

SETSCoP

Communique: SA and Tasmania Domestic and Family Violence sub-group

Videoconference – 4 May 2022

On 4 May, 2022, SETSCoP held a meeting for members of the SA and Tasmania Domestic and Family Violence (DFV) sub-group. The focus of the meeting was to share the outcomes of the consultations and survey conducted at the end of 2021 on the understanding of settlement practitioners of DFV and confidence to provide supports to those experiencing DFV.

Overview of Needs Assessment

SETSCoP partnered with InTouch to conduct the needs assessment which involved consultation with over 60 individuals and 67 responses to a survey.

The majority of SETS practitioners undertake risk assess and safety planning with clients and have received training, but confidence levels vary. All states have tools to use for risk assessment and safety planning, except for Tasmania (where this is under development). In Victoria, due to the [MARAM framework](#) 67% of respondents were trained to use tools, however in other states 21% were trained. All respondents requested more training around tools. It was suggested that tools could be made available in other languages.

Challenges faced by SETS providers in this area include: shame and stigma around DFV and hesitancy to disclose. It was acknowledged that religious and cultural norms practices and family structure make it difficult for clients to disclose DFV occurrences. Providers reported that clients held concerns that disclosure could put them at risk and cause more isolation. Providers shared that gaining trust is a challenge when not seeing people regularly. The issues of the lack of support for women on temporary visas was highlighted. There are particular challenges for bicultural workers due to their identification within the community and this is more so in regional areas. In regions, there are further barriers clients face, such as lack of transport, employment and support services.

Suggested areas to work to improve this area include training on use of tools, setting up localised communities of practice where frontline staff can share case studies, mutual mentoring can occur and networks can be increased. Also encouraging mainstream DFV agencies to participate in culturally responsive practice training and seek to recruitment staff reflective of the community they work in.

Throughout surveys 60% of providers reported using internal referral options for DFV assess and support and 95% refer externally for support from specialist DFV services. 60% undertake co-case management with specialist services. The challenge of co-case management includes: wait lists and capacity of specialists, lack of cultural sensitivity, language barriers and lack of multilingual workers, slow response times and lack of clarity on roles and responsibilities.

Suggestions for improving this area includes more effective communications and partnerships, shared case management system / models, greater diversity of staff, increasing training and recruiting bi-cultural staff.

When looking into directories each state had an option, however, these require ongoing upkeep. 30% of SETS providers have their own directories and many rely on relationships between staff who network with other services. Some requested more up-to-date information and the lack of services in regional areas was highlighted. The suggestion to improve this area was to advocate for national directories, or directories which are hosted by state / territory bodies.

When asked about the intersection of DFV and migration regulations 91% respondents reported having seen immigration abuse perpetrated on their clients. SETS workers are providing information and educating clients about their rights and making referrals, supporting clients' decision making, often despite the requests coming from clients who fall outside of eligibility of the program. This is particularly those who have been living in Australia for longer than five years.

One third of providers are running programs with men and some want to do more in this area. The need to work with mainstream system and build their capacity in this area was highlighted. 50% of SETS providers refer perpetrators to counselling and support. It was suggested that designing programs specifically for perpetrators from migrant and refugee backgrounds with access to interpreters and skilled staff would be most effective and working through a partnership model with specialist services. Providers reported that the top three barriers to referring male perpetrators to support services were: mainstream services do not meet the needs of migrant and refugee men, practitioners not feeling confident to have a conversation with male perpetrators, when this is suggested males perpetrators mostly decline.

Work to follow on as a result of this needs assessment includes online training for SETS provider staff, development of tools and resources including checklist for safety planning and decision tree describing the process to follow when DFV has been identified, advocating for ongoing funding and further collaborative partnerships and networking.

Current challenges

Providers reinforced the number of inquiries coming from clients who have been in Australia longer than five years. This is often because their priorities in first five years are housing, education and health care for their family. Over this time their understanding of DV builds and once things have settled down they have the capacity to bring this issue up with their case worker, however, by that time they are not eligible for support.

When counselling for both parties, it can sometimes come up as normality for the men. For men it can be a thin line between stress of settlement and adjusting from being the man who was the core support, who is now not that and then DV. Suggestion is for funding to be focused towards counselling to prepare people for expecting that these challenges throughout the settlement phase and building tools to manage this.

Providers have been doing this work over a long time without funding. Even now, there is more need than support able to be provided which results in long wait lists and focus on critical cases. Therefore, those that are not critical are left behind, however if untreated these can become critical.

Once trust is built with a SETS provider, clients don't want to change to a specialist service and also struggle with the lack of language support. This puts additional burden on SETS providers who do over and above the requirements.

An example of a clients supported who was not eligible for SETS: a women on a partner visa with a husband who was experiencing DFV. She was not eligible for another income. Providers tried to help her apply for Centrelink, however due to the small amount of money in her account for tickets as a back up, she wasn't eligible. The providers assisted her to prepare for a job, pre-work training and calling employers and now she has a job.