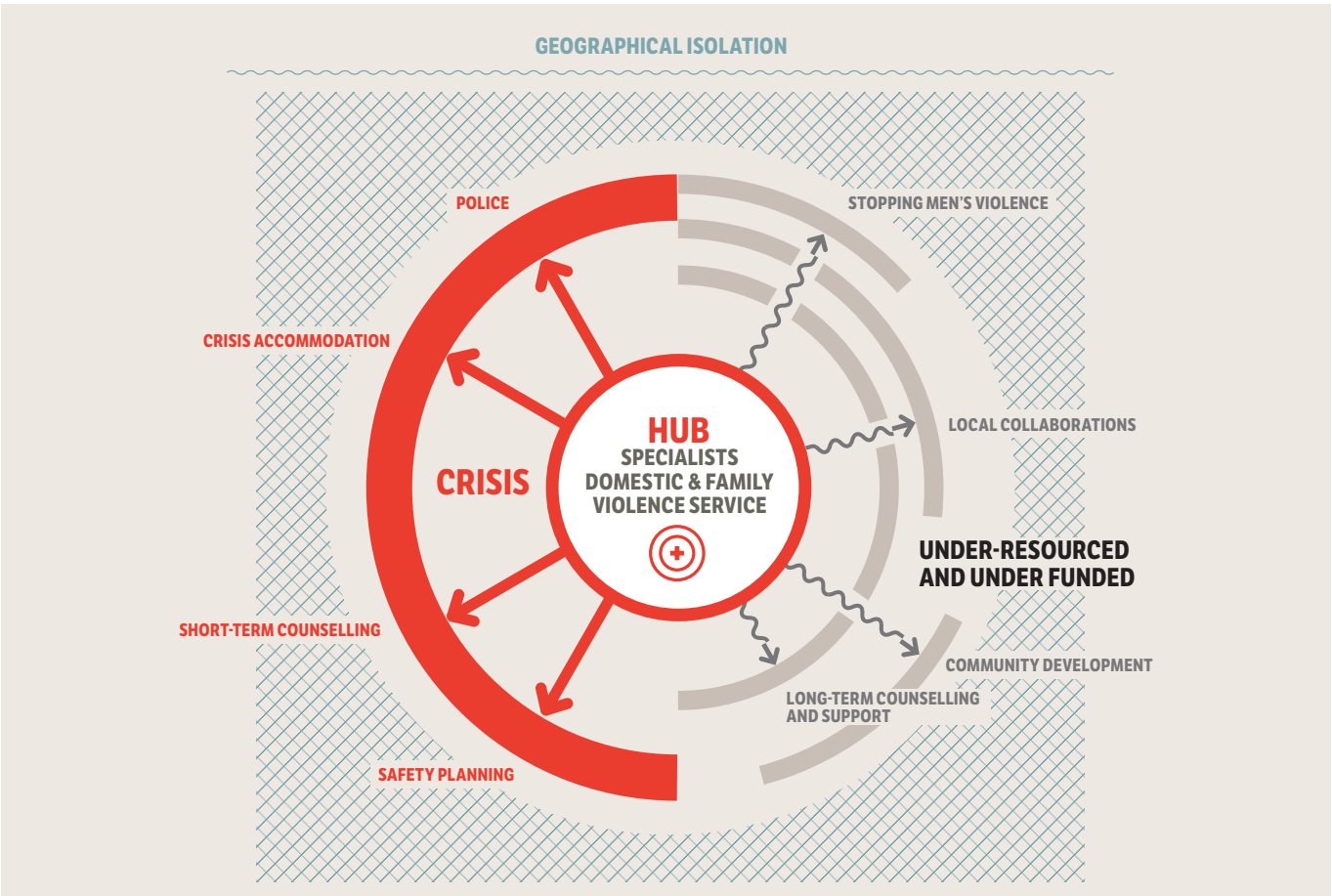
Within the context of these findings, it can be argued that the local specialist domestic and family violence agencies are and need to be the central point—the hub—in local communities. This position and recognition enables them to engage actively with their local communities to provide a range of services (spokes).

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 are strained, crisis response is prioritised. The hub is then forced to service the area with a more concentrated population (the regional centre) and it becomes much harder to provide services and support to smaller townships and properties across large geographical distances. It also restricts the services' capacity to meet the needs of the diverse groups of women that live in these areas.

The 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 court or socially mandated. The consequence of only having police and courts available as a response to male perpetrators is that women and specialist domestic and family violence services are thought to bear the responsibility for women's safety. A variety of responses to perpetrators and modes of service delivery must be developed in collaboration with the existing specialist domestic and family violence agencies in remote, rural, and regional centres.

Recruiting and retaining staff was also reported as an issue for services in these areas as a result of the dominance of crisis work. Investment in workforce development enables the building of collegiality and reduces worker isolation in these areas. Managers can then provide supervision and time to engage in wider policy and practice networks.

Diagram 3 Practitioners' experiences of service provision



Conclusion

To reach and support women living in isolation requires investment in a workforce that can be visible and engage with local community contexts. Services embedded in their local community contexts are more likely to be successful (Cheers, Darracott, & Lonne, 2007), with services operating with a hub-and-spoke model being effective in assisting women living in isolated places. Based on the experiences of the women, managers, and practitioners across five sites, it can be argued that specialist domestic and family violence services are best positioned to take up this role. However, to expand the service model beyond crisis response and housing requires investment in an adequate range and level of service responses to meet the diverse short and long-term needs of women and children living in regional, rural, and remote places.

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