Marnin Jarra – Manga Jarra

These two older women (marnin) are talking to the two young girls (manga) about domestic violence. The marnins are sharing that they have been through domestic violence too.

They’re telling them that they can find strength and comfort again within themselves and move on in their lives. All the mangas and marnins are encouraging themselves to come together, be strong and carry on day by day.

‘My name is Eileen Forrest and I’m a Walmajarri woman living in Ngurtuwarta community near Fitzroy Crossing in the Kimberley region of Western Australia.

I started painting a long time ago for Mangkaja Arts and with the ladies at Marra Worra Worra in Fitzroy Crossing. In 2013 I started painting boab nuts and canvasses at the Marninwarntikura Social Enterprise Studio.

I come to the studio because I really like to paint with the other ladies – we like to work together and to paint together and it’s great to earn money to buy food for my family.

I am a survivor of domestic violence. I went through it with my husband for a long time. I was being abused. I used to go to the Marninwarntikura Women’s Shelter every weekend and sometimes stay there for maybe one month or two. I used to share my story with other ladies at the Shelter and they shared their story with me.

I really want all the young girls to stop getting hurt. I just want them to carry on with their lives and stop getting beaten up by their husbands. I’d like to say that I want the young girls to stop drinking and smoking and live a healthy life and feel good about themselves. I would like to say to the young boys too, to stop drinking and smoking and to look after your wife and family.

It’s time now to stop and come together so we can heal and look after each other.’ – Eileen Forrest

The Department for Child Protection and Family Support deeply appreciates the generosity of Eileen Forrest, and the Marninwarntikura Women’s Resource Centre for providing the painting depicted on the front cover of the Safer Families, Safer Communities Kimberley Family Violence Regional Plan 2015-2020.
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Recognition statement

Aboriginal law and culture is central to the health, safety and wellbeing of Aboriginal people\(^1\). The Kimberley Project recognises that:

- Aboriginal and Torres Strait Islanders are the first people of Australia;
- the cultures of Aboriginal people are dynamic and continue to evolve and develop in response to historical and contemporary circumstances;
- dispossession, interruption of culture and intergenerational trauma have significantly impacted on the health and wellbeing of Aboriginal people, and that they share a continuing legacy of resilience, strength and determination;
- Aboriginal people and communities are diverse in gender, age, languages, backgrounds, sexual orientations, religious beliefs, family responsibilities, marriage status, life and work experiences, personality and education levels; and
- the contributions of all Aboriginal people to generating new ideas and innovative solutions to improve health, safety and wellbeing are valuable.\(^2\)

Contributors

Representatives from the following agencies contributed their time, energy and ideas to the development of this report. Their contributions are acknowledged with gratitude and thanks.

- Aboriginal Family Law Service
- Aboriginal Legal Service
- Anglicare Western Australia
- Djarindjin Aboriginal Corporation
- East Kimberley Healing Gathering
- Family Violence Prevention Legal Service
- Fitzroy Valley Futures Forum
- Gawooleng Yawoodeng
- Healing Foundation
- Joongari House
- Jungarni-Jutiya Indigenous Corporation
- Kimberley Aboriginal Medical Services Centre
- Kimberley Community Legal Service
- Marinwarrirkura Women’s Resource Centre
- Marnja Jardmi Women’s Refuge
- Men’s Outreach Service
- MG Corporation
- Ngaringga Nguurra Safe House
- Ngnowar Aerwah Aboriginal Corporation
- Tremalla Strong Women’s Service
- Winun Ngari Aboriginal Corporation
- World Vision Australia
- Yura Yungi Aboriginal Medical Service
- Child and Adolescent Mental Health Service
- Department for Child Protection and Family Support
- Department of Aboriginal Affairs
- Department of Corrective Services
- Department of Education
- Department of Health
- Department of Housing
- Department of Human Services
- Department of Indigenous Affairs
- Department of Prime Minister and Cabinet
- Derby Clontarf Academy
- Derby District High School
- Derby-West Kimberley Shire
- Fitzroy Valley District High School
- Kimberley Mental Health and Drug Service
- Kimberley Training Institute
- Legal Aid
- Shire of Halls Creek
- Western Australia Police

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1 The term Aboriginal is inclusive of Aboriginal and Torres Strait Islander People.
2 Adapted from the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.
Kimberley Family and Domestic Violence Action Plan

In 2014, the Department for Child Protection and Family Support (the Department) led an across government and community sector project to develop a family and domestic violence action plan for the Kimberley region of Western Australia (WA). The project was commissioned by the Family and Domestic Violence Senior Officer’s Group following analysis of data against the states family and domestic violence key performance indicators. The data illustrated that the Kimberley region, compared to other metropolitan and regional locations in WA, fared worse on all performance measures. A summary of these data trends is provided below.

Increase in the number of family violence incidents attended by WA Police.

<table>
<thead>
<tr>
<th></th>
<th>Kimberley</th>
<th>Statewide</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in number</td>
<td>79.1%</td>
<td>42.8%</td>
</tr>
<tr>
<td>of family violence</td>
<td>Which was almost 2x the increase observed statewide:</td>
<td></td>
</tr>
<tr>
<td>incidents attended</td>
<td></td>
<td></td>
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<tr>
<td>by WA Police</td>
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</tbody>
</table>

In 2012-13 the rate of reported family and domestic violence in the Kimberley was between 2.3 and 8.8 times higher than any other region in WA.

The rate of hospitalisation for domestic assault in the Kimberley was between 4.2 and 35 times higher than any other region, per head of population.

The Kimberley region is over-represented in figures for domestic homicide.

The number of perpetrators charged

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Domestic Assault</td>
<td>-22.8%</td>
<td></td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>-42.1%</td>
<td></td>
</tr>
<tr>
<td>Breach of Restraining Order</td>
<td>+125%</td>
<td></td>
</tr>
</tbody>
</table>

The use of police orders has increased by 335%. In the same timeframe applications for violence restraining orders have reduced by 23.4%.

<table>
<thead>
<tr>
<th></th>
<th>POLICE ORDERS</th>
<th>VIOLENCE RESTRAINING ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>+335%</td>
<td>-24%</td>
</tr>
</tbody>
</table>
To inform development of the action plan, the Department, with direction from the Senior Officers’ Group and Kimberley Child Safety Directors Group, undertook an extensive process of information analysis including stakeholder consultation, case reviews, data analysis and service mapping. The results of this analysis are outlined in this document.

**Family and domestic violence strategic planning**

The Department for Child Protection and Family Support is the lead agency responsible for family and domestic violence strategic planning in Western Australia. This includes development, implementation and monitoring of *Western Australia’s Family and Domestic Violence Prevention Strategy to 2022* and the *National Plan to Reduce Violence against Women and their Children 2010-2022*.

Strategic planning is supported by a Family and Domestic Violence Senior Officer’s Group (SOG) which includes representatives from state and Commonwealth government departments that have a role in responding to family and domestic violence and the community sector through the Women’s Council for Domestic and Family Violence Services.

To measure progress against strategic planning actions and initiatives the Department works with the SOG to collect and analyse data against seven family and domestic violence key performance indicators. In 2014, this data was presented over a five year period (2008-09 to 2012-13) in *Western Australia’s Family and Domestic Violence Prevention Strategy to 2022: Achievements Report (2014)*.

In response to the data, which demonstrated that the Kimberley region had significantly higher rates of reported family and domestic violence compared to other metropolitan and regional locations in WA, the SOG commissioned development of the *Kimberley Family and Domestic Violence Action Plan*. 
Developing the Action Plan

Governance

The project involved three levels of governance: the Family and Domestic Violence Senior Officer’s Group; Kimberley Child Safety Directors Group and six Local Working Groups located in Broome, Derby, Fitzroy Crossing, Kununurra, Wyndham and Halls Creek. A diagram explaining the governance arrangements including the respective groups’ roles and responsibilities is provided in appendix two.

The project scope

The project scope was informed by the WA Family and Domestic Violence Prevention Strategy to 2022 and the National Plan to Reduce Violence against Women and their Children 2010-2022. In line with these policy frameworks, the data and information collected was benchmarked against the outcomes of safety and accountability and the understanding that the critical context for achieving these outcomes is a coordinated and collaborative response between agencies. Current capacity for, and impact of, prevention and early intervention were also considered. Definitions for these terms are provided below.

Project outcomes

Safety: For the purposes of this project, safety is understood in absolute and relative terms. To be ‘safe’ is to live free of harmful or abusive behaviours, both threatened and actual. The spectrum of behaviours that may be considered in this context is broad including anything that undermines or is detrimental to an individual’s physical, emotional, social or spiritual wellbeing and/or their economic security. Victim safety is a relative state, dependent upon the risks or danger posed by the perpetrator.

Accountability: Safety for victims of family and domestic violence cannot be achieved without managing the risks posed by the person using violence (the source of harm). To do this, an integrated and accountable systems response is required. An accountable systems response prioritises the safety of adult and child victims. At all times the men using violence, service providers, agencies and organisations are accountable to, and for, the safety of the people experiencing or at risk of violence.

Key foundations

Integrated responses to family and domestic violence are recognised nationally and internationally as best practice. The term ‘integrated response’ refers to: government and non-government agencies working in a coordinated and collaborative manner to provide holistic, safe and accountable responses to victims and perpetrators of family and domestic violence; streamlined pathways through the service system; and coordinated service delivery between agencies. Integrated responses increase the collective capacity and effectiveness of the service system to identify and respond to victims and perpetrators.
Prevention and early intervention: An accountable, integrated response is critical for creating safety and accountability for people experiencing and perpetrating family and domestic violence. Prevention and early intervention is about stopping violence before it starts, either by engaging with the whole community (primary prevention) or targeting at risk groups (early intervention). In the context of the Kimberley region, critical components for any prevention and early intervention strategies are supporting strong culture and safe communities.

Gathering and analysing information

To inform development of the action plan, extensive stakeholder engagement and data analysis was undertaken. This included consultation with more than 150 government and non-government stakeholders, analysis of available data including the family and domestic violence key performance indicators, review of seven cases of family and domestic violence and mapping of existing services.

The information was gathered along three lines of inquiry:

1. the prevalence, nature and impact of family and domestic violence in the Kimberley;
2. existing service provision to address family and domestic violence, and the application and suitability of current service delivery models; and
3. current strengths, challenges, opportunities and threats for improving the coordination of service delivery, the effectiveness of service delivery models and capacity for prevention and early intervention.

All information gathered was benchmarked against safety, accountability, integrated responses, and prevention and early intervention. Appendix three includes consultation dates and locations, and a copy of the reference document that guided this analysis.
Key findings

The project findings are grouped under four inter-related themes. Each of these themes is presented with a description of the related evidence or key findings.

**Finding 1. Aboriginal Family Violence**
Describes the over-representation of Aboriginal people particularly women and children as victims of family violence.

**Finding 2. Building a Safe and Accountable Service System**
Focuses on the current strengths and challenges of service responses to family and domestic violence in the Kimberley including coordination and collaboration between services.

**Finding 3. Engaging and Responding to Perpetrators of Family Violence**
Identifies perpetrator intervention as a significant gap in current service responses and considers appropriate service models for the region.

**Finding 4. Moving Beyond a Crisis Response**
Includes findings related to short term, crisis responses to victims of family and domestic violence and opportunities for creating safety, healing and recovery in the medium and long-term.

**Finding 5. Supporting Safe Families and Communities**
Considers community based prevention and early intervention strategies to support safety and accountability among individuals, families and communities.
Aboriginal family violence

Definitions of Aboriginal family violence draw on western definitions of ‘family and domestic violence’ including recognition of multiple forms of violence and abuse, the core dynamic of coercion and control and the gendered nature, but place the use and experience of violence in a broader context (Hovane & Cox 2011).

Of particular importance is recognition of the contribution of colonisation, dispossession, cultural dislocation and forced removal of children (National Aboriginal Community Controlled Health Organisation [NACCHO] 2006). This context, and the effects that these policies and practices have had on Aboriginal people, are significant factors contributing to trauma, disadvantage, violence and the use of alcohol and other drugs in Aboriginal families and communities (NACCHO 2006). It is through an understanding of this context that the significant over-representation of Aboriginal people in family violence statistics, and the magnitude of the effects on the health and wellbeing of Aboriginal families and communities is best understood (Hovane & Cox 2011).

More than 40 per cent of residents in the Kimberley region are Aboriginal people. Outside of Broome and Kununurra, Aboriginal people make up between 37 per cent and 79 per cent of residents in Derby, Fitzroy Crossing, Wyndham and Halls Creek and almost 100 per cent of residents in the 183 Aboriginal communities across the Kimberley (ABS 2012).

Relevant and appropriate service responses for Aboriginal people

Finding 1

Aboriginal people are over-represented in service presentations for family violence.

A key theme arising from all consultations was the over-representation of Aboriginal people and families in service presentations, case examples and case reviews related to family violence. Although the consultations focused on safety and accountability for all citizens, it was clear that Aboriginal women and children are significantly over-represented as victims of family violence in the Kimberley.

This finding is reinforced by several other inquiries and reports into Aboriginal family violence in Australia which have demonstrated that:

• Up to one in two Aboriginal women and children report experiencing family violence (ABS 2008).

• Aboriginal women are three times more likely to be physically assaulted by an intimate partner or family member and five times more likely to be sexually assaulted compared to non-Aboriginal women (ABS 2008).

3 Note that for both Aboriginal and non-Aboriginal people, a significant proportion of family violence is unreported (Wills 2011).
• Aboriginal women are 35 times more likely to be hospitalised as a result of a domestic assault (Australian Institute of Health and Welfare [AIHW] 2006).

• Aboriginal women are significantly over-represented as victims of domestic homicide (Ombudsman 2014).

The over-representation of Aboriginal people experiencing violence and seeking assistance from Kimberley services has the following implications for service delivery:

• services responses to family violence must be co-designed with Aboriginal Elders, Law people and community leaders;

• the cultural relevance and appropriateness of mainstream services is critical for supporting client access, engagement and effectiveness; and

• Aboriginal community controlled organisations have an important role in providing an accessible, safe and effective integrated systems response to family violence.

Language:
Due to the over-representation of Aboriginal people experiencing family violence across the Kimberley, the term ‘family violence’, which is the term preferred by Aboriginal people in WA, will be used throughout the remainder of this report in preference to ‘family and domestic violence’. For the purposes of this report, ‘family violence’ is inclusive of Aboriginal and non-Aboriginal people.
Building a safe and accountable service system

For the purposes of this project, the expression ‘service system’ is used to refer to the total service response available to a victim, perpetrator, family or community affected by family violence. One of the key lines of inquiry for this project was evaluating the extent to which service responses are coordinated and collaborative.

The emphasis on integration is due to the complexity of client needs and the range of agencies required to create and support safety. For example, it is well documented that family violence affects all aspects of health and wellbeing for adult and child victims. It is the leading cause of: perceived and actual threats to safety for women and children (ABS 2005; 2012); non-accidental injury and death for women aged between 15 and 44 (VicHealth 2004); homelessness for women and children (Tually, Faulkner, Cutler & Slatter 2008); mental health issues and substance misuse for women (Golding 1999; Keys & Young 1998); and physical and emotional harm (or risk of) for children (Humphreys 2007).

The pervasiveness of harm and impact of family violence on adult and child victims is compounded by the complexities inherent in creating safety which, among other things, involves engaging and responding to the perpetrator (risk management).

In most cases, working towards victim safety and perpetrator accountability requires responses from multiple government agencies and community sector services such as specialist family violence services (for victims and perpetrators), police, child protection, courts, corrective services and the legal system/s including civil (restraining orders), criminal, family and child safety. The number of agencies involved in providing a response and the complexity of issues to be managed, means that the best outcomes are achieved when the agencies involved are working together, with the same information, towards a common goal i.e. are ‘integrated’.

When responses are not integrated, it can contribute to or escalate risk. For example, reviews of domestic homicides have repeatedly found that the following outcomes occur when services work in isolation:

- victims fall through the gaps between services;
- victims are provided with contradictory or counter-productive information and responses;
- victims feel disillusioned, further disempowered and overwhelmed;
- perpetrators become lost or invisible to the system and in turn victims are inadvertently blamed or held responsible for the violence and their own safety;
- agencies make decisions without a full understanding of the risk or the nature of other agencies’ involvement; and
- poor or ineffective practice is less likely to be detected, challenged and changed (Pence, Mitchell, Aoina 2007; Ombudsman 2014; Walsh et al., 2012).
In WA, considerable work has been undertaken to support responses to family violence that are safe, accountable and integrated. This work has been informed by an understanding of the key foundations or tenets of an integrated response, such as services possessing a common understanding about family violence and the risks that can arise in these situations, information sharing, warm referral and processes for multi-agency case management.

For the purposes of this project, assessment about the strength or otherwise of individual and coordinated responses to family violence were benchmarked against the components of an integrated response outlined in appendix three.

Results of the analysis are presented below including a number of good practice examples and some areas for improvement. The areas for improvement relate to important individual service components as well as the relationships between services.

The individual services and processes highlighted are safe houses, restraining orders and the criminal justice system. These responses are highlighted due to their importance in creating safety and accountability, and the influence that the outcomes delivered in these systems have on the relative effectiveness of other agencies involved in the response. For example, the safety focused work of agencies is often dependent upon, or impacted by, outcomes delivered through safe houses and justice systems (civil and criminal).

**Examples of good practice**

Consultations and case reviews revealed strong and innovative services and practices. These examples are too many to list individually but include supports, services and interventions for women, men, children and community. One example is the Halls Creek Healing Strategy which has received recurrent funding over 25 years to focus on reducing violence, substance misuse, sexual abuse and suicide through a range of interventions, including healing for Aboriginal people and families.

Similarly, where coordination and collaboration was occurring the outcomes were very positive. This was particularly evident with regards to the sharing of resources across agencies to support perpetrator intervention (see page 13 for further details); the local governance arrangements established to support inter-agency relationships; case focused multi-agency meetings including Strong Families, Children and Young People at Risk and high risk family violence; and the successful operation of the Family and Domestic Violence Response Teams.

The Fitzroy Valley Futures Forum (FVFF) is one example of strong local governance arrangements supporting integrated responses across a range of issues is. FVFF is a collaborative governance model that engages government, non-government and community in decision making about issues affecting the community.

One initiative arising from FVFF that is particularly relevant for this project, is the Harm Free Society Strategic Action Group led by Marninwarntikura Women’s Resource Centre. Through this inter-agency group, work is being undertaken with the community to develop a long term strategic plan/framework for addressing the range of factors impacting on safety and wellbeing. A collective impact model is proposed for this project.
Promoting safe and accountable services

This section focuses on three critical components of an integrated and effective systems response to family violence – safe houses, restraining orders and the criminal justice system.

Safe houses

Finding 2
Low rate of safe house use / access in some Kimberley locations.

In the Kimberley, safe houses are located in Broome, Kununurra, Derby, Fitzroy Crossing, Djarindjin, Wyndham, Halls Creek and Kalumburu. The safe houses provide critical services for women and children experiencing family violence including the provision of information, support, advocacy and crisis accommodation. In some Kimberley towns the safe house is the only, or one of a limited few, family violence support services available for adult and child victims.

In Derby, Wyndham and Halls Creek stakeholders reported that the services are accessed by relatively low numbers of women and children. Barriers to access that were reported during the consultation process included:

- **Transport**: a lack of transport options, particularly between 10pm – 6am means that the safe houses can be difficult to access.

- **Location of service**: in Wyndham in particular, the location of the safe house makes access without a vehicle very difficult.

- **Referral pathways / connectedness to other services**: low awareness about the safe house and the process for referral can impact upon access.

- **Safety**: where staff members of the safe house are related to a victim or perpetrator, this can create access barriers due to concerns about confidentiality and safety.

Given the high rate of family violence across the Kimberley, the low rates of safe house access and usage is a concerning trend that requires attention.

Violence restraining orders

Finding 3
25 per cent reduction in applications for violence restraining orders.

Data from the Department of the Attorney General demonstrated that between 2008-09 and 2012-13, the number of violence restraining order (VRO) applications in the Kimberley reduced by 25 per cent. This decline is in spite of a 4.9 per cent population increase and 79.1 per cent increase in the number of domestic violence incidents reported to WA Police, over the same timeframe.

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4 Djarajin and Kalumburu safe houses are new services commencing in August 2014 and November 2014 respectively. The findings outlined above do not directly relate to these services however may be useful for informing the development of their respective service models and implementation in their communities.

5 Calculated based on ABS Estimated Resident Population for the Kimberley region; 2008-09 to 2012-13.
The consultations and case reviews revealed a number of factors contributing to the decline in use of VROs, these themes are outlined below.

**A perceived preference for police orders.** Many stakeholders reported that clients often elect for short term police orders to resolve episodes of violence. This is discussed in further detail under the theme *Moving Beyond a Crisis Response.*

**Safety.** Many service providers reported that victims of family violence often do not pursue VROs due to a fear of retaliation from the perpetrator and/or the perpetrators family. Safety was also a factor in relation to the application process where, in some courts, the applicant and respondent are required to wait in the same area prior to a contested hearing which provides opportunity for the respondent to intimidate the victim, make threats and use violence.

**Difficulty navigating the process.** During the consultation process it was evident that there is a lot of misinformation about VROs held by service providers and the community. The level and extent of misinformation varied between locations and services but fairly consistently related to the: application process; grounds on which a VRO can be granted; conditions that can be included on a VRO; and breaches of orders, including what constitutes a breach, the person responsible and consequences. Misinformation was compounded in some locations by the provision of legal or court support services on an outreach basis, meaning that the services are not always available in person when required.

**Perceived (in)effectiveness.** Despite police data which indicates a 125 per cent increase in perpetrators charged with breach of restraining orders over five years, community confidence in VROs is reported as low. This is largely due to respondents frequently breaching the orders and a perception that the penalties/outcomes of breaches are insufficient to meet the seriousness of the crime.

**Flexibility (and relevance) of the orders.** Many stakeholders commented on the relevance of restraining orders, particularly in small communities where conditions related to ‘a respondent maintaining a certain distance from the protected person’ were considered to be impractical. Non-molestation orders, allowing the applicant and respondent to reside together, were said to be more suitable but not well utilised. This feedback is consistent with the Law Reform Commission recommendation 32 (LRC 2014).

**Variation versus withdrawal.** There was limited evidence of protected persons being encouraged to vary their VRO, as opposed to withdrawing it, if/when they reconciled with the respondent. This feedback is consistent with the Law Reform Commission recommendation 34 (LRC 2014).

**Provisions within the Restraining Orders Act not used to their full potential.** The *Restraining Orders Act 1997* has a number of provisions to support or enable access to VROs, including the provision for telephone based applications; police or child protection officers applying for a VRO on behalf of an adult and/or child victim/s; and the ability for Magistrates to impose VROs at the conclusion of a criminal case. There was limited evidence of these provisions being used.
Criminal justice process

Finding 4

Reduction in perpetrators charged for domestic assault and sexual assault.

Data from Western Australia Police demonstrated that perpetrators charged for domestic assault and sexual assault reduced by 22.8 per cent and 42.1 per cent respectively between 2008-09 and 2012-13. Given the substantial increase in family violence reported to WA Police over this time and the increase in (predominantly) women hospitalised for injuries caused by domestic assault, it is reasonable to infer that the reduction in charges is not related to a reduction in the number of assaults or sexual assaults occurring but rather, factors related to criminal justice system processes and a decline in engagement by victims and communities.

Stakeholder consultation and case reviews revealed the following themes related to the criminal justice system and the reduction in perpetrators charged. The outcome of these factors is that many victims of domestic violence and/or family and community members who witness violence, are often unwilling to provide statements or participate in the court process.

**Fear and intimidation.** Stakeholders reported that victims, witnesses and by-standers fear retaliation from the perpetrator of violence and/or their family, should they co-operate with police and participate in the court process. Threats toward, or intimidation of victims reportedly includes physical violence and more insidious behaviours such as ostracism from community and threats by the perpetrator to self-harm or suicide.

Opportunities for violence and intimidation are increased in some cases where perpetrators of violence are released on bail (including with protective conditions) but where monitoring and risk management is not possible, effective or coordinated across agencies.

In many of the cases reviewed, the domestic violence incident reports provided accounts of victims assaulted by intimate partners who were on bail for similar offences. In at least one of these cases, the victim withdrew altogether from the charges against her intimate partner following the assault.

**Previous poor experiences with the justice system.** As above, stakeholders reported that many victims have had poor prior experiences with the criminal justice system including feeling unsafe through the process and perceived unfair sentences such as fines or community based supervision. Many stakeholders also commented that involvement in the justice system was rarely associated with a reduction in a perpetrators use of violence.

**Perceived (in)effectiveness.** Poor prior experiences with the justice system have contributed to a perception in the community that the criminal justice system is ineffective at creating safety and/or reducing a perpetrators use of violence.
Supporting coordination and collaboration

The findings related to agency coordination and collaboration are related to the capacity of the service system to identify family violence and to provide an inter-agency response that is supported by information sharing and referral, assessment and management of risk, and collaboration with allied sectors.

Identifying family violence

**Finding 5**

Many victims of family violence are not identified and/or are not linked into formal support services until police are called.

Identifying family violence prior to an escalation in the violence and/or a police call out provides important opportunities to intervene early. Consultation revealed that victims and perpetrators of family violence are often known to services but that the violence isn’t detected and/or is not being actively addressed.

Where screening processes are in place, this has provided opportunity for victims of family violence to be identified early and for the safety of the victim to be supported in partnership with other agencies. A good example of this is the screening conducted by community health nurses in Fitzroy Crossing for women who are pregnant. Where family violence is identified, community health works closely with child protection, police and Marninwarntikura Women’s Resource Centre to support safety.

Information sharing and referral

**Finding 6**

1. Gaps in understanding about information sharing provisions.
2. Opportunities to improve referral practices.

Information sharing and referral are critical components of an integrated systems response. These actions support clients to navigate the service system, improve the coordination of responses between agencies, and increase the likelihood that service responses and safety will progress beyond the immediate ‘crisis’ or issue that has brought the client to the attention of services. Information sharing is also important for reducing the need for clients to repeatedly tell their story.

Consultations and case reviews demonstrated that information sharing and referral worked well in the context of formal coordination structures such as Strong Families, Children and Young People at Risk and meetings to manage high risk cases of family violence. However, it is less well utilised outside of these structures. One clear example of this is related to information sharing and referral following hospital admission for injuries caused by a domestic assault. The rate of hospitalisation for domestic assault in the Kimberley is up to 35 times higher than other regional and metropolitan locations in WA, suggesting that hospitals are an important entry point to the service system. At present, there is no clear linkage between the hospital and follow-up support such as police, child protection and/or other services.

In all locations, at least one agency or organisation reported not knowing where or who to refer to when presented with a client experiencing family violence.
Risk assessment and risk management

Finding 7

1. Responses to families are not always underpinned by an understanding of the risk.
2. Responses provided between agencies can be fragmented or siloed.

It is imperative that responses to family violence are informed by a risk assessment and that efforts to manage risk are coordinated between agencies with a focus on victim safety and perpetrator accountability. As above, the consultations and case reviews demonstrated that when agency coordination and collaboration occurred, it worked very well. However, there were many examples of service responses occurring without an understanding of the risk/danger to the adult and child victims and/or multiple agencies involved in providing services to a family, with little to no understanding of who else is involved in the case and what they were doing.

Linkages to alcohol and other drug sector, mental health, primary health

Finding 8

Victims and perpetrators of violence often present with co-occurring health and wellbeing concerns such as childhood trauma, substance misuse, mental health concerns and primary health.

Service providers highlighted the importance of linkages between sectors due to the high rate with which family violence co-occurs with alcohol and other drug misuse, mental health issues, grief and loss, childhood trauma and primary health concerns. Some service providers articulated the challenges in providing an effective service to a client when violence is occurring and is unmanaged. For example, services providing alcohol or other drug treatment find that the intervention is less likely to be effective if violence is occurring and is unmanaged. This is equally true for services engaging victims and perpetrators of family violence.

Some family violence services including safe houses also discussed exclusion criteria related to client’s misusing substances and/or experiencing mental health issues.

These two findings taken together could mean that a woman experiencing violence and misusing substances cannot access a safe house due to substance misuse/mental health; and may have compromised treatment for substance misuse or mental health due to unmanaged violence.
Engaging and responding to perpetrators

The nature and dynamics of family violence means that perpetrators rarely stop their use of violence without intervention, whether or not the relationship has concluded. Australian research and statistics reiterate this point, demonstrating that:

- as many as 76 per cent of family violence victims continue to experience violence after separation (Humphreys & Thiara 2003; Young, Byles & Dobson 2000);

- between 23 per cent and 20 per cent of protection orders are breached (often repeatedly) including further assaults and violence (Carlson, Harris & Holden 1999; McFarlane et al 2004; Spitzburg 2002); and

- perpetrators of family violence are often prolific offenders, using violence towards multiple intimate partners and family members over their lifetime (Bucci 2014; Ursel 2011).

The implications of this dynamic for the safety of women and children are that interventions must equally focus on supporting safety and healing for victims AND managing the risk posed by the perpetrator (perpetrator accountability).

In most cases, effective intervention with a perpetrator of family violence requires an integrated service system that creates regular opportunities to: identify and engage the person using violence; assess, manage and monitor risk; support behaviour change through individual or group based intervention; and provide options or opportunities to contain violence and risk, for example civil and criminal justice responses. In effect, perpetrator accountability cannot be created via a single service or intervention.

In addition, service responses must be accountable to the victim/s and one another, this includes adopting a zero tolerance approach to violence; provision of consistent and constant messages to the person using violence that their behaviour will not be tolerated and is not justifiable or excusable; information sharing between agencies to support assessment and monitoring of risk; reporting concerns about the safety and wellbeing of child and adult victims to relevant authorities; and participating in multi-agency case management.

The need to provide more comprehensive and effective responses to perpetrators of family violence in the Kimberley was reported across all six local working groups and was evident in the data analysis and case reviews. Strengths in existing practice and areas for improvement are highlighted below.

Commitment to good practice

Service providers in the Kimberley are committed to improving the quantity and quality of interventions for perpetrators of family violence. Several examples were observed of agencies collaborating and sharing resources to provide much needed educational and therapeutic interventions for perpetrators of family violence. This included: Anglicare Western Australia attempting to establish, within existing resources, a men’s behaviour change program in Broome; Department of Corrective Services, Men’s Outreach Service and Anglicare WA sharing resources to implement a two week ‘pathways’ intervention for perpetrators of
family violence who are being released from prison (Broome); and services in Fitzroy Crossing developing a residential service model for men who are using violence, misusing alcohol or other drugs and/or require other supports and healing (services include Men’s Health, Alcohol and Other Drug Service and Marninwarntikura Women’s Resource Centre).

At the time of consultation, these interventions were at various stages of development and implementation. All were operating within existing (and stretched) resources.

**Sustained focus on perpetrator intervention and accountability**

<table>
<thead>
<tr>
<th>Finding 9</th>
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<tr>
<td>Efforts to engage and respond to perpetrators of family violence are often intermittent, fragmented and ineffective.</td>
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The case reviews, data and consultations revealed that efforts to create meaningful and sustained safety for adult and child victims are often limited or undermined by gaps or fragmentation in the service system and by a lack of dedicated/targeted perpetrator interventions in the region. Some evidence/examples to support this finding are provided below.

WA Police responded to 1,489 incidents of domestic violence in the Kimberley between January-June 2014. Of those, over 78 per cent of the perpetrators identified had been subject to at least one prior domestic violence incident report.

Further analysis demonstrated that a relatively small number of offenders were responsible for a large number of domestic violence incidents. Between January 2013 and June 2014, 70 offenders were responsible for 385 incidents of domestic violence reported to the police. Of those, just over a third (28 offenders) were responsible for more than half (182 domestic violence incidents).

WA Police data also reveals a 125 per cent increase in charges for breach of restraining order. This increase is related to an increase in the use of police orders and proactive policing to monitor and charge perpetrators who breach. However, it is also indicative of the broader attitude towards restraining orders and the regard/impetus (or lack thereof) to cease using violence.

The case reviews provided a similar picture. Of the cases reviewed, all involved repeated and escalating use of violence by the perpetrator toward the adult and child victim. In many of these cases, the perpetrator was also known to have used violence towards at least one prior intimate partner. In all cases, the predominant focus of intervention was, rightly, victim safety. However, where efforts towards perpetrator accountability occurred such as police orders, violence restraining orders and criminal charges, they were often not a deterrent and in most cases, violence continued after these interventions had been applied.

Some of the factors limiting or undermining the effectiveness of civil and criminal justice responses in deterring or changing perpetrators behaviour are identified above in Finding 4. In addition, stakeholders identified a lack of skill and capacity across the existing workforce to engage and respond to perpetrators of domestic violence. As a result, the following challenges or outcomes often occur:
• inadvertent victim blaming – women are expected to manage and take responsibility for their own safety and the safety of their children;

• collusion with perpetrators’ use of violence – perpetrators become invisible to the service system which means their behaviour is often unchallenged and in doing so is implicitly normalised or endorsed;

• women forced to leave their homes and communities – women and children at high risk are often faced with a decision to stay in an unsafe place or leave their family and community in an attempt to find safety;

• perpetuation of violence – focusing on the safety of women and children without addressing the source of harm creates a revolving door for services. Many domestic violence perpetrators are prolific offenders, using violence towards multiple intimate partners and family members over their lifetime; and

• effectiveness of allied interventions is compromised – where perpetrators of family violence are attending alcohol or other drug and/or mental health services, the effectiveness of these interventions can be reduced or undermined due to the violence not being addressed.

Service mapping demonstrated that there are no recurrently funded community based services available for perpetrators of family violence in the Kimberley. Men’s behaviour change programs in prison are also limited and are only available to men who have a minimum sentence of 12 months.
Moving beyond a crisis response

Service responses to victims and perpetrators in the aftermath of violence provide important opportunities to assess and manage immediate risk and safety concerns. In WA the importance of these opportunities is reflected in the investment and coordination of service responses following a police call out for domestic violence such as the Family and Domestic Violence Response Teams, Domestic Violence Outreach and Safe at Home programs.

Creating meaningful and sustainable safety

**Finding 10**

Service responses are predominantly crisis driven and short term.

Stakeholder consultation, case reviews and data from WA Police and the courts demonstrated that for the Kimberley region, crisis driven responses to family violence are well established. However, these responses often do not translate into ongoing service provision and/or service engagement by clients; or to medium or long term safety. Evidence to support this finding is outlined below.

**Police orders versus violence restraining orders.** Between 2008-09 and 2012-13 the number of police orders issued in the Kimberley increased by 335 per cent. In the same time frame, applications for violence restraining orders reduced by 25 per cent. Service provider explanations for this trend included that clients want immediate protection from violent or escalating behaviours. They described police orders as relatively ‘easy’ to get and were a significant factor contributing to the high rate of reporting to police. Reflecting on the episodic or short term nature of the safety/reprieve that police orders create, one service provider described them as a form of *band-aid safety*.

**Safe house access.** A similar trend was noted in regard to safe house use/access. Safe house staff in Wyndham, Halls Creek and Derby noted that women and children often access safe houses for short periods of time (one to two nights) in response, or prior to, the perpetrator using violence.

**Recidivism.** There is a high rate of recidivism among domestic violence perpetrators in the Kimberley. Between January-June 2014, WA Police responded to 1,489 incidents of domestic violence in the Kimberley. Over 78 per cent of the perpetrators identified were subject to at least one prior DVIR. For further information about recidivism, refer to *Engaging and Responding to Perpetrators* (see pages 17-18).

The practice of crisis driven, short term service responses is likely the product of a range of contributing themes and factors including:

- lack of confidence in the civil and criminal justice systems;
- limited coordination and capacity surrounding perpetrator intervention; and
- victims of family violence feeling unsafe in their communities, fearing retaliation from the perpetrator and/or family.

Moving toward more sustainable safety for adult and child victims is critical to achieving an overall reduction in family violence. It is anticipated that improvement in the areas of a Safe and Accountable Service System; Engaging and Responding to Perpetrators; and Supporting Safe Communities will have the effect of moving service delivery beyond crisis.
Supporting safe families and communities

There is a direct correlation between the prevalence of violence supportive or victim blaming attitudes in a community and the prevalence of family violence (VicHealth 2007; WHO 2010). Furthermore, a community’s attitudes and stance towards violence has substantial impacts upon the relative safety of a victim and the likelihood that safety/risk management strategies will be effective (VicHealth 2007; WHO 2010). In short, families and community’s play a pivotal role in modelling respectful relationships and creating victim safety and perpetrator accountability.

The consultation and case reviews produced a number of themes related to ‘safe communities’ including the role of community in creating safety and accountability and the importance of prevention and early intervention initiatives targeted towards children and young people.

The analysis of information in relation to this particular theme was undertaken with a clear stance that family violence is not part of Aboriginal culture and is not part of Australian culture and therefore should not be tolerated or excused in any circumstances.

Community led approaches to safety and accountability

Finding 11

Family and community have a significant influence on victim safety and perpetrator accountability.

A recurrent theme throughout the consultations was the importance of engaging community members to support community led approaches to safety and accountability. The importance of a community’s attitudes, influence and protective/safety mechanisms were evident across a range of areas including:

- adult and child victim safety;
- reinforcing behaviour change among perpetrators;
- effectiveness of criminal and civil justice responses; and
- modelling healthy and respectful relationships to children and young people.

Community engagement will be a central and critical component of the Kimberley Action Plan.
Engaging children in prevention and early intervention

Exposure of children\(^6\) to family violence

**Finding 12**

Large number of children exposed to family violence.

Service providers reported that large numbers of children and young people in the Kimberley have grown up with family violence in their homes, or have been exposed to family violence through extended family and/or broader community. This is supported by the following statistics and information:

- The rate of reported FDV is up to 8.8 times higher in the Kimberley than any other location in WA. In at least 50 per cent of domestic violence incidents attended by WA Police, children are recorded as being present at the incident (Department for Child Protection and Family Support 2014).
- Service providers report that many acts of violence, including severe assaults are un-reported and that children are often present for, or exposed to the aftermath of physical and non-physical forms of abuse.
- Family violence is one of the leading reasons for referral to the Department for Child Protection and Family Support (Department for Child Protection and Family Support 2014).

The impacts of family violence on children are well established and include reduced health, safety and social and emotional wellbeing (Richards 2011). Family violence is also identified as a factor contributing to substance misuse, self-harm, suicide and the risk/likelihood that the child will experience or perpetrate violence as an adult (Humphreys 2007). The extent to which a child may experience these effects is moderated by a range of factors including the extent of exposure, severity of the violence, resilience of the child, attachment to the adult victim (or other primary caregiver) and level and extent of social supports in the family and community (Bedi & Godard 2007; Clements, Oxtoby & Ogle 2008).

In order to promote healthy and respectful relationships and address harm that may have already occurred, a combination of prevention and early intervention initiatives is critical.

Young people using or experiencing violence

**Finding 13**

Increased prevalence of young people using violence towards their parents and/or intimate partners.

Service providers across all six local working groups identified that there has been an increase in the number of young people using violence towards a parent or guardian and/or towards an intimate partner. They further reported that this presents a range of unique challenges for effective intervention such as:

- fear and shame – adults experiencing violence often do not want to call police or engage statutory authorities due to fear of the young person using violence and shame about their behaviour;
- parental responsibility – the adult victim cannot leave the home if that means that the child is left alone; and
- availability and accessibility of services equipped to respond to this issue.

\(^6\) Use of the term ‘child’ is inclusive of people aged between 0-18 years.
Learning from what is working well

Finding 14

There are many examples of positive and proactive prevention and early intervention initiatives operating or under development across the Kimberley.

Prevention and early intervention initiatives targeted at children, young people and communities are operating in the Kimberley for various purposes including suicide prevention, primary health, at-risk youth, education/attendance and foetal alcohol syndrome. Some examples of the initiatives that currently include aspects of healthy and respectful relationships are:

- **Protective behaviours education** – protective behaviours is a standard part of the curriculum in government schools across the Kimberley (Broome, Derby, Fitzroy Crossing, Kununurra, Wyndham, Halls Creek).

- **Clontarf Academy** – promotes leadership, education and wellbeing for (predominantly), Aboriginal young men attending school in years 7-12 (Broome, Derby, Fitzroy Crossing, Kununurra, Halls Creek).

- **Harm Free Society** – engaging young women across Fitzroy Valley to inform development of a strategy to improve safety and wellbeing (Fitzroy Crossing).

- **Halls Creek Healing Strategy** – engaging community’s to reduce the prevalence and impacts of violence, substance misuse, sexual abuse and suicide (Halls Creek).

- **Alive and Kicking Goals** – youth suicide prevention initiative that utilises a peer education approach (Broome).

- **Young women’s groups** (Kununurra).

- **Youth programs** (Kununurra, Wyndham, Halls Creek, Broome, Derby, Fitzroy Crossing).
Conclusion

Consultations with government agencies and community sector services, data analysis and case reviews led to findings in five key areas: Aboriginal family violence; safe and accountable service responses; moving beyond a crisis response; engaging and responding to perpetrators; and supporting safe communities. Although presented separately, these five themes are inter-related.

For meaningful and sustainable improvements in the safety and wellbeing of people experiencing family violence in the Kimberley, it is important that there is action across all areas and importantly, that the actions are coordinated and complementary.

It is therefore proposed that the Kimberley Action Plan must adopt a whole of community approach that responds effectively to Aboriginal family violence and promotes:

1. shared responsibility for the safety and wellbeing of children, individuals and families;
2. developing culture and community based responses to family violence;
3. building strong and safe communities; and
4. developing services and a service system that is integrated, culturally secure, client centred, accessible and effective.
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Appendix One

Family and domestic violence key performance indicators

The key performance indicators are:

1. Number of family and domestic violence incidents reported to the WA Police.
2. Number of Police Orders issued, by order length.
3. Number of Violence Restraining Orders applied for, where circumstances of domestic violence are, and are not, present.
4. Number of Violence Restraining Orders granted, where circumstances of domestic violence are, and are not, present.
5. Number of perpetrators charged as a result of family and domestic violence for: assault; breaches of Violence Restraining Orders and Police Orders; and other (e.g. property damage, deprivation of liberty, stalking).
6. Number of victims of intimate partner violence hospitalised as a result of family and domestic violence.
7. Number of homicides as a direct result of family and domestic violence.
Appendix Two

Governance arrangements

Family and Domestic Violence Senior Officer’s Group (SOG)

**Membership:** SOG comprises state and commonwealth government agencies that have a role in responding to family and domestic violence and the community sector by the Women’s Council for Domestic and Family Violence Services Western Australia.

**Role/terms of reference:** The SOG will provide high level oversight for the project and are responsible for endorsing all project deliverables.

State Child Safety Director’s Group (SCSDG)

**Membership:** CSDG comprises State and commonwealth government departments and the Western Australian Council of Social Services

**Responsibility**

The project will be included in the CSDG Work Plan for the purpose of monitoring and progress updates.

Kimberley Child Safety Director’s Group (KCSDG)

**Membership:** includes regional managers from the following agencies.

**Government:** Department for Child Protection and Family Support, Western Australia Police, Department of Education, Department of Health, Department of Corrective Services, Department of Aboriginal Affairs, Department of Housing, Department of the Attorney General, Disability Services Commission

**Non-Government:** Marninwarntikura Women’s Resource Centre, Anglicare WA, Aboriginal Family Law Service

**Role/terms of reference:** The Reference Group will oversee all aspects of the project including:

- stakeholder engagement;
- mapping of service delivery;
- analysis of information gathered; and
- development of the draft plan, implementation & monitoring framework.

Local Working Groups

**Membership:** Government and non-government service providers.

**Role/terms of reference:** Providing information, feedback and direction to inform the project.

**Locations:** Local working groups convened in Broome, Derby, Fitzroy Crossing, Kununurra, Wyndham and Halls Creek
Appendix Three

Consultation locations and dates: 2014

Kimberley Child Safety Directors Group (Broome)
6 May, 15 July (written update provided), 26 August, 24 September

Local Working Groups

<table>
<thead>
<tr>
<th>Location</th>
<th>Dates</th>
<th>Services represented</th>
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</table>
| Broome             | 6 May & 29 July     | **Government:** Department for Child Protection and Family Support, WA Police, Department of Corrective Services, Department of Health, Aboriginal Family Law Service, Department of Housing  
                      |                     | **Non-Government:** Marnja Jarndu Women’s Refuge, Anglicare WA, Kimberley Aboriginal Medical Services Centre, Men’s Outreach Service       |
| Derby              | 23 July & 3 September | **Government:** Department for Child Protection and Family Support, WA Police, Department of Health, Department of Housing, Department of Indigenous Affairs, Department of Aboriginal Affairs, Derby-West Kimberley Shire, Kimberley Training Institute, Child and Adolescent Mental Health Service, Department of Prime Minister and Cabinet, Derby Clontarf Academy, Derby District High School, Department of Corrective Services  
                      |                     | **Non-Government:** World Vision Australia, Marnin Bowa Dumbara Family Healing Centre, Anglicare WA, Winun Ngari Aboriginal Corporation |
| Fitzroy Crossing   | 30 July & 4 September | **Government:** Department for Child Protection and Family Support, WA Police, Department of Health, Fitzroy Valley District High School, Department of Corrective Services  
                      |                     | **Non-Government:** Marninwarntikura Women’s Resource Centre, Family Violence Prevention Legal Service, Aboriginal Legal Service, Amnesty International |
| Kununurra          | 8 July & 24-25 November | **Government:** Department for Child Protection and Family Support, WA Police, Department of Health, Department of Housing, Department of Aboriginal Affairs, Department of Corrective Services, Department of Prime Minister and Cabinet, Department of Human Services  
                      |                     | **Non-Government:** Anglicare WA, Aboriginal Family Law Service, Kimberley Community Legal Service, Gawooleng Yawoodeng, Healing Foundation |
| Wyndham            | 9 July              | **Government:** Department for Child Protection and Family Support, Department of Health  
                      |                     | **Non-Government:** Ngnowar Aerwah, Joongari House, Anglicare WA |
| Halls Creek         | 10 July             | **Government:** Department for Child Protection and Family Support, Department of Health, Shire of Halls Creek, Kimberley Mental Health and Drug Service  
                      |                     | **Non-Government:** Anglicare WA, Yura Yungi Aboriginal Medical Service, Ngaringga Ngarra, Jungarni-Jutiya Indigenous Corporation, Early Learning Centre |
## Appendix Four

### Reference Tool: Integrated Response to Family and Domestic Violence

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<th>Coordinated and Collaborative Practice</th>
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<td>Formal agency partnerships in responding to FDV</td>
<td>Screening – identifying family and domestic violence</td>
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<td>Information sharing</td>
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<td>Structures for local/strategic planning</td>
<td>Formal agency partnerships re: prevention and early intervention</td>
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<td>Clear and shared focus on adult and child victim safety</td>
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