

Breaking the cycle of family violence in the Riverina

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A REGIONAL CALL FOR ACTION

Family violence is on the increase! The Human Rights and Equal Opportunity Commission, Social Justice Report 2003 states there is no issue currently causing more destruction to the fabric of Indigenous communities than family violence.

The Australian Institute of Criminology analysis of Indigenous and non-Indigenous homicides in Australia found that between 1989 to 2000 Indigenous persons comprised 15.1% of all homicide victims and 15.7% all homicide offenders, even though Indigenous people make up only 2.1% of the total population of Australia. In relation to family violence 54.2% of Indigenous homicides occurred between family members in contrast with 38.1% of non-Indigenous murders occurring between family members.

Violence is undermining our very life's essence, it is destroying us, and there are very few Aboriginal families that are not struggling with the debilitating effects of trauma, despair and damage resulting from their experiences with violence. (Indigenous perspective on family violence). HREOC Social Justice Report 2003

Riverina Medical and Dental Aboriginal Corporation is the Community Controlled Aboriginal Medical Service at Wagga Wagga NSW.

Attached to our service is a Family Health Team, the team consists of a Social and Emotional Wellbeing worker, Domestic Violence/Child Protection worker, Youth and Family Support workers and a Counsellor/Drug and Alcohol worker. Increasingly the team is working more and more with the effects of family violence, and every family we work with, has been touched in one form or another by those effects.

Key stakeholders working in the area of Aboriginal family violence in the Riverina are concerned not only with violence occurring between adults but also with the transgenerational impacts, with children and youth copying adults and repeating the violence they see, hear and experience every day. And so the cycle of violence continues; adults abuse partners, children and other family members; children abuse their mothers, their brothers and sisters. Violent behaviour becomes the norm and continues as the normal response in schools, in communities and every day life, leading to negative social and emotional impacts for Aboriginal people.

Indigenous people are more likely than non Indigenous people to be victims of violence and to suffer intentional injuries (those inflicted by another person on purpose) resulting in hospitalisation. (McLennan W & Madden R (1990) The Health and Welfare of Australia's Aboriginal and Torres Strait Islander People)

It is alarming that three times every fortnight an intimate partner murders. What is more frightening is that statistics show that that family violence is a huge issue within Indigenous communities, with massively higher rates of murder of Aboriginal women.

Aboriginal women are murdered at a rate of 10 times higher than non-Aboriginal women.
(Audrey Bolger 1991)

Community action has to happen now. This conference and program will help empower communities to take action to reduce the violence now and to take steps to STOP the violence happening within their communities in the future.

In June 2003 the Aboriginal and Torres Strait Islander Commission (ATSIC) held an Indigenous Women's Conference to discuss issues relating to family violence. Around fifty Indigenous women from the Binaal Billa Region attended and agreed that a good start to addressing family violence within the region would be to establish local family violence committees to address the issues at a local level. The women at the conference felt that, as family violence needs to be addressed as a whole community, these committees should represent women, men and youth.

Consultation with the Riverina Medical and Dental Aboriginal Corporation's men, women and youth groups confirmed that solutions to family violence need to come from a whole of community approach.

Information gathered from the 2002 and 2003 Koori Women's Health and Wellbeing Gathering identified the need for a family approach to breaking the cycle of family violence.

Recommendations stated that:

- There needs to be a family approach to violence prevention.
- There needs to be a regional approach to violence prevention that incorporates outlying townships within the region.

Riverina Medical and Dental Aboriginal Corporation's Governing Committee and Family Health Team felt it was now time to act; we could not keep presenting training and workshops on family violence to just the Indigenous community of Wagga Wagga. We knew it was time to get the message out to the other small towns in our region, because they were experiencing the effects of family violence as much as, if not more than, what was happening in our community.

In May 2004 Riverina Medical and Dental Aboriginal Corporation successfully applied for funding from the Aboriginal and Torres Strait Islander Services (ATSIS) to develop a Regional Family Violence Model for Southern part of the Binaal Billa Region.

This meant that we could look at how to break the cycle of family violence with a focus on children, young people, the elderly, women and men and both victims and perpetrators.

It was considered important that the local communities own the family violence issues, that the model reflected priorities appropriate to these communities and that they have the capacity and the support needed to develop and implement strategies to address violence.

As a first step, partnerships were formed with relevant stakeholders who would work with the Riverina Medical and Dental Aboriginal Corporation Family Health Team and the communities to develop and implement the Regional Family Violence Model.

The aim was to develop the infrastructure to:

- develop community action plans,
- provide capacity building for implementing actions,
- provide education to increase knowledge on the various types of violence; and

- develop a supportive structure for sustainability.

The stakeholders involved included:

- Riverina Medical and Dental Aboriginal Corporation Family Health Team
- NSW Attorney General's Dept, Violence Against Women Specialist Unit, Regional Violence Prevention Specialist, Greater Murray (GMAHS)
- Muuji Regional Centre for Social and Emotional Wellbeing.

Each of these agencies had a requirement in their strategic/business plans to address the issue of family violence. The strategic priorities for Riverina Medical and Dental Aboriginal Corporation linked to other regional plans and strategies such as:

- the NSW Aboriginal Family Health Strategy and Family Violence Prevention Strategy
- the business plan of the Muuji Regional Centre for Social and Emotional Wellbeing
- Binaal Billa Family Violence Action Plan.

Additionally, two positions within the Riverina Medical and Dental Aboriginal Corporation Family Health Team were funded by the Department of Community Services, which meant the staffs in these positions were working with clients who were experiencing the impact of family violence, in their various forms and those positions are family and youth support.

A third position, domestic violence and child protection is funded by NSW Health, and the staff member in that position is working with clients who are haunted by the pain and trauma of family violence and abuse on a daily basis.

The partners formed a team to plan for a Regional Family Conference to be held in Wagga Wagga on 29 and 30 June 2004.

The next step was to identify the various forms of violence that were affecting local communities and to identify the communities and key community members who would participate in a regional call for action to break the cycle of violence.

The project was planned in two stages as follows.

- Stage one
 - Objective 1: To identify key community members who are prepared to commit to action to break the cycle of family violence in their local community
 - Objective 2: To identify regional and local family violence issues
 - Objective 3: To identify needs including resources to implement action in the local communities
 - Objective 4: To establish regional family violence committee
- Stage two
 - Development of a Regional Aboriginal Family Violence Action Plan and Program Development – supported by RivMed, Regional Violence Prevention specialist and

other nominated stakeholders. Agencies will be key in providing support; advocacy; capacity building; resources; education; project development; and funding options.

With this in mind, the planning team invited representatives from 11 townships in the Southern section of the Binala Billa Region to participate in the conference. Applications were invited from two male and two female adults and two young people, male and female, from each of these towns.

As part of the selection process, applicants were asked to respond to four exploratory questions:

- Why do you think that you should be a part of the conference (what actions, ideas can you contribute)?
- What are the Family Violence issues in your area?
- Who is Family Violence happening to?
- How do you think your community can help to break the cycle of violence?

In summary, applicants responded as follows:

- Why do you think you should be part of the conference (what actions, ideas can you contribute)?
 - a high percentage of applicants stated they could bring their “own experience of domestic/family violence” or “community experience” to the conference
 - “active community members” and quite a few applicants had worked in the area of domestic/family violence.
 - and most of the youth wanted to speak of their own experiences.
- What are the Family Violence issues in your area?
 - almost all applicants stated Drugs and Alcohol had caused Family Violence
 - gambling and Financial problems attributed as well
 - youth with aggressive behaviours
 - mental health issues, anger management
 - community acceptance, lack of reporting, or “family violence is kept a secret”
 - all forms of abuse, and being Stolen Generations having an impact as well.
- Who is Family Violence happening to?
 - women and children were high on the list and then families
 - whole communities are experiencing family violence
 - single mums and our youth as well.

- How do you think your community can help to break the cycle of family violence?
 - education and support was the most common answer to this question
 - community solutions and community bonding to empower and unite our community
 - supporting victims to speak out, and having the input of our Elders
 - drug and alcohol free communities.

This process proved useful in identifying participants with a commitment to working with their community as well as on a regional basis in the area of family violence.

Day 1 of the conference began with staff of Riverina Medical and Dental Aboriginal Corporation acting in 3 minute skits to demonstrate to the conference participants that family violence comes in many different forms which people don't identify as violence, the skits looked at; Emotional/Psychological, Sexual, Financial/Social, Physical /Verbal and Spiritual.

Participants broke into two groups of male female to discuss the history of violence and cultural perspectives / introduction of violence into our current culture, forms of violence and abuse,

Day 2 – All participants met to provide feedback on day one workshops, as well as broaden the discussion to investigate community strategies. Nominations were then taken for representatives of a Regional Committee ensuring representation from each community.

Attachment 2 provides details of follow up action planned prior to conference outcomes.

Conference outcomes were transcribed from both audio and written material. A brief summary follows.

Some guiding principles to working with family violence – developed by project participants

- Work together as a Koori Community first, then as a whole community
- The different service providers need to work together
- Workers need to get out in the community and make themselves known
- Networking
- Domestic violence is a crime
- Workers need to work with the Police, community, all the other agencies
- Co-ordinated approaches – make mainstream services accountable, instead of the Koori worker within mainstream services responsible for all Aboriginal issues
- Co-ordinate services and interagency meetings that have an outcome
- Identifying the problem, and then problem solving, sharing, getting the different agencies together with the family, letting them know what you can do to help them, rather than have the family go a range of different services and having to tell them stories over and over and trying to get around to the services (transport is a big issue), and this is

particularly important when for family violence a lot of services are involved e.g. Dept Housing, Centrelink

- Follow up with people, advocate, treat each person with respect, reinforce to mainstream services that Koori people are their clients too, don't just palm them off to the nearest Koori Worker, treat them like another human being, have empathy and understanding

General needs that were identified

- Community (we) need to take responsibility
- Teach our kids
- Unite, work together
- Services need to work together, mainstream and Aboriginal
- Services need to meet and work with the community
- Separate out the different family violence types
- Skills and training
- Challenge the norms for youth, Challenge people, Family violence is the communities responsibility
- Role modelling
- Break down the myths
- Community education
- Start training in schools
- To work with the whole family
- A service directory, local and regional

Putting ideas and solutions into practice: where to from here

- Political recommendations, lobby to get more family violence workers
- Family violence works out in the community – for remote communities
- Family violence be made core business for all Health Services
- Service Provider Directory be made a priority
- Community reference websites – investigate the possibility, with key persons and numbers on it and self referral forms, has to be monitored and maintained, use it to see the amount of people who accessed the service
- Push for family violence in school curriculum – practices linked with the community – mention to the AECG

- Investigate other options for funding and fundraising e.g. churches, McDonald's, Community Builders, Families First, DAA, Attorney Generals has funding for crime prevention, Local Government, Senior Benefits Funds, gambling funding, think about towns getting joint funding, so we are not all competing eg Balranald are doing a conference next year, may be able to build on that
- Developing local family violence plans – sharing information – local action plans with regional so people can assist each other
- Use programs that are working well in other areas (show and tell)
- Newsletters – 6 monthly or 3 monthly to share what is happening in the local plans
- Organise a summit
- Have local people on resources (posters) – identify each other – recognise people – Indigenous Family Violence Banner, could make use of resources out at the uni, Nungalaana, use the billboard at Community Health, get a banner to hang over the street
- Have a community gathering to get information and have men's and women's business to deal with family violence, share resources with service providers, run workshops and have education and awareness and bring the women's and men's ideas back together
- Culturally appropriate and sensitive education for kids, talking about what is violence, make use of services outside of the area to help out, access e.g. salvation Army to help out
- Develop a local community plan, with local ownership, with ongoing evaluation to see what is or isn't working and then it can be changed, and have a local service directory, so people know who they can call, and also add in what training and programs are available, what services and resources they should have
- Have representatives from all families
- Having good models, respect to Aboriginal people and non Aboriginal people
- Deb balls, positive activities
- Build pride and self esteem, get community strength to say that's not right
- Take steps to achieve this, have realistic expectations, you can't fix everything
- Break down the barriers between Aboriginal and non Aboriginal peoples
- Tanagerene let everyone know there are Education against Violence courses, they can be run in any town

Regional Family Violence Plan – role

- Meetings / communicating
- Guidelines
- Sharing information
- Commitment – genuine commitment

- Collate statistics from different organisations as they all collect different ones
- Get media involved (have space allocated for family violence issues) get local member to speak out against violence, also do some positive media coverage when good things are happening e.g. promoting this conference, and build up positive relationships with the media, and could utilise the Koori mail, get a group shot of the conference participants and send it to the Koori Mail
- Sponsorship
- Map of the region covering – Narrandera, Wagga Wagga, Tumut/Brungle, Junee, Albury, Moulamein/Toolebuc/Barham
- Have input from across the region
- Need to think about what will happen with the committee
- Need to have guidelines, we already have a set of principles and we could work on these and make them stronger
- Committee would be supported by services, they could help the committee to lobby and access statistics, resources, time, assistance with planning, assistance with funding, services are to support letting their staff attend meetings

Regional Committee members were nominated and accepted from the following communities:

Tumut, Brungle, Junee, Albury, Griffith, Wagga Wagga, Narrandera, Moulamein, Toolebuc, Barhma

Activities at the workshop will be evaluated through participant feedback on the following:

- conference content – educational method
- resources and support – facilities
- program format – identification of key issues
- identification of key committed community members

In the longer term, Impact evaluation will be used to measure:

- improved knowledge on the different forms of abuse
- improved knowledge on rate of violence across the region
- improved awareness and knowledge on issues surrounding and relating to violence
- identification of actions for men, women and youth for breaking the cycle of family violence.
- commitment to action.

ATTACHMENT 1

Stage One – Breaking The Cycle Of Family Violence, A Call For Action Conference Timeline

Activity	March	April	May	June	July 2004
* Form partnership with relevant stakeholders * Identify issue * Identify communities	→				
* Develop program * Seek funding	→				
* Develop resources * Book training consultants * Identify key stakeholders in communities	→				
* Send resource/ conference application form * Book venue and accommodation	→	→			
* Deadline for applications	→	→	→		
* Applications assessed and finalised	→	→	→	→	
* Successful applications notified	→	→	→	→	
* Conference format and content finalised * Confirm consultants	→	→	→	→	
* Meals, travel and accommodation finalised	→	→	→	→	
* Conference materials printed	→	→	→	→	

ATTACHMENT 2

Stage Two – Breaking The Cycle Of Family Violence, A Call For Action Program Timeline

Activity	Sept 2004	Dec 2004	March 2005	June 2005	Sept 2005	Dec 2005	June 2006	Ongoing
* Establish regional family violence committee	→							
* Identify funding bodies * Seek additional funding to further develop program	→	→						
* Identify local initiatives, services and resources	→							
* Identify family violence issues * Identify priorities and strategies	→							
* Identify committee members training needs. Eg capacity building, advocacy skills family violence awareness	→							
* Develop draft regional family violence action plan for comments from committee members and key stakeholders	→	→						
* Identify training providers and training resources/packages	→	→						
* Consult committee regarding most appropriate training packages and approval of draft regional action plan.	→	→						
* Negotiate and implement training to committee members	→	→	→					
Undertake one year evaluation of program	→	→	→	→				
* Identify community members to be involved in the local family violence committee	→	→	→	→				
* Support regional committee members to establish local family	→	→	→	→	→			
Negotiate and implement training for the local committee members and interested members of the community	→	→	→	→	→			
* Support local committees to develop local action plans in line with the regional family violence action plan	→	→	→	→	→	→		
* Support communities to implement their local action plans strategies and initiatives	→	→	→	→	→	→	→	
* Undertake two year evaluation of program	→	→	→	→	→	→	→	
* Support communities to seek funding and continued support for family violence committees	→	→	→	→	→	→	→	→
* Provide ongoing support to regional and local family violence committees	→	→	→	→	→	→	→	→

PRESENTERS

Ann Parker is a Registered Nurse. Originally from Dubbo NSW, Ann is the mother of three daughters, and grandmother of two. Her working career started as a Trainee Enrolled Nurse, in Wellington NSW. She was employed with the Aboriginal Development Commission (then ATSIC) for 12 years in Dubbo and Wagga Wagga, with her last position held that of Manager of Economic Programs. Following a voluntary redundancy in 1996, she graduated from Charles Sturt University with a Bachelor of Nursing in 2000. Ann worked briefly as a Aboriginal Community Mental Health Worker with Area Health Service prior to the move to RivMed in July 2000. Over the last 4 years positions held include Bringing Them Home (BTH) Counsellor and then Service Co-ordinator. Her current position is Chief Executive Officer Riverina Medical and Dental Aboriginal Corporation in Wagga Wagga. Ann's qualifications include: Bachelor of Nursing with Endorsements as Midwife and Psychiatric Nurse; Diploma in Project Management; Graduate Certificate of Health Economics; Graduate Diploma in Further Education and Training; Master of Business Administration. Her professional experience includes: Student Nurse, Royal Brisbane Hospital Community – Remote Area Nurse; Kimberley Health Service Registered Nurse; Royal Darwin Hospital Student Midwife; Kirwan Hospital for Women Student Psychiatric Nurse; Balle Henderson Health Service Staff Development Officer; Charleville Health Service District Director of Corporate Services; and Charleville Health Service District Manager, Charleville Health Service District.