RESISTANCE AND RENEWAL

Building and Supporting Community-led Partnership Initiatives Responding to Family Violence in Indigenous Communities in Victoria

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INDIGENOUS LAW CENTRE

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DEDICATION

We dedicate this community report to Aunty Maria Starcevic, who so often challenged us, through her yarns of resistance and renewal, to think 'outside the box', to push the boundaries of what was practical, possible and in the best interests of all community members.

We also dedicate this report to those people in our communities who have given freely of their time to share their stories, openly, energetically and passionately. We have been humbled by your willingness to share with us your stories and experiences and have been inspired by your humour, insightfulness and thought provoking words.

Aboriginal and Torres Strait Islander readers are respectfully advised that this report may contain images of deceased persons.

ACKNOWLEDGMENTS

We are grateful to the many individuals and agencies that supported this project. We particularly wish to acknowledge the many research participants who so generously gave their time to contribute their insights and experiences to the research project.

We acknowledge the Australian Research Council and Australian Institute of Aboriginal and Torres Strait Islander Studies for the funding they have provided that has made this project possible..

We are greatly indebted to the Steering group, which has supported this project from its inception. The generous contributions of time, energy, guidance and advice and the many shared conversations and yarns helped us focus on the challenges and possibilities of partnerships.

Finally, we would like to thank the following people for their contributions to the project: Narida Vella, Nadene Hatfield King, Jody Saxton-Barney and Elisabeth Scott.

ABBREVIATIONS AND TERMS

Aboriginal and Torres Strait Islander peoples

Refers to peoples who are of Aboriginal and Torres Strait Islander descent who identify as Aboriginal or Torres Strait Islander and are accepted as such by the community with which they are associated. The term Aboriginal and Indigenous are used interchangeably throughout this report.

Disabilities

When referring to disabilities throughout this report, we have adopted the UN definition which acknowledges all persons with disabilities, including those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various attitudinal and environmental barriers, hinder their full and effective participation in society on an equal basis with others. For further information please refer to http://www.un.org/disabilities/default.asp?id=259

Indigenous Family Violence

An issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.[1]

IFVRAG

Indigenous Family Violence Regional Action Groups

Mainstream

We use mainstream to refer to non-Aboriginal systems, institutions and practices.

NHMRC

National Health and Medical Research Council

Taskforce

Victorian Indigenous Family Violence Taskforce Report

EXECUTIVE SUMMARY

The Victorian Indigenous Family Violence Taskforce report, released in 2003, highlighted the growing problem of family violence within Indigenous communities throughout the State. It provided significant information about the complexities of the issue and illustrated flaws in service responses. A holistic approach to family violence that factored in the historical and family contexts in which the violence occurred was considered the most appropriate way forward. The Taskforce recommended that any interventions involving Indigenous community members needed to be community driven, be reflective of priorities and issues identified by communities and needed to empower local people to effectively deal with and address family violence as it occurred in their communities. This is consistent with recommendations relating to Indigenous family violence nationally and internationally. It is essential that responses recognise community diversity and needs, facilitate community choice, and be built on coordinated meaningful partnerships between Indigenous communities, government and service providers. However, little is known about how Indigenous family violence 'partnerships' work in theory or operate in practice.

This report details the findings of a community-led research project that explored the practice and functionality of partnerships in responding to Indigenous family violence in four sites in Victoria. The project focussed on the challenges and opportunities of partnerships that could produce a better quality of service, access and support for Indigenous family violence victims, perpetrators and their families. The research involved interviews and focus groups with service providers (Indigenous and mainstream) working in and with the family violence sector.

The research found that the structure and scope of partnerships is being forced upon service providers and this is breeding resentment rather than a supportive working environment committed to improved services for Indigenous communities experiencing family violence. The research found resistance from service providers to the types of partnerships being dictated to them by government. This did not mean the partnerships were not happening, they were just of an informal type between individuals who work with their own network of trusted friends, allies and associates to get the best outcomes for individual clients. This approach to partnerships, however, is unsustainable.

Indigenous and mainstream service providers recognise that partnerships need to occur and that they are vital if we are to improve responses to Indigenous family violence. However, renewing their commitment to improved partnership practices and processes will involve a rethink of current policy and funding frameworks, and an investment in workforce development.

INTRODUCTION

Background

It has been widely reported that the incidence of family violence in Indigenous communities in urban, regional and remote areas has been increasing. Indeed, 'there are few Aboriginal families that are not struggling with the debilitating effects of trauma, despair and damage resulting from their experiences with violence'.[2] Media attention has made the occurrence of violence in remote areas more visible, making it the focus of concern. Less attention has been paid to the incidence and experience of violence in urban contexts or south-eastern states.

Responding effectively to the problem requires an understanding of the communities in which it occurs and the factors contributing to it. Evidence is now available that suggests that multiple interrelated factors are responsible.[3] Few services/programs (interventions), however, follow a holistic (social ecological) framework in responding to family violence that incorporate the family, cultural and social contexts in which violence occurs into their responses. 'Western' responses to family violence have often lacked the capacity to respond to victims, perpetrators and their extended families who feel the ripple effects of such violence. Consequently, many mainstream programs have often been found to be culturally inappropriate and ineffective, and struggle to address Indigenous community experiences of violence.[4] Indigenous programs responding to family violence have arisen from this inadequacy. These programs were mainly developed from the premise that solutions to the problem lie within our communities and that to combat the problem requires addressing all those affected by it. These initiatives are guided, supported and led by community members. However, they often operate outside the mainstream and remain largely unseen, unheard and unfunded. In a systematic review of the literature only three studies have surveyed and documented Australian Indigenous family violence services/programs (interventions).[5] These studies did not provide in-depth illustrations of the interventions sampled, nor did they describe the types of programs offered and accessed. Further, the studies provided little to no information on the partnerships that the interventions had with other services that supported their day-to-day activities. The scope and functionality of these partnerships and their impact on the sustainability of services and the sector more broadly are areas in which there were clear gaps in the literature.

The Victorian Context

In 2003, the Victorian Indigenous Family Violence Taskforce report was tabled in Parliament. The report contained 28 recommendations advocating a holistic approach to family violence that must be community driven, reflecting local priorities and empowering local people to address the problem. The Taskforce also recommended specific improvements in service responses, the establishment of community-led programs, and the building and strengthening of existing infrastructure and responses.

A process for ongoing community engagement via 11 Indigenous Family Violence Regional Action Groups (IFVRAG) was a specific outcome of the Taskforce's work. IFVRAGs consist of Elders, women, men, young people and community leaders from local Indigenous communities, as well as local Indigenous organisations and service providers. The establishment of this infrastructure model facilitated a process whereby communities could take ownership of the issue of family violence and continue the dialogue and community engagement necessary to address the problem, and issues associated with it, at the local level. The skills, capacity and activities of each IFVRAG vary depending on its membership. Importantly, Indigenous community members participate in the meetings and activities on a *volunteer basis*.[6] Their work at the local level is committed to:

- assessing local Indigenous community needs and mapping service provision and service utilisation;
- providing advice on preventing, reducing and responding to Indigenous family violence as well as related community issues;
- developing cross-agency linkages and partnerships to improve the provision of services to people affected by family violence;
- assisting mainstream family violence and other support services to provide culturally competent services for Indigenous community members; and
- supporting the development of holistic approaches to family violence in regional and local Indigenous communities, encompassing the social, emotional, spiritual, physical and cultural wellbeing of families.[7]

A further mechanism recommended by the Taskforce in support of a 'whole of government' and 'whole of community' response to family violence[8] was the creation of the Indigenous Family Violence Partnership Forum ('the Forum'). Aboriginal Affairs Victoria is the lead agency providing secretariat support to this body. Membership of the Forum includes the chairs of each IFVRAG, as well as representatives from relevant state and federal departments. The IFVRAGs report to the Forum with their concerns and work at the regional level. They have also been instrumental in this forum, working with the Victorian Government to develop a 10-year plan to reduce Indigenous family violence in Victoria. This plan was launched in June 2008 with an initial investment of $8 million over four years.[9]

In a broader context, the Victorian Government has, since 2002, undertaken significant work to reduce violence against women and children. Their work has focused on improving individual service responses in addition to developing a whole-of-government, whole-of-community-approach response to family violence, with the ultimate goal of building 'an integrated service system so that wherever a woman or child experiencing family violence goes for help ... she will be provided with help to access the right information and support to stay safe. The services that are needed will work together to ensure that her immediate and future wellbeing are safe and protected and that she has support in the aftermath of family violence'.[10] The mainstream regional structures of the integrated family violence services evolved from the Indigenous Family Violence Regional Action Group structures originally established by the Victorian Indigenous Family Violence Taskforce in 2003.

Many mainstream initiatives focused on integrating the family violence service system are at various stages of implementation and few evaluations of their progress are publicly available. However, anecdotal information from service providers suggests that responses to women and children who have experienced violence are significantly improved in Victoria as a result of these initiatives. But have they improved responses for Indigenous community members experiencing family violence? Little evidence is available to give us any indication to the success or otherwise of these initiatives given that current statewide datasets do not report on Aboriginal-specific data. The latter relates to concerns as to the integrity of data and the accuracy of recording of the Aboriginality of clients utilising services.[11]

Given this policy context, it was timely to conduct research on the impact and implementation of policy and practice changes on organisations delivering services to Indigenous families experiencing violence and how this was ultimately influencing the operation of partnerships. We were particularly interested in the value and priority placed on Indigenous community-led partnerships given that the Taskforce established these as essential mechanisms for ongoing community engagement as a means to reducing and preventing violence. We were also concerned that the original intentions and recommendations of the Taskforce around community-led responses were not being acknowledged and recognised and that the IFVRAGs were losing their voice and power to speak as they once did.

The Project Aims

This project aimed to:

- document and critically analyse Indigenous and mainstream services and programs (interventions) and models of practice in responding to family violence in Victoria;
- define the meanings and processes associated with 'partnerships' from an Indigenous and non-Indigenous perspective;
- identify, systematically document and critically analyse existing partnerships between Indigenous and mainstream organisations and their implications for service delivery;
- identify opportunities for further partnerships, in light of legislative changes, between Indigenous and mainstream organisations; and
- identify how Indigenous and mainstream organisations working in this field can come together to sustain both their models of practice should they be different over the longer term.

The Research Steering Group: Role and Responsibilities

The project aims and parameters were defined by a Research Steering Group that was convened prior to the project being funded. The Research Steering Group, recognising the social and political landscape in which family violence was situated in the State, quickly set the parameters for membership. The Steering Group members included:

Daphne Yarram

Daphne Yarram is a proud Noongar woman who is now living in Sale, Victoria. She has been actively involved in Aboriginal Affairs for over 30 years. She is a founding member of Ramahyuck District Aboriginal Corporation. After nine years as their Chief Executive Officer, Daphne resigned to take up her elected position in ATSIC as Chairperson of the Binjirru Regional Council, which she held for two terms until the demise of ATSIC. Whilst in this role, she actively participated in a number of committees at national, state, regional and local levels, in education, health, justice, economic development, arts, Aboriginal leadership, community development, rural women's issues and local government. She was also invited by the Victorian state government to chair the Victorian Indigenous Family Violence Task Force.

In 2006, Daphne was awarded an Indigenous Leadership Fellowship Award and was approached to establish the Yoowinna Wurnalung Healing Service, an Aboriginal Family Violence Healing Service and Men's Time Out Service for East Gippsland. She is currently the manager of the service, which delivers family violence education, prevention and clinical support across communities from Sale to the NSW border.

Recently Daphne was reelected to the Board of the National Congress of Australia's First Peoples. She also sits on the Victorian Indigenous Family Violence Partnership Forum.

Leanne Miller

Leanne is a member of the Dhulanyagen Ulupna clan, Yorta Yorta people, and is Executive Director of Koorie Women Mean Business Incorporated. Leanne has worked on the Australian NGO Indigenous Women's Shadow Report on the implementation for the United Nations Convention of the Elimination of all forms of Discrimination Against Women Session (CEDAW).

She has represented Indigenous women's interests on the international stage at United Nations Forums on the Convention on the Elimination of all forms of Discrimination Against Women in 2006 and again in 2010; as well as at the United Nations Permanent Forum on Indigenous Issues in 2004 and in 2006. In 2010, Leanne was selected as the

Australian government and NGO delegate to the United Nations Committee on the Status of Women. At a national level, she has for several years been involved in the National Aboriginal and Torres Strait Islander Women's Gatherings that have presented to the annual Commonwealth, State, Territory and New Zealand Ministers' Conference on the Status of Women (MINCO). She was recently appointed by the Minister for Indigenous Employment and Economic Development to the Indigenous Business Policy Advisory Group.

Leanne is an active member on several boards at a state level. For example, she has a particular interest in family law and is a board member Women's Legal Service Victoria, Family Law Legal Service and the Victorian Women's Trust and is one of the founding members of the former National Network of Indigenous Women's Legal Services Inc.

Aunty Faye Lynam

Aunty Faye Lynam is a member of the Yorta Yorta Nations, a member of the Stolen Generations and a well-known Elder in the Shepparton region where she has lived most of her life.

Aunty Faye has worked as an Aboriginal educator within North East Victoria. She has also been a foster parent. In both these roles, she has fiercely advocated for the rights of the little ones in her care for over 20 years. As a foster carer, Aunty Faye has proudly taken over 30 children into her home.

Aunty Faye was also a board member of the former Stolen Generation Victoria Incorporated. Her personal story of being a member of the Stolen Generations received wide media coverage during the National Apology in 2008 when Dr Nelson used parts of it without her permission, to put a different slant on the apology delivered by Prime Minister Kevin Rudd.

Aunty Faye continues to be actively involved in many community groups and organisations, including as the former chairperson of the Hume Indigenous Family Violence Regional Action Group, as a member of the Regional Aboriginal Justice Advisory Committee, and as a former board member to Koorie Women Mean Business.

Aunty Maria Starcevic

Aunty Maria Starcevic was a member of the Kulin nations and the Stolen Generations. She was a well-known Elder in the Southern Metropolitan region, and a founding member of Our Rainbow Place, as a well as Stolen Generations Victoria. She was also the Chair of the Southern Metropolitan Indigenous Family Violence Regional Action Group. She would always say that her sense of humour had been her

lifeline, and she certainly bought good cheer to all the work she did with us. Unfortunately, Aunty Maria passed away on 14 July 2011.

Graham Briggs

Graham Briggs is a member of the Dhulanyagan Ulupna clan of the Yorta Yorta people. He is employed as Manager of the Kinship Program at the Victorian Aboriginal Child Care Agency and has previously worked in the Victim Support Agency, Department of Justice as a Statewide Project Officer/ Coordinator. Graham was also with the Department of Human Services as the Hume Regional Coordinator for the Indigenous family violence strategy for eight years. As the only male worker in this role in the State for several years he was required to represent male interests in regional and statewide meetings.

In 1999, Graham was also the youngest elected candidate to the former ATSIC Regional Council in Victoria. He served two terms and during this time acted as deputy chair, and had portfolio responsibilities for economic development, sport and recreation, social justice, housing, and cultural heritage. Graham is a skillful community mediator as well as a passionate speaker on Indigenous family violence issues and collaborates with others to develop local solutions to respond to family violence.

Jody Saxton-Barney

Jody Saxton-Barney is a Murri woman from Urangan (near Hervey Bay) with kinship to Frazer Island, Birri-Gubba and Gurangi people of Barcaldine. For the last 20 years Jody has been based in Shepparton, Victoria. Jody is a consultant in her own business, 'Deaf Indigenous Community Consultancy', and her work takes her interstate and to remote communities. She is the founding member of the Victorian Aboriginal Disability Network and also provides advice to the follow groups in her membership capacity: the Victoria Disability Advisory Council, Victoria Equal Opoportunity Human Rights Commission (Disability Reference Group), Telstra Disability Forum, and Koorie Women Mean Business (as a board member).

Jodie has also recently graduated with a Bachelor of Applied Business Studies from the University of Ballarat. She works to advocate and train service providers to become culturally appropriate and accessible to Indigenous people with disabilities. Her current project is focused on advising interpreters and departmental personnel on improving communication access and rights in the Northern Territory Justice System.

Role of the Steering Group

The Steering Group met on a monthly basis throughout the project, and its members were in regular phone and email contact outside of meetings. The meetings took place at a coffee shop over a meal and many cups of coffee, allowing us to focus on the tasks at hand without the distractions of our busy work environments. The meetings often went for several hours as we:

- reviewed the progress of the project;
- drafted documents ensuring our contexts were clear, our questions right, our ethics and methods appropriate;
- reviewed and reflected on data analysis;
- reported and discussed community events and their relevance to the project;
- provided feedback and support to Steering Group members on regional issues; and
- provided training and resources to support Steering Group members in their work.

The meetings involved not only Steering Group members but were also open to our research assistants who were employed in each of the regions to undertake interviews and focus groups. We gratefully acknowledge the valuable contributions made by Narida, Elizabeth, Jody and Nadene.

The specific roles and responsibilities that the Research Steering group have undertaken during this project have included:

- being the 'face' of the project in the local community;
- assisting in the planning, organising and delivery of forums and workshops relating to the project;
- participating in training (eg, media, evaluation and child sexual abuse training);
- assisting in the design and development of the research methodology and data collection instruments and completing University ethics applications;
- choosing the research sites (East Gippsland, Hume, Southern Metropolitan, Disability);
- developing policies and procedures for managing conflicts of interests;
- supervising and supporting local research assistants;
- assisting with problem-solving;
- helping to translate research processes and findings so they would make sense in a given community context;
- assisting with the writing and reviewing of conference presentations and papers; and
- co-presenting our research to various audiences on local, national and international stages.

The Steering Group has been involved in all decision-making relating to the project and its related activities including the decision to exclude the invitation offered by some government agencies to fund aspects of the study where it might compromise the integrity of the research. The Research Steering Group were steadfast in their commitment to maintaining the community-driven vision and intent of the research and in ensuring that potential

research participants were able to speak unhindered and free of fear or consequences should they be critical of their primary funding bodies. The Steering Group, when these approaches were made, had several discussions to carefully consider the consequences of our decisions. It became clear through this process that we shared several unspoken core values that directed the way we related to each other and the way we made decisions about the project. Following this experience the Steering Group went through a formal exercise of defining the project's core values for transparency and governance purposes.

Steering Group Core Values

In defining the Project's core values, the Sterring Group utilised two NHMRC documents: the *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* and *Keeping research on track: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics.*[12] These documents provided the foundation and basis for an ongoing dialogue on the values that would govern the way members related to each other, with the researcher, research participants and to the broader community including service providers and governments interested in our research and its outcomes. The core values that governed our work are identified in Figure 1.

Figure 1: Research Steering Group Core Values[13]

Spirit & Integrity

This value lies at the centre of our Core Values. It provides the cultural framework that connects the shared knowledge and wisdom, given freely, from Steering Group members not just in research, but in the way we each relate in our families, communities and workplaces. The integrity of the project was reinforced through the Steering Group membership. The practice of the five values are expressed in their connectedness to the research, its processes and its outcomes. Community decision making based on shared values was also an implicit part of our spirit and integrity.

Respect

Consistent with the description provided by the NHMRC the Steering Group agreed that 'respectful research relationships acknowledged and affirmed the right of all people to have different values, norms and aspirations'.[14] Our processes were not blind to difference but rather embraced difference as a process and as an element in our research.[15]

Our work together always employed processes that enabled everybody to contribute knowing that their voices would be heard, respected and valued. Trust was an important element of this connection, as well as being clear about what we were doing and why. The processes for decision making, given that this was a community-led project, rested with the Steering Group membership. This again respected their autonomy and connectedness to the project.

Reciprocity

The Steering Group practiced in a culturally responsive way the value of reciprocity. Recognising and respecting local knowledge and wisdoms was central to this value with particular focus on building and strengthening community advocates. The Steering Group were proactive in creating mechanisms throughout the research to mentor and support the local family violence sector to better respond to Indigenous family violence. This was an example of reciprocity in action that impacted community members at all levels.

Responsibility & Accountability

The Steering Group recognised that to do a project such as this is a great responsibility and that it is in keeping with our other cultural responsibilities to all members of our communities, including: men, women, elders, youth, same sex couples, disability, as well as our obligations around sorry business, trauma, grief and loss. Our first obligation in this project was to do no harm we carefully reflected at every opportunity the consequences of our decisions and the potential impact on others.[16] The care and attention we paid to these processes took time and we accepted that the project and its processes would take as long as they needed to take, in order to be completed in a way that was culturally and ethically acceptable to the group. This, from the Steering Group's perspective, was conducting research in a responsible and accountable way.

We were also conscious of our contractual obligations in relation to meeting reporting requirements, and this was done as a priority as they became due.

Survival & Protection

The Steering Group viewed this value as a long-term goal that could be achieved through research as a vehicle of change. The research offered the community an opportunity to voice their concerns and aspirations in relation to partnerships providing local hope around survival and protection both in a cultural sense, but also in a physical sense, in the context of family violence. Through the research processes and activities we empowered and encouraged the community to actively participate, to drive change at the local level. The sharing of stories and experiences of survival and protection in a past and present sense also offered an essential cultural context and overlay to the research.

Equality

The Steering Group were conscious of the importance of inclusive practice of giving equal recognition and consideration to the diversity of our community with particular focus on groups that are often neglected eg Elders, gender, same-sex, and disability. The value of equality was transparent in the makeup of the Steering Group.

HOW WE DID THE RESEARCH

The project, being fully supported by the Steering Group, and having established its methods and processes, received ethics clearance in the first instance from The University of Melbourne Human Research Ethics Committee. The Chief Investigator was commended by the Ethics Committee for the extent to which she '[had] sought community involvement in [the] project; it [was] truly exemplary in this regard'. Upon relocating to Sydney, the chief investigator was given ethics approval by the University of New South Wales Research Ethics Committee.

Open Forum, Melbourne, VicHealth, July 2008

(Above two photos)
Open Forum, Lakes Entrance, July 2008

The first stage of the project involved introducing it to the Victorian Indigenous community in the form of two half-day community forums one in Melbourne and one in Lakes Entrance. The focus of the forums was to start a conversation about family violence in our communities and the need for partnerships to ensure the best possible supports are available for families in crisis. Professor Judy Atkinson was an invited guest speaker sponsored by the Victorian Women's Trust as many community members had expressed interest in her work in this area. Judy articulated the importance of partnerships in responding to Indigenous family violence. The Chief Investigator, Dr Kyllie Cripps* provided the International, National and Victorian context to Indigenous experiences of violence and situated this research project. She then answered questions raised by community members.

The second stage of the research involved informal interviews and focus groups with participants - Indigenous

* Kyllie Cripps is a Pallawah woman whose research interests include issues relating to Indigenous family violence, sexual assault and child abuse including policy development and program delivery; Indigenous research processes and practices; Indigenous health and Indigenous education. Kyllie holds an appointment as Senior Lecturer in the Faculty of Law and is a full-time member of staff within the Indigenous Law Centre. Kyllie teaches Foundations of Law to first year law students and elective subjects in Indigenous Women and the Law as well as Indigenous Children and the Law. She has also taught Aboriginal Health to nursing students at the University of South Australia and the University of Melbourne and supervises higher degree research students. Her Professional Memberships and Affiliations include: Member (Ministerial Appointment), National Health and Medical Research Council, Prevention and Community Health Committee; Member (Ministerial Appointment), National Health and Medical Research Council, Aboriginal and Torres Strait Islander Health Advisory Committee Editorial Panel; Australian Indigenous Law Review Member; The Australian Sociological Association.

and non-Indigenous services working in the family violence sector identified by the Research Steering Group. These took place in four research sites including:

1. The Southern Metropolitan Melbourne region, chosen as it has consistently had the highest incidence of adult female victim reports of family violence in the State over the past decade and the region has few Indigenous services and is therefore reliant on mainstream services to deliver to the Indigenous population.
2. The Hume region was chosen given the consistent and long standing investment over several years by federal and state governments to Indigenous development in this setting, with one of the highest Indigenous populations outside of Metropolitan Melbourne. It is a site where there has been intensive resources invested in the past decade largely as a consequence of Shepparton being one of eight communities included in the Council of Australian Governments (COAG) trial to provide more flexible programs and services based on priorities agreed to with Indigenous communities.
3. The East Gippsland region was chosen given that it was the first site to successfully establish an Indigenous Healing and Time Out Service consistent with the recommendations of the Taskforce. It also has the second highest rate of child protection notifications in the state.
4. The fourth site included in the study was the Victorian disability sector given that little information was available about the experience of Indigenous family violence victims who had disabilities and their engagement in the intersectoral space occupied by the disability, family violence and Indigenous service sectors. We were interested in how the three sectors worked together in partnership for the benefit of Indigenous victims and their families with disabilities.

The interviews and focus groups were conducted by the researcher and research assistants. The research assistants were recruited as part of the project in the local regions in which the research was taking place. This was important for two reasons: firstly, as they would have local knowledge and networks that would support the project; secondly, their involvement in the project would further develop their research capacity facilitating the continued use of these skills and resources in the community post the completion of the project.

The researcher and research assistants contacted the potential participants, introduced the research, provided them with relevant information consistent with ethical protocols including consent forms and invited them to participate in an interview and/or focus group.

The interview in most instances took approximately one hour, depending on the amount of discussion that arose from the interview questions. With the permission of the participants, the interviews were digitally recorded so that we could ensure that we accurately recorded the knowledge and experiences shared with us.

After the interviews had taken place, participants' information was deidentified to protect their identity in future project reporting. We were particularly concerned at all times given the number of participants and research sites that there was still a potential for identifying participants. A decision was consequently made with the Steering Group in a discussion

of the dissemination of results that the results of the study would be aggregated as opposed to the sites being reported separately.

Following this first round of interviews and focus groups a summary of the interviews and findings was provided to the Research Steering Group and we held a two-day workshop to discuss their implications. On the advice of the Group, a further group of potential research participants and organisations was identified and contacted to participate in an interview and/or focus group to ensure that our sample was appropriately representative.

In total, 75 participants were involved in either an interview or focus group across the four research sites chosen by the Research Steering Group. This figure indicates that approximately 18 participants representing various Indigenous and non-Indigenous service providers in each site participated in the research.

WHAT THE RESEARCH FOUND

The interviews and focus groups provided an enormous amount of information that could be broken down into several thematic areas including:

- the complexities involved in reporting violence from an Indigenous client's perspective;
- gap areas in current service responses;
- mainstream services and issues of access;
- Indigenous services and issues of access;
- cultural awareness or cultural safety, being clear about method and process;
- how the sector is funded and its impact on partnerships;
- the work environment and its influence on partnerships;
- existing partnerships and the pressures of making them work;
- partnerships and data sharing; and
- renewed vision for better partnerships.

Representative quotes from interviews and focus groups are included throughout the results detailed in the following pages.

The complexities involved in reporting violence from an Indigenous clients' perspective

In 2001, the Victorian government commissioned an Indigenous Family Violence Community-led Taskforce who reported their findings in December 2003. The Taskforce defined violence as it occurred in the Victorian context as:

> An issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.[17]

Using this broad definition they estimated that '1 in 3 Indigenous people are the victim, have a relative who is a victim or witness an act of violence on a daily basis in communities across Victoria.'[18] Research participants affirmed that this definition was still current and appropriate. They did indicate some frustration in identifying who was responsible in delivering services to *all* those affected by the violence as encompassed by this definition and how this was communicated to the Indigenous community.

Research participants discussed the complexities involved in reporting violence from an Indigenous client's perspective. The overwhelming message was that victims of violence are often getting competing messages and demands from a range of people and services to report the violence. At the same time, victims can feel isolated, misjudged and that there is no help available to them. Figure 2 provides an example of how this experience from a client's perspective looks and feels.

Figure 2

BARRIERS TO REPORTING VIOLENCE...

It is not surprising then given this context that 'clients won't use the services and will live in family violence situations because it is easier then navigating the system in times of crisis, it is too stressful. It is easier to stay'.

Gap areas in current service responses

Research participants reflecting on the Taskforce definition, current experiences of violence in the community and service responses, noted that there were three obvious gap areas that needed addressing. The first related to men's crisis services presently there is no help available for men who are using violence but are not affected by alcohol or substance abuse. The second area related to community violence, which often happens after a family violence incident when the two extended families of the victim and perpetrator become involved. The third area related to child protection and mum's being held accountable for their partners' violent behaviour.

Mainstream services and issues of access

The types of mainstream services available varied from family-violence-specific (eg, women's refuges, men's behaviour change, relationship-focussed) to programs imbedded in community services involving outreach, as well as education and awareness activities. Their services were typically targeted at specific population groups (eg, men, women and children) and their focus was often on individual clients as opposed to the family groups that are the subject of Indigenous services. Many of these services operated from a feminist perspective (or from a medical perspective in the case of disability services). Some were highly critical and resistant to the cultural perspectives employed by Indigenous services, viewing them as 'cultural excuses for bad practice'.

When the service providers were asked to think about how Indigenous community members were accessing their services, issues of accessibility were clearly evident. These issues related to limited cultural awareness and understanding of the cultural needs of Indigenous clients and a general lack of awareness of available Indigenous-specific services that could be considered in case planning. In some research sites, there was a strong perception that mainstream services were not any different to Indigenous services. Some expressed the view that they were better than their Indigenous counterparts and it was in their clients best interests to stay with their service rather than to be offered a referral to an Indigenous service. In other research sites, the opposite was true; there was the perception that referring Indigenous clients to Indigenous services was the 'safest' or the most 'culturally appropriate' option for the client and such referrals were routinely done, often without the client's consent.

In the case of disability, however, mainstream service proivders would refer clients to disability services, but as disability services do not routinely deal with family violence they would then refer the client back to mainstream services or in the case of an Indigenous client they would refer the client to an Indigenous service. The latter would again refer the client back to disability services if they did not have the capacity, funding or experience to

facilitate access relating to the client's disability. Research participants reflecting on this scenario noted the sheer frustration victims of violence typically felt and expressed in these circumstances, and that victims would often return home to be taken care of by family and continue to live with violence because finding help "It's just too hard …".

Recognising that 'Indigenous clients are very difficult to work with they are far more difficult to work with than mainstream women', service providers reported that they had undertaken various initiatives to improve access. For example, 'Koorie women don't last in our groups, so we take our work to them in their environment' and 'when we work around Indigenous clients we are much more empathetic towards maintaining the family or keeping the family together'. There was a commitment by all service providers to improving accessibility.

Indigenous services and issues of access

The majority of Indigenous services available responding to Indigenous family violence were community services. Their focus was on providing holistic care in a cultural context to all those affected by violence. They worked with men, women, children, youth and Elders. Often work with these groups was done flexibly with options to work with whole family or community groups where appropriate. The accessibility issues identified in this group related to choice of access – acknowledging that Indigenous community members, for a variety of reasons, routinely make choices about whether utilising Indigenous services is the right choice for them. One of the primary reasons given for choosing not to use an Indigenous service was explained in the context of the interconnectedness of our families and communities: confidentiality in this context cannot always be assured when using Indigenous services, and this can compromise the safety of victims.

A further issue identified by Indigenous service providers was related to work force capacity. Indigenous family violence services, whether they are stand-alone or housed within larger services, are relatively new. They are routinely funded on pilot, one-off, or one-year grants that they need to reapply for each year. In this context, recruiting a skilled workforce is difficult. In a competitive environment, better working conditions can be offered elsewhere, often by government agencies, and this can be more enticing to workers wanting job security. Grants also do not provide funds for training so if the staff recruited do not have the skill sets needed there is limited opportunity to skill them up. Much of the learning to do the work then takes place on the job, which is not the best environment when clients are in crisis situations. It is in this context that sometimes workers give 'broader leeway then they should' and 'people stay in dangerous situations including children for longer than they should due to a worry about not offending'.

Cultural awareness or cultural safety being clear about method and process

In all of the research sites there was much discussion about cultural awareness training. All service provders had done some training in this area. However, the quality of the

training and who should be delivering that training was the focus of much debate. There was a perception amongst mainstream service providers that any Indigenous group could deliver the training even out-of-state organisations, whereas Indigenous service providers were of the firm belief that the training needed to be locally run and focused, as this way it would foster better relationships amongst those delivering services and the local Indigenous community.

The issue of cultural safety was also raised – accreditation processes are now asking services to reflect on their cultural safety. A commonly asked question on funding applications is 'is your organisation Indigenous friendly?' One research participant stated 'as a non Indigenous person/organisation - as if we know - partnerships are needed so that Indigenous organisations can tell us'. The research data illustrated that there was a lack of knowledge and understanding about the processes through which organisations could develop and evaluate their cultural safety standards.

How the sector is funded and its impact on partnerships

Funding was a critical theme in all research sites and was discussed at length in all of the research interviews and focus groups. It was acknowledged that funding the sector is a complex issue in that it is highly competitive with many sectors and services competing for limited funds. Family violence funding typically walks a tight rope, competing for funding for justice initiatives versus support services. Disability services are often separately funded under health. But there are many times when projects and clients circumstances walk across all three areas. Partnerships are therefore essential and funding arrangements dictate the practice and services that can be offered. Research participants were highly critical that there were no extra dollars provided to develop or maintain partnerships (eg, it costs money for staff to attend meetings, to participate in phone hookups, to communicate via email). They also reported that the funding provided 'never accommodates the distance and isolation' when working in regional settings as 'costs associated with travel and technology are enormous when you are covering vast geographical areas'.

Research participants reported that adequate resources are the key to successful services and programs but also to the sustainability of long-term goals of reducing family violence in our communities.

The work environment and its influence on partnerships

The research participants stated that their work environment and practices were heavily influenced by both the policy and funding models of the state government at any given time. They reflected that the working conditions, including salary packages, opportunities for training, and the scope of position descriptions, were consequently impacted. Limited project funding to support staff to perform the duties of their position descriptions was also identified as an issue. The impact of these conditions, research participants reported, can reinforce silos. With limited funds workers cannot get out of the office or work outside of their position description which means that workers have limited understanding and

awareness of their position and that of their organisation within the broader community and family violence sector. Workers are focused solely on their day-to-day work. They have little time to participate in training or to do background reading of policy documents that would provide the overarching framework relevant to their practice. This, they acknowledged, can then effect their interpretation of policy and the messages that are consequently conveyed to clients, at times causing unnecessary confusion and hardship for all involved. Through our research, and our values of reciprocity, we have developed and provided several resources to assist workers who needed ready access to information in this area.

Research participants also discussed at length methods to support workers skills for dealing with the complexities involved in dealing with Indigenous family violence. They identified the need for a targeted employment strategy to develop the capacity of the existing workforce in this area. This strategy would involve creating employment opportunities for Indigenous staff. However, research participants cautioned that new positions not be created to fail. 'Mainstream services think that one Indigenous worker can cater for a whole Indigenous community this does not to take into account the size of the community or any conflicts of interest or allow for those everyday occurrences of who does our job if we get sick'. Any position needs also to consider an appropriate balance between the requirements of an Indigenous caseload with the need for Indigenous input in organisational meetings.

The employment strategy, referred to above, would also need to assess and appropriately recognise the skills of existing workers, provide advice on career pathways (possibly through the matching of mentors with junior staff) and identify institutions that could provide flexible accredited training to support the development of workers. Research participants also acknowledged that it was not just frontline workers who needed development. Rather, they felt senior staff in management roles also needed training in building and maintaining partnerships, coordinating services and referrals, but more importantly in managing workloads of teams more effectively in peak periods to prevent worker burn out and stress.

Worker burn out and stress was a serious issue that was discussed at length in all of the research sites. Indigenous research participants were particular affected by it, as they felt that unlike their mainstream counterparts their jobs were 24 hours a day, seven days a week. 'We can't go home and switch off because community is our home and their expectation is that we will be available to assist them'. Indigenous workers said that it is not as simple as turning off your mobile phone, or getting an unlisted home phone number. 'Community members when they are in strife will come knocking on your door at 2am and expect you to come sort out the trouble they are in – how do you say no to that?' Indigenous workers reported that often managers do not acknowledge or support these late night call outs and they are still expected to work the normal working hours the next day – 'lines get blurred in terms of expectations'. The overwhelming message from research participants was that workers in this sector, particularly Indigenous workers, are feeling frustrated and 'are time poor and pressured'.

In terms of work environment and partnerships, the research participants reflections were insightful. They reported that 'the bosses have the MOU's (memorandums of

understandings) the workers JUST do the work'. In the everyday working context, individual workers typically form their own partnerships to get their work done. They 'target friends, allies and associates who have the trust and confidence of the community' to work with. And likewise other workers in other services seek them out to assist in particular cases or activities because 'people know me and know what I do'. The partnerships that existed and were being referred to by the participants were very much based on personal relationships; these worked in getting the job done, but as participants highlighted, if workers move on from their positions those relationships and connections often move on as well.

Existing partnerships and the pressures of making them work

A consistent theme in all of the research sites was that existing partnerships are, as we have indicated previously, dictated by policy and funding frameworks. Research participants stressed that they felt that partnerships were forced on service providers by funding bodies. 'True partnerships are a good thing but partnerships forced on groups by funding bodies can set services and programs up for failure'. Indeed, they went further to say that mandated partnerships breed resentment and that they felt 'annoyed that departments foisted these things on you and then just leave you to it'. It was reported that developing and maintaining partnerships was very demanding, time consuming and not always what organisations would be doing if they were not mandated to do so by their funding bodies.

When reviewing the Indigenous versus non-Indigenous responses on mandated partnerships there were differences of opinion. Some Indigenous research participants reported that mandated partnerships were a good thing in that Indigenous experiences of violence could no longer be ignored or put in the too-hard basket, service providers would actively have to invite Indigenous people and services to participate in developing appropriate responses to accommodate their needs ('they will now not have a choice'). Mainstream services on the other hand reported feeling overwhelmed with government departments expectations that 'we can just waltz in to an Indigenous organisation and say we think there is a problem with your community; understandably such approaches are not likely to be met with a welcoming response on their part'. One participant reflected that this process of partnerships is being determined outside of the services and stated 'perhaps the Indigenous community are being imposed upon by mainstream funding bodies who think this [process] is appropriate for them.'

On an operational level Indigenous services reported feeling inundated with people wanting to partner with them as it is the politically-correct thing to do and, if the comments above are anything to go by, because funding bodies are directing them to do so. In this context, however, Indigenous services were not being offered the lead agency role. We found that the lead role was rarely even discussed openly. The perception held by mainstream services was that they needed to take the lead because 'sometimes the Indigenous organisations haven't really got the structures in place' to take the lead. Mainstream services reported that they are often 'forced to take the front seat in forging partnerships and trying to make them happen'. Indigenous research participants' reflections on these types of experiences were of feeling disempowered and not having a sense that they were

getting anything out of the partnerships. In this context, they spoke of feeling 'used and abused', with mainstream organisations having taken their cultural knowledge and insights about the community but for little return. They were fed up with what they referred to as 'token participation'. These comments would suggest that there is no clear understanding between the two groups about expectations of roles and responsibilities – something that is a fundamental starting point in the establishment of any form of partnership.

In all of the research sites, there was a consistent cynicism around partnerships and their operation. Research participants reported that given the crisis driven focus of their work they were often time pressured and did not have the time needed to build partnerships, that the genuine partnerships that we had hoped for when we started this research project just did not exist. This was made clear when we asked all research participants to list the organisations that they routinely worked in partnership with as well as those they are not but think they should be. The vast majority limited their answer to only the family violence sector. Child protection services and disability services were mentioned by less than 10% of respondents. This is an important finding in the context of the cross-sectorial implications of family violence and supported the statements made by the participants in all of the research sites that they were working in isolation. There was also recognition that just as time is required to build partnerships, outcomes take time.

On a more general level, partnerships on an operational level were affected by a number of issues including time pressures and the large turnover of staff in the sector. These two issues alone have a dramatic impact on the ability of services to build and sustain partnerships. Competitiveness is also a feature of the work in this sector, with many organisations very protective of their space given the limited pool of funding available and that all services are competing for the same funding pool. The older, more established services predictably are more successful in securing grants over and above the newly-established services that have to prove themselves. An important feature of partnerships is the delineation of responsibilities of each partner, the research found that there are many inconsistencies at the local level in delineating who is responsible for what in service delivery, and there is a lack of transparency in who is funded to do what. This was clearly apparent for Indigenous women with disabilities who were transferred from one service to another with no service taking responsibility for joining up the necessary services in one place to meet their needs. There was, however, a general consensus that partnerships were needed. Research participants and their organisations were under no illusions: 'we don't pretend… we can't do everything' and 'it would be good to be able to pick up the phone and get a second perspective from an Indigenous worker' to ensure that the best possible assistance was being given to our clients.

Partnerships and data sharing

Research participants reported that the collection of data relating to family violence is mandated by various government departments and that what is to be collected is often dictated in service and program/project funding agreements. The scope, quality and quantity of information now collected is better than the past but the general consensus

was that there was still room for improvement particularly around the recording of the Aboriginality and disability status. Many participants commented that improving data collection was about a process of reflection, reflecting on data collection tools and client encounters to ensure the right data was being collected at the right time for the right purpose to inform better service provision for themselves, but also more broadly at the local, regional and state levels if systems were in place to analyse the data more appropriately.

Research participants consistently raised data sharing as an issue in working effectively in partnerships. They were very protective of how and in what way they could share their information, particularly as it may relate to clients. In fact, some organisations reported that they have been in situations where privacy laws were used as a 'smoke screen' for choosing not to work in partnership for the benefit of clients. They expressed that data is generally not shared well and that clear guidelines for sharing data in this area is needed. They were supportive of sharing deidentified data to illustrate local, regional and state trends.

Research participants made it very clear that they had limited capacity and resources to enter data into cumbersome systems not of their creation, let alone the resources of the systemic or human kind needed to analyse data. They would need assistance and support in this area. They stressed that it was important that these skills existed locally, not in Melbourne alone, as local people can provide the contextual analysis, or the story, that numbers alone cannot provide. It was widely understood that 'without statistics we cannot say things are changing' and that an investment in this area was vitally important.

Renewed vision for better partnerships

All of the research participants had hope and a vision for better partnerships. They clearly acknowledged that to work effectively with families in family violence situations required working with the community, and were able to identify a variety of organisations and groups that would be essential partners in that process. Figure 3 (see page 31) provides a visual context of the involvement and participation of the various individuals, groups, services and structures needed to achieve more effectual partnerships.

In terms of how to operationalise more effectual partnerships, the research participants reflections are captured below.

Our services are client centred and focused:

- Services are assessed by clients as being culturally safe and systems are in place to regularly review our standards to ensure we stay culturally safe.
- Services would have the capacity to meet the cultural needs of the clients
  - By firstly knowing how to identify those needs;
  - Secondly utilising Indigenous partners where appropriate to support their work with the client;

- Clients needs would be appropriately managed between mainstream and Aboriginal organisations for the best outcomes for the client - ideally clients would only have to tell their story once, they would be treated with dignity and respect and the partners are all committed to wrapping the services around the client.

We are able to work effectively with other organisations because:

- We have respect for ourselves and for each other;
- We are clear about our roles, capabilities and limitations;
- We have clear protocols for working together and we are committed to working together;
- We can effectively communicate and are willing to work through any issues as they arise;
- We reflect on our practice and our service, regularly identifying any gaps and responding to them;
- When we are working with others on projects we have clear expectations related to a common defined goal and we are conscious not to take our eye of the ball (ie, holistic seamless service delivery is our priority);
- We work on building our relationship with each other. We acknowledge it takes **time** for our staff to trust one another. To work well together we need to prioritise opportunities to build those relationships (eg, cross training);
- We are resourced with staff and program dollars to do the work planned;
- We have created a safe work environment free from bullying and intimidation, that nurtures two-way learning, break downing barriers and unpacking the layers that can so often creep into workplaces;
- We have an agreement about shared responsibility working to the strengths of each organisation, clear governance, and equitable transparent decision making processes;
- We are committed to quality practices and services;
- We have an agreement regarding the sharing of resources;
- We are tolerant;
- We have considered the Indigenous value of reciprocity and how that will be operationalised in the work we do together.

Figure 3: The levels of partnerships

WHAT THIS MEANS

The results of this study provide important insights into Indigenous family violence partnerships that are not necessarily new. Conversations around the issues presented have been taking place for some time, but little positive change from a community and service perspective is occurring. In fact, it would appear that additional pressures continue to be applied to the situation from a policy and funding perspective. In the words of the research participants, partnerships are being forced upon them and this is breeding resentment rather than a supportive working environments committed to improved services for Indigenous communities experiencing family violence. There is clearly resistance to the type of partnership that is being dictated to them by government. This does not mean the partnerships were not happening, to the contrary, individuals are building and maintaining their own network of trusted friends, allies and associates to get the best outcomes for individual clients. This approach, however, is not sustainable, if a worker leaves, so does the partnership.

The overwhelming message inherent in the stories and experiences shared through this project is that as services – Indigenous and mainstream – recognise that partnerships need to occur and are important for improved responses to Indigenous family violence. Renewing their commitment, however, to improved partnership practices and processes will involve a rethink of current policy and funding frameworks of how best to support their day-to-day work in practical ways.

Publications relating to this project will continue to be released over the coming months.

These will be available from the Indigenous Law Centre website: http://www.ilc.unsw.edu.au or by contacting Dr Kyllie Cripps directly at kcripps@unsw.edu.au

RECOMMENDATIONS

1. Ongoing incentives (financial and resources) to build and support local and regional Indigenous family violence groups to continue their community engagement work started as part of the Victorian Indigenous Family Violence Task Force Report in 2003.

2. Transparent accountability mechanisms to be defined and incorporated into funding agreements that measure the strength and productivity of Indigenous family partnerships at local, regional and state levels. For example, cultural safety measures.

3. Improvements in data collection and reporting with the specific attention focussed on the recording of the Aboriginality of victims, perpetrators, and witnesses of violence (eg, children); as well the disability status of Aboriginal clients utilising the family violence sector.

4. Improvements in distributing available data making it publicly accessible and in a format that is useful for communities to utilise in developing a knowledge base around issues relating to violence in their communities.

5. Investment in work force development in multiple areas is required. This would involve a skills assessment, recognition of prior learning, and advice on career pathways. Areas identified for training include:
   i. Men who are working at the front line
   ii. Women who are working at the front line
   iii. Those working with people with disabilities
   iv. Those working with same sex couples
   v. Those working with families engaged with child protection
   vi. Sexual assault.

6. Development of methods and processes for monitoring and evaluating the cultural safety of services to improve their service delivery standards.

7. Development of a local, regional and statewide recruitment and employment strategy to build and support the sector.

8. Special attention to the significant disadvantage experienced by victims of violence who also have disabilities is urgently needed. The allocation of funding to support interpreter services and aids to enable access to services to facilitate clients choices in crisis situations is critical.

9. Partnerships are the 'gold standard' in the delivery of services in the family violence sector but they come at a cost both in time, resources and program dollars to complete work plans, they should be funded accordingly.

Endnotes

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10 Ibid 5.

11 Victorian Government, Department of Justice, *Measuring Family Violence in Victoria – Victorian Family Violence Database (Volume 3): seven year trend Analysis 1999-2006* (2008).

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13 National Health and Medical Research Council, Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (2006), 11.

14 Ibid.

15 Ibid, 16.

16 Ibid.

17 Victorian Indigenous Family Violence Taskforce, *above n 1*, 123.

18 Victorian Indigenous Family Violence Taskforce, above n 1, 4.

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