

Collated demand snapshots of women's family and domestic violence services

Women's Safety
Data Initiative



CENTRE FOR
Women's Safety
and Wellbeing



CENTRE FOR WOMEN'S SAFETY
AND WELLBEING

June 2021

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Overview

This report is part of the Centre for Women's Safety and Wellbeing's Women's Safety Data Initiative. This 12-month project is funded through the Commonwealth National Partnership Agreement (NPA) COVID-19 Domestic and Family Violence Responses. The project seeks to make qualitative and quantitative data regarding violence against women, more accessible and to track the impact of the pandemic environment on women and children experiencing family and domestic violence.

This report consists of 6 qualitative snapshot briefs regarding women's family and domestic violence services that have been compiled for convenience but may be viewed as standalone snapshots:

- Demand variance for counselling, advocacy, and support services
- Demand variance for coordinated response services
- Demand variance for accommodation and support services
- Demand variance for domestic violence outreach services
- Demand variance for Safe at Home services
- Current and emerging issues for family and domestic violence services

The snapshots were compiled from survey responses from 75 family and domestic violence services, delivered by 30 organisations across Western Australia. Services were asked to compare current demand and service and client issues to pre-pandemic times.

Key findings

The key findings of these snapshots are:

- Women and children escaping violence cannot access safe and affordable housing and are often left in unsafe or unsuitable accommodation and with violent perpetrators
- Reports of violence, severity of incidents of violence, and clients presenting with complex needs are increasing
- Family and domestic violence services are chronically underfunded and unable to meet demand
- There are limited referral paths to other specialist services that victim-survivors urgently need
- Lack of wrap around support/ integrated systems continues to put unnecessary pressure (and further trauma) on clients
- These issues are all pre-existing, although they were often (but not always) perceived to be exacerbated in the current "pandemic environment".

Notes and disclaimers

It is important to note the following:

- The snapshots are qualitative in nature and only include statistics and feedback from services who responded to the survey and are therefore an indicative representation.
- As per the qualitative nature of the report, many of the assessments are perceived correlations by service providers.
- Service providers have been upfront that they cannot necessarily attribute any variance to COVID-19. We therefore use the terms "pre-pandemic environment" / "pre-pandemic context" and "pandemic environment" / "pandemic context" to make a distinction between the two periods and any variances.

Snapshot of demand variance for counselling, advocacy, and support services

A total of 20 counselling, advocacy and support services from all regions of WA except Gascoyne, South metropolitan, and Great Southern, responded to the survey.

Demand variances

Comparing the pre-pandemic environment to now, counselling, advocacy and support services reported the following variance in the number of adults and children assisted:

Amount	Percentage of respondents	Regions associated with responses
Roughly the same/ No variance	20% of respondents	100% of respondents from Kimberley, 33.3% of respondents from Goldfields-Esperance, 100% of respondents from Wheatbelt
Up to 10% increase	25% of respondents	100% of respondents from Midwest, 100% of respondents from Southeast metropolitan, 66.7% of respondents from South West
11% - 20% increase	15% of respondents	100% of respondents from Pilbara, 50% of respondents from East metropolitan, 50% of respondents from Peel
21% - 30 % increase	15% of respondents	33.3% of respondents from Goldfields-Esperance, 50% of respondents from East metropolitan, 33.3% of respondents from South West
31% - 40% increase	0% of respondents	
Other	25% of respondents	33.3% of respondents from Goldfields-Esperance, 100% of respondents from North metropolitan, 100% of respondents from Central metropolitan, 50% of respondents from Peel

Responses to “other” included:

- a metropolitan and a regional service that both reported increases of over 50%;
- a newly commenced service who could not compare;
- a metropolitan service that explained that they had not seen an increase due to limited staffing, but that they had experienced an increase in referrals (including increased referrals for children’s counselling), which would lead to an increase in clients if they had more resourcing; and
- a remote service that noted an anecdotal increase.

Where no variance in demand was reported

Where no variance was reported, noted issues, trends, or observations that services perceived as contributing or possibly contributing to the lack of variance included:

- being in a small community closed to tourists and therefore unaffected by COVID-19; and
- clients not staying in accommodation long enough to access their booked counselling appointments.

Where an increase in demand was reported

Where an increase in demand was reported, noted issues, trends, or observations that services perceived as contributing or possibly contributing to the variance, included increased reports of violence; the impact of housing crisis-related stress; increased severity of violence and case complexity and increased resourcing to be able to increase FTE for counsellors. The increased resourcing included via short COVID-19 government grants, or privately sourced funding in attempts to address demand.

Responding to increased demand

55% of counselling, support and advocacy services reported having to change the way they delivered services because of the variance in demand.

Strategies included:

Increasing capacity

Some services reported increasing counsellor or educator roles, while other service reported creating new triaging positions to meet demand of women accessing crisis support.

Offering services via technology

Some services (particularly in regional areas) reported increased use of telephone and video conferencing options for appointments.

Offering shorter interventions to reach more clients and referring to and/or providing consultation and support to non-specialist services

A few services reported an increase in utilising brief interventions such as a brief case management option or running group work to support more clients. These same services also reported reviewing cases more regularly to screen out clients that may benefit from generalist services (where clinically appropriate).

Services also reported liaising and providing consultative supports for generalist services who do not specialise in family and domestic violence.

Narrowing eligibility criteria

Making the intake criteria more specified was another strategy that had to be used by some services.

Variances in unmet demand

Comparing the pre-pandemic environment to now, services reported the following variance in the number of unassisted persons seeking counselling, advocacy, or support:

Variance	Percentage of respondents	Regions associated with responses
Roughly the same/ No variance	35% of respondents	Kimberley, Mid-West, Goldfields-Esperance, Wheatbelt, North metropolitan, East metropolitan, South West
Up to 10% increase	10% of respondents	Goldfields-Esperance
11% - 20% increase	0% of respondents	
21% - 30 % increase	10% of respondents	Southeast metropolitan, Peel
31% - 40% increase	10% of respondents	East metropolitan, South West
Other	35% of respondents	Kimberley, Pilbara, Goldfields-Esperance, North metropolitan, Central metropolitan, Peel

Responses under “other” included noting that a service either had a “no wait-list” policy , did not turn anyone away, or prioritised high-risk clients, but encouraged clients who were not at risk (and who would benefit) to seek alternative services.

Service wait-times

Services reported the following wait times for women seeking counselling, advocacy and support services:

Wait-time	Percentage of respondents	Regions associated with responses
No wait-time reported	60%	Kimberley, Pilbara, Midwest, Goldfields-Esperance, Wheatbelt, East metropolitan, Southeast metropolitan, Peel
1 week	0%	Goldfields-Esperance
2 weeks	10%	
3 weeks	20%	South West
A month	0%	North metro, Central metro, East metropolitan, South West
More than a month	10%	North metropolitan, Peel

¹ A “no wait-list” policy typically means that appointments are only booked in advance up to a specific timeframe (i.e., 3 weeks). Rather than adding prospective clients to a waitlist, they are either referred elsewhere or advised to ring back (for example, on Monday morning at 9:00), when appointments towards the end of the timeframe will be opening up. Organisations with “no wait-list” policies may have varying definitions and practices.

Where respondents answered “more than a month”:

- one service indicated clients wait 1 -2 months; and
- another service noted that although clients at-risk or in crisis receive an immediate response, clients who are at low risk or not in crisis may need to wait up to 5-6 months for ongoing support.

Pre-pandemic wait-times

In comparison to the pre- pandemic environment, services reported the following variances for wait-times for counselling, advocacy and support:

Wait-time	Percentage of respondents	Regions associated with responses
No wait-time reported	60%	Kimberley, Pilbara, Midwest, Goldfields-Esperance, Wheatbelt, Central metropolitan, East metropolitan, Peel, South West
Increased by 1 week	0%	
Increased by 2 weeks	10%	East metropolitan
Increased by 3 weeks	0%	
Increased by a month	5%	South West
Other	25%	Kimberley, North metro, Peel

Where respondents chose “other,” responses included:

- noting that prior to the pandemic environment, the service had not had a boost in capacity/ resources which would make the difference in wait times appear less;
- observing a wait-time increase of 1-2 months; and
- observing a wait-time increase for non-crisis clients to approximately 3 months.

Brief preliminary interventions

45% of services reported using brief preliminary interventions to maintain engagement for clients waiting to access counselling, advocacy and support services. Strategies include:

- Initial phone support around safety and needs;
- Regular telephone check-ins and referring clients to online tools when safe to do so;
- Offering access to peer support groups or group education/programs;
- Warm referrals to other family and domestic violence counselling services or other supports; and
- Interim support through outreach or a generalist service.

Snapshot of demand variance for coordinated response services

A total of 9 coordinated response services from the Kimberley, Midwest, Goldfields–Esperance, Wheatbelt, North Metropolitan, Central metropolitan, Southeast metropolitan, and the South West responded to the survey.

Demand variances

Comparing the pre-pandemic environment to now, coordinated response services reported the following variance in the number of adults and children assisted:

Variance	Percentage of respondents	Regions associated with responses
Roughly the same/ No variance	44% of respondents	Kimberley, Mid-West, Wheatbelt, Southeast metropolitan
Up to 10% increase	11.11% of respondents	South West
11% - 20% increase	33.3% of respondents	Goldfields-Esperance, Centre metropolitan
21% - 30 % increase	11.11% of respondents	North metropolitan
31% - 40% increase	0% of respondents	
Other	0% of respondents	

Noted issues, trends, or observations that services perceived as contributing or possibly contributing to the variance, or lack of variance are noted below.

Where no variance in demand was reported

Where no variance was reported, some services (particularly in regional areas) noted that although the number of incidents remained steady, they noticed dramatic increases in the severity of the violence as well as increases in incidents with children present.

Where an increase in demand was reported

Where an increase in demand was reported, a metropolitan service reported noting an increase in elder abuse and a regional service noted an increase in reported non-fatal strangulation.

Responding to increased demand

55.56% of coordinated response services who responded to our survey reported having to change the way they delivered coordinated response services because of the variance in demand.

Strategies included increased contact via telephone, increased coordination and information sharing with other services and increased provision of referrals where appropriate.

Snapshot of demand variance for family and domestic violence accommodation and support services

A total of 19 accommodation and support services from all regions of WA except Gascoyne, Central metropolitan and Great Southern, responded to the survey.

Demand variances

Comparing the pre-pandemic environment to now, accommodation and support services reported the following variance in the number of adults and children assisted:

Variance	Percentage of respondents	Regions associated with responses
Roughly the same/ No variance	42.11% of respondents	75% of Kimberley respondents, 100% of Pilbara respondents, 100% of Wheatbelt respondents, 50% of East metropolitan respondents, 50% of Southeast metropolitan respondents, 100% of South metropolitan respondents
Up to 10% increase	5.26% of respondents	100% of Midwest respondents
11% - 20% increase	15.79% of respondents	50% of Goldfields-Esperance respondents, 50% of North metropolitan respondents
21% - 30 % increase	10.53% of respondents	50% of Goldfields-Esperance respondents, 50% of South West respondents
31% - 40% increase	0% of respondents	
Other	26.32% of respondents	25% of Kimberley respondents, 50% North metropolitan respondents, 50% East metropolitan, 50% Southeast metropolitan, 50% South West respondents

Responses to “other” included:

- a metropolitan refuge noting a 50% decrease; and
- metropolitan and regional refuges noting that accommodation and referral requests have increased and that if women were not staying as long in their refuges due to the housing crisis, they would certainly have an increase in clients assisted through their service.

“We can’t meet the needs of women and children seeking crisis accommodation because we have no beds available.” - REGIONAL REFUGE

Noted issues, trends, or observations that services perceived as contributing or possibly contributing to the variance, or lack of variance are noted below.

Where no variance in demand was reported

Where no variance was reported, a general observation provided by accommodation and support services was simply having limited turnover due to the increased length of stay of clients.

Specific observations from individual metropolitan accommodation and support services included:

- a refuge noting that although numbers remained the same, the refuge had kept 2 units available for live cases of COVID-19, which may have contributed to intake numbers appearing to remain steady;
- a refuge noting a decrease in clients from CaLD backgrounds accessing their service over the past 12 months, while simultaneously observing an increase in Aboriginal women accessing their service over the past 12 months;
- a refuge noticing a rise in grandmothers entering the refuge with their grandchildren in their care; and
- a refuge noting that they service a specific age group, which may have contributed to the reason they saw no variance.

Specific observations from individual regional accommodation and support services included:

- a refuge observing that limited illicit drug supply in their town while WA internal borders were closed, seemingly reduced incidents of family and domestic violence, while also noting that numbers escalated when the borders re-opened; and
- a refuge observing no or minimal intakes for a three-week period during COVID-19 concerns, where it is assumed people went back to community and stayed home. The refuge reported that after the initial COVID-19 concerns, their numbers returned to normal quite quickly.

Where an increase in demand was reported

Where an increase in demand was reported, accommodation and support services also referred to the issue of not being able to move clients from the refuge due to the housing crisis. Other observations included:

- higher incidents of violence and increased breaches of Family Violence Restraining Orders (FVROs); and
- high numbers of people from community who end up stranded in regional towns.

Where an decrease in demand was reported

Where a decrease was noted, accommodation and support services were very clear about the impact of the housing crisis, meaning that:

- existing clients are staying much longer than the initial crisis period because of the lack of transitional accommodation or safe and affordable housing options; and
- services are struggling to be able to respond adequately to support women and children needing to leave abusive partners and family members because they have no vacancies for women in crisis.

Regional accommodation and support services are reporting being unable to accommodate women at risk who need to leave their geographical location:

“We usually take women and children from outside our geographical area, who are at higher risk if they remain in their geographical locations. This has been difficult with limited space available at the refuge due to lack of suitable accommodation for current residents.” - REGIONAL REFUGE

A metropolitan accommodation and support services with a Lead 24/7 specialist service reported:

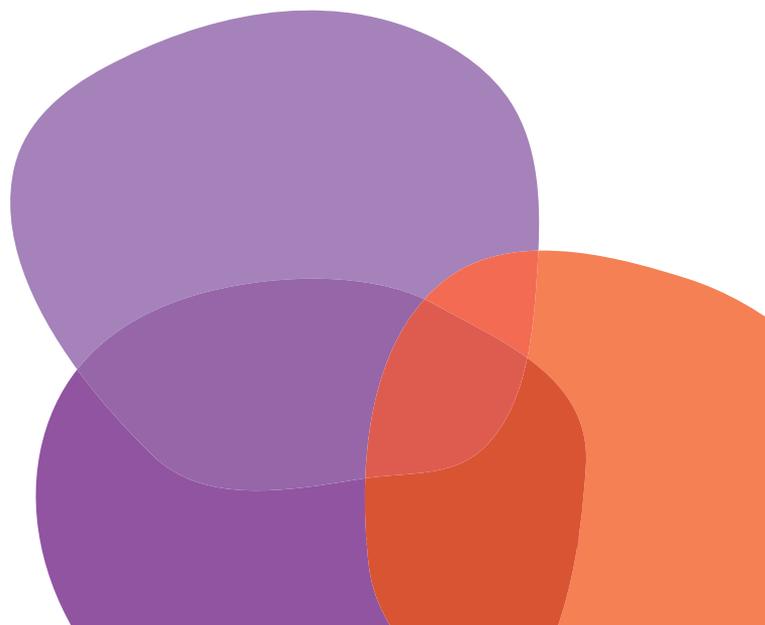
“The limited movement of families being supported from metropolitan refuge placements into longer term accommodation or permanent accommodation has seen an exponential increase in clients being referred to our Lead 24/7 service due to a consistent lack of refuge availability. Families are staying in refuge longer than the allocated 12 weeks, therefore our intake for this period declined as we were unable to move families on into secure accommodation.”

Responding to increased demand

36.84% of accommodation and support services reported having to change the way they delivered services because of the variance in demand.

Strategies included:

- increasing staffing;
- increasing other services such as outreach support;
- approving extended stays in the refuge; and
- changing the way case management is offered to reflect clients longer duration of stay (i.e., more informal counselling, extended case management times/sessions and more intense support and referrals for housing).



Variations in length of stay

The Centre for Women's Safety and Wellbeing asked refuges to provide the average length of a client stay in the current pandemic environment, as well as the average length of stay in the pre-pandemic context.

The table below shows indicative variations per region with respect to the average length of accommodation in refuge for women and children. It should be noted that refuges have not been identified and averages may not represent the breadth of diversity in length of stays of clients at a service and are indicative only.

Region	Refuge	Current average length of stay	Average length of stay in pre-pandemic context
Kimberley	De-identified refuge	4-5 days	1-2 days
	De-identified refuge	2 weeks	2 weeks
	De-identified refuge	3-4 weeks	2-3 weeks
	De-identified refuge	2 nights	2 nights
	De-identified refuge	2 nights	2 nights
	De-identified refuge	4 weeks	1-2 weeks
	De-identified refuge	5-7 days	2-4 days
	De-identified refuge	11 days	11 days
Pilbara	De-identified refuge	3mths – 1 year	8 weeks
	De-identified refuge	1-2 weeks	1 weeks
	De-identified refuge	Anywhere between 1 night and 9 months	7 days
Goldfields-Esperance and Wheatbelt	De-identified refuge	20.6 days	19.4 days
	De-identified refuge	5 weeks	5 weeks
	De-identified refuge	4 weeks	2 weeks
	De-identified refuge	6-8 months	12weeks
Metropolitan	De-identified refuge	3-6 months	Up to 3 months
	De-identified refuge	6 months	8-12 weeks
	De-identified refuge	1.5 months	1.5 months
	De-identified refuge	up to 6 months	up to 3 months
	De-identified refuge	6 weeks	4 weeks
	De-identified refuge	3 months	2 months
	De-identified refuge	100.8 days	50.1 days
	De-identified refuge	6 months	3 months
	De-identified refuge	6 months	3 months
Southwest and Great Southern	De-identified refuge	150 days	35 days
	De-identified refuge	3 months	6-12 weeks
	De-identified refuge	6 weeks plus	21 days

Snapshot of demand variance for domestic violence outreach services

A total of 19 domestic violence outreach services from all areas of WA (except Gascoyne) responded to the survey.

Demand variances

Comparing the pre-pandemic environment to now, domestic violence outreach services reported the following variance in the number of adults and children assisted:

Amount	Percentage of respondents	Regions associated with responses
Roughly the same/ No variance	31.58% of respondents	33.3% of Kimberley respondents, 50% of Pilbara respondents, 100% of Wheatbelt respondents, 100% of Southeast metropolitan respondents, 50% of South West respondents, 100% of Great Southern respondents
Up to 10% increase	21.05% of respondents	100% of Midwest respondents, 50% of Goldfields-Esperance respondents, 100% of Central metropolitan respondents, 50% of South West respondents
11% - 20% increase	0% of respondents	
21% - 30 % increase	0% of respondents	
31% - 40% increase	0% of respondents	
Other	47.37% of respondents	66.7% of Kimberley respondents, 50% of Pilbara responses, 50% of Goldfields-Esperance respondents, 100% of North metropolitan respondents, 100% of East metropolitan respondents, 100% of South metropolitan respondents, 100% of Peel respondents

Almost all responses under “other,” simply advised that their outreach service did not exist in the pre-pandemic environment as the service was a result of COVID-19 funding and therefore a comparison could not be made.

One metropolitan service that responded to “other” noted a 52% increase.

Noted issues, trends, or observations that services perceived as contributing or possibly contributing to the variance, or lack of variance are noted below.

Where no variance in demand was reported

A service in a regional town that covers surrounding areas offered the observation that during the period when lockdown occurred, many clients went and stayed with family, which they believe elevated reported incidents of family and domestic violence.

Where new funding / no comparison

A regional refuge noted that the funding provided for the outreach service (that did not exist in the pre-pandemic context) enabled the service to recruit extra staff and in conjunction with purchasing a 4WD vehicle through private enterprise donations, refuge staff can now offer outreach to remote Aboriginal communities.

Responding to increased demand

21.05% of services reported having to change the way they deliver outreach services because of the variance in demand.

Strategies included:

- **increasing staffing to meet demand/ increasing the volume of appointments;**
- **broadening the outreach locations; and**
- **utilising technology to offer more frequent support.**

Service wait-times

Services reported the following wait-times for women seeking outreach services:

- **Most services reported having no wait-time for their outreach service;**
- **1 service in the Kimberley and two metropolitan services reported a one-week wait-time; and**
- **3 metropolitan services reported a 2 week wait-time.**

Services who reported wait-times also reported utilising telephone check-ins as brief preliminary interventions.

Snapshot of demand variance for Safe at Home services

A total of 8 Safe at Home services from the Kimberley, Goldfields-Esperance, Wheatbelt, North metropolitan, Southeast metropolitan, Peel and South West Australia, responded to the survey.

Demand variances

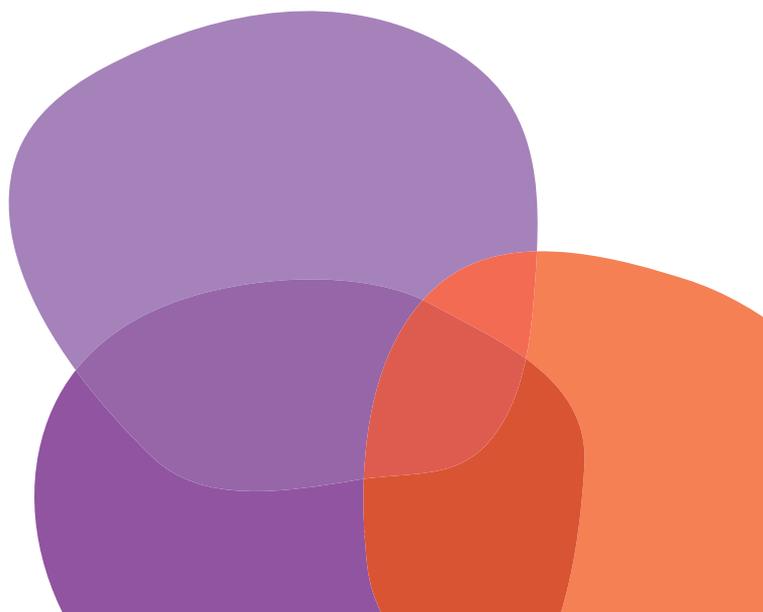
Comparing the pre-pandemic environment to now, Safe at Home services reported the following variance in the number of adults and children assisted:

Variance	Percentage of respondents	Regions associated with responses
Roughly the same/ No variance	62.5% of respondents	100% of Kimberley respondents, 100% of Goldfields-Esperance respondents, 100% of Wheatbelt respondents, 100% of Southeast metropolitan respondents, 100% of Peel respondents
Up to 10% increase	12.5% of respondents	100% of South West respondents
11% - 20% increase	0% of respondents	
21% - 30 % increase	12.5% of respondents	50% of North metropolitan respondents
31% - 40% increase	12.5% of respondents	50% of North metropolitan respondents
Other	0% of respondents	

Noted issues, trends, or observations that services perceived as contributing or possibly contributing to the variance, or lack of variance are noted below.

Where no variance in demand was reported

Where no variance was reported, observations from services included noting more complex cases and more severe forms of violence.



Where an increase in demand was reported

Where an increase in demand was reported, both metropolitan and regional services overwhelmingly attributed this to the housing crisis and women and children being unable to find alternative safe and affordable accommodation.

As one metropolitan Safe at Home service put it:

“There are severe limitations on SAH [Safe at Home] clients moving from their properties or looking to present at refuge for safety. During the reporting period, 39% of clients were living in private rentals where the perpetrator resides with them or was aware of their addresses. The difficulties in accessing private rentals reduced the availability of options for them to move into another rental. Home opens for rental properties attracted 20 plus individuals and families looking to apply, which reduced the chances of making moving a possible safe option. This has been disheartening for our clients and has had an impact on their psychological safety. SAH responded to this by providing intensive safety planning, above average security upgrades, and advocacy to WA Police to ensure accountability of perpetrators when breaches of bail, police orders and FVROs occurred. During this time, if a client’s safety risks increased, it was extremely difficult to access refuge services due to the high demand on their services and limited movement as clients were not able to access safe options to move on from refuge.”

Increases in FVRO breaches, was also observed by many Safe at Home services.

Responding to increased demand

25% of services reported having to change the way they delivered their Safe at Home service because of the variance in demand. The main method for achieving this was to increase staffing.

Variations in unmet demand

Comparing the pre-pandemic environment to now, services reported the following variance in the number of turn-aways/unassisted persons seeking Safe at Home services:

Variance	Percentage of respondents	Regions associated with responses
Roughly the same/ No variance	62.5% of respondents	Kimberley, Goldfields-Esperance, Wheatbelt, Southeast metropolitan, Peel
Up to 10% increase	0% of respondents	
11% - 20% increase	12.5% of respondents	South West
21% - 30 % increase	12.5% of respondents	North metropolitan
31% - 40% increase	12.5% of respondents	North metropolitan
Other	0% of respondents	

Service wait-times

Services reported the following wait times for women seeking Safe at Home services:

Wait-time	Percentage of respondents	Regions associated with responses
No wait-time reported	50%	Kimberley, Goldfields-Esperance, Wheatbelt, Peel
1 week	12.5%	South West
11% - 20% increase	33.3% of respondents	Goldfields-Esperance, Centre metropolitan
21% - 30 % increase	11.11% of respondents	North metropolitan
31% - 40% increase	0% of respondents	
Other	0% of respondents	

In comparison to the pre-pandemic environment, services reported the following variance in wait-times:

Wait-time	Percentage of respondents	Regions associated with responses
Roughly the same / No variance	62.5% of respondents	Kimberley, Goldfields-Esperance, Wheatbelt, Southeast metropolitan, Peel
Increased by about a week	12.5% of respondents	South West
Increased by about 2 weeks	12.5% of respondents	North metropolitan
21% - 30 % increase	0% of respondents	
31% - 40% increase	0% of respondents	
Other	12.5% of respondents	North metrpolitan

Brief preliminary interventions or engagement strategies utilised by 62.5% of services, included maintaining contact via phone, text and email, safety planning and risk assessments.

Snapshot of current and emerging issues for family and domestic violence service providers

This snapshot contains a high-level view of the top current and emerging concerns expressed by family and domestic violence services who responded to our sector survey. Responses were analysed and categorised accordingly, however the issues are inherently linked and due to this nature, there are at times, overlaps. All services who responded conveyed that the issues they were raising pre-dated the pre-pandemic environment. However, several respondents noted that the current environment exacerbated these issues.

The key priority issues identified by family and domestic services are:

- A lack of safe and affordable short-term, transitional and long-term accommodation;
- Increased violence and case complexity requiring more intensive resourcing;
- Chronic underfunding, which is making it impossible to meet demand let alone unmet need;
- Lack of referral pathways and services to meet the ongoing safety, therapeutic, and recovery needs of women and their children; and
- Lack of a capable system to ensure that women's and children's safety is achieved.

The perceptions and concerns of services with respect to these priority issues are highlighted below.

Safe, affordable housing is unobtainable for many

The housing crisis in WA means safe and affordable housing for women and children escaping violence is extremely limited. Lack of safe and affordable accommodation was the number one concern for family and domestic violence service providers. It remains a fundamental barrier to women being able to leave violent and abusive partners and it prevents services from being able to meaningfully engage with clients, when their basic human needs are not being met.

“There are no suitable, safe, secure, affordable long term housing options for women and children escaping family and domestic violence here. There does not appear to be any strategic plans at a local, state or federal government level to improve the homelessness issues here. For family and domestic violence services to do meaningful work and support the women and children, the lack of housing options needs to be urgently addressed.” - REMOTE REFUGE

Limited access to affordable long-term accommodation

With long and slow-moving priority public housing waiting lists, limited or no vacancy rates and increasing rents for private rentals, services reported that prospects are bleak for clients needing safe and affordable housing.

“Limited options have become even more scarce. Availability is down, rents are right up and many applications are not being accepted.” - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

“Our clients are ‘at the bottom of the list’ for private rentals. Rent increases are pricing everyone out of housing.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“There is no affordable private housing and public housing waiting lists are over two years (even on priority status) leaving limited options and at times being the influence for individuals to return to a violent partner.” - REMOTE WOMEN’S SHELTER

“Rental increases and demand, make it very difficult for clients to get private rental housing.”
- METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“The State priority housing list has not had a lot of movement over the past year.”
- METROPOLITAN REFUGE

“Dept of Communities (Housing) are requesting evidence from clients applying for priority listing that they have attempted to apply, and have been declined for private rentals, prior to being eligible for priority housing regardless of being in refuge and on low incomes. Most rental prices are too high for clients on Centrelink income to apply in the first place.” - REMOTE REFUGE

“There is 0% rental vacancy in this town. There are no suitable or affordable housing options with the State housing waitlist being 10+ years.” - REMOTE REFUGE

“Limited to no access to private rentals and an ever slower than normal turn-around of public housing properties.” - REMOTE FAMILY AND DOMESTIC FAMILY SERVICE

“This is a remote mining town; housing is for mine workers. Private housing is non-existent or taken by services looking to house the workforce. If a house does become available to rent the amount is astronomical and impossible for a single woman or one with children to pay.”
- REMOTE FAMILY AND DOMESTIC FAMILY SERVICE

Services reported that they are unable to assist their clients with housing, as there are simply “no housing pathways”. The deep anguish and frustration this evokes in service providers is evident in their survey responses and one-to-one conversations. Given the risks and trauma experienced by their clients, service providers feel profoundly uncomfortable. It was reported as “heartbreaking for both staff and clients”.

“We are checking in more regularly about clients housing situations, but unable to offer any support. Some clients distress about housing instability and reduced options is heightened. There are very few options or answers we can offer clients on this issue.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“We’re usually able to house people within a couple of weeks of being on our exit client housing list. Currently, we are still waiting to house someone after 15 months. This is the first time in 10 years the Housing Support Worker has closed her client load, due to not being able to house existing clients.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“The housing crisis is of course limiting the options we can offer to clients. Particularly in working with Aboriginal women and children and CaLD families; housing and accommodation is a large proportion of our work, and this can cause distress for clients when we (the service they are relying on for support) tell them we have no options for them. It can also cause tension in working with the Dept of Communities (Housing) for example, as staff on both sides are feeling ‘powerless’ to intervene and assist. The largest part of our service delivery is to safety plan, some safety plans necessitate a woman to leave immediately as the risk is imminent. We have to have somewhere for these clients to go and we are just one agency; there are many others in the same predicament. It’s a huge problem. We rely on a lot of relative/family accommodation options and again, this can create issues with women being ‘hidden’ and can have repercussions for women, such as family being considered ‘unsafe’ by the Dept of Communities (Child Protection), which puts her mothering at risk and under the spotlight and brings about new pressures on women trying to escape abuse.” - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

Where clients can find or keep private rentals, services reported that their clients are put under extreme financial stress (evidenced by reported increases in the provision of emergency relief) by trying to pay for private rentals they simply cannot afford, due to lack of or no alternative options.

Similarly, services are also reported difficulties in recruitment and retention of staff without any affordable housing available and rife “bidding wars”.

“Makes it extremely difficult to recruit staff to a region when housing is not available. Similarly, we have lost staff whose landlords have pulled their rental property and they have been unable to source another one. They have returned to Perth.” - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

“My own housing situation is dire without being able to secure a lease. I have to vacate from my current premises shortly and unless you are prepared to offer \$200 above the asking rental price, you have no hope in securing a lease. For me to commit to a lease of more than \$700 a week would place a great deal of financial stress on me. It would be financial suicide to stay. I may as well return to Perth and find employment there and move back into my own property.” - MANAGER OF REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

Refuges are “gridlocked” and transitional accommodation is limited

Without access to safe and affordable housing, women staying in crisis accommodation are left with nowhere safe to exit to and are staying for much longer periods than they should have to.

“The Housing Crisis means that crisis accommodation does not exist. Many refuges and supported housing programs are unable to move women on and therefore they remain in refuges for a lot longer due to no housing options.” - METROPOLITAN REFUGE

“We aren’t able to do crisis work anymore, which is what we are contracted to do, because there are no housing options for women and their children to move onto.” - METROPOLITAN REFUGE

“It’s very hard to find our clients safe, stable accommodation following their stay in the refuge.”

“We are just “holding and maintaining” as these women could leave except there is nowhere to go.” - REGIONAL REFUGE

Service providers reported that even transitional housing is either unavailable/non-existent (particularly in regional and remote areas) or simply inaccessible due to existing clients who cannot be moved on.

“Refuge and transitional houses are completely blocked. It’s very disempowering for both clients and staff.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“Women and children here have extremely limited options when leaving refuge accommodation. Costs are prohibitive for private rentals and there is very limited social housing and/or alternate options.” - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

“There is very limited transitional housing. One service is saying they receive 300+ applications, but only housing 5-10 people a year. There are limited transitional housing options for large families; an Aboriginal family with 5 children was declined due to being unable to accommodate whole family. Families wanting to relocate closer to family supports in regional WA are facing even less housing options.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

Services also reported that the increased length of stays in what is meant to be short-term crisis accommodation, has an adverse impact on women and children’s mental health and wellbeing, staff morale, and overall service delivery.

“Communal living (older style Refuges) is not appropriate for children who are sometimes struggling with their own trauma and do not understand the difference in parenting styles of other children.” - REMOTE REFUGE

“Internally, extended stay in Refuges is not conducive to healthy family life and communal living (particularly where all are under some form of stress and trauma related to their crisis and children from multiple families are running around in a condensed space) is impacting mental health of clients.” - REMOTE REFUGE

“Overstays in refuge means women can become stagnant in their recovery. It can cause delays for reunification with children and grandchildren. Extended stays in refuge and communal accommodation is not conducive to healing. Women are unable to fully reintegrate into community.” - METROPOLITAN REFUGE

“Women residing longer in crisis accommodation creates a dependence on the refuge support due to having staff available 24/7.” - METROPOLITAN REFUGE

“The impact of women and children staying longer in refuges includes increased decline in women’s mental health and general wellbeing; increased anxieties in children as a result of extended stays in refuge coupled with mum’s decline in wellbeing; Government departments’ (e.g. child protection) expectations for families to stay long term in refuge, places pressure on the service as well as the client themselves.” - METROPOLITAN REFUGE

“Clients are expressing they are feeling hopeless about their future. We are seeing an increase in emotional distress, self-harm and suicidal ideation.” - REGIONAL REFUGE

“Lack of stability impacts all areas of women’s lives. Case Managers feel cases are not progressing and goals are not being achieved and there are higher levels of emotional distress.” - REGIONAL REFUGE

“Mental health of clients impacted which in turn affects staff moral and outcomes of collaborative casework.” - METROPOLITAN REFUGE

“We don’t receive funding for food to provide meals as such for long term clients with children. We have babies with dietary requirements and mums with limited income.” - REMOTE REFUGE

“Our refuge is communal so when you have 5 families living together for an extended period of time it can cause conflict. Advocates and Caseworkers are spending many hours looking for housing and negotiating with landlords. Managing the clients’ frustrations of no housing options on an ongoing basis is also difficult for staff.” - REGIONAL REFUGE

“Children’s education is disrupted. No house = uncertainty, unable to address their own issues, impacts on children’s learning and development and disrupts their education. For some children it is especially hard, particularly those with learning disorders or special needs.” - REGIONAL REFUGE

“Families are stagnant in refuge accommodation, which effects their sense of belonging, sense of home, and independence. Clients expressed anxiety at not being able to find secure long-term accommodation, this also impacts the overall experience of staying in refuge and the expectations. The longer a family stays in refuge the more settled they can become and reliant on staff support. This can impact a family’s confidence and ability once the time comes to move on.” - METROPOLITAN REFUGE

The inability to move existing clients on, means services cannot be responsive to prospective clients- the women and children in crisis needing emergency accommodation.

“We are getting requests for accommodation from multiple women everyday due to the fact that there is little to no public or private housing available, the waiting time on public housing lists is years.” - REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

“Clients who are in crisis and at high risk of harm, are unable to access the refuge due to bed blockages.” - METROPOLITAN REFUGE

“Refuges and transitional housing are completely blocked. Women and children needing crisis accommodation have no safe place to go and face the prospect of homelessness or returning to perpetrators and/or unsafe/ unsuitable accommodation.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“We cannot intake women in crisis as the beds are at capacity housing women and children who cannot find housing.” - REGIONAL REFUGE

“It is extremely hard to secure emergency accommodation for women in crisis and we can’t even refer them elsewhere because everywhere is at capacity. Securing emergency accommodation for women with teenage children is impossible- particularly boys as they are not eligible for a refuge.” - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

“Crisis accommodation is bottle necked at times and causing additional financial pressure as the Refuge externally houses individuals that they cannot house (suitable motel/hostel accommodation) due to the Refuge housing individuals that have nowhere else to go (cannot afford private rental and on public housing waitlist which is housing priority clients from March 2019). This in turn puts additional pressure on staff (and particularly outreach staff) to pick up these clients. This then has an impact on community perception of the Refuge as medium-term housing and also adds greater risk for clients (housed externally).” - REMOTE REFUGE

Women (and their children) who are at a high risk and require crisis accommodation in another location to increase their safety, have limited or no options.

“It is difficult for family and domestic violence victims to transfer to another area due to lack of housing available, therefore they remain at high risk due to the perpetrator remaining in the area.”

- REGIONAL REFUGE

“Clients unable to move within WA when they need to flee to maximise safety.”

- METROPOLITAN REFUGE

Women and children are forced to stay in or return to unsafe environments and people

Whether it is a result of being unable to obtain crisis accommodation in the first instance, or not being able to transition out of crisis accommodation to a safe housing option, services reported an increase of women and children facing the prospect of homelessness, unsuitable accommodation, or increased risk of harm due to having no other choice but to stay with the perpetrator.

Claire was from a very remote community. Dave, her ex-partner, was on a suspended sentence due to offences against Claire, and was living in the same community as her. Claire was heavily pregnant and had three other children. With no suitable long-term housing options in her community, child protection referred her to a refuge in a less remote town where she could access a hospital when she went into labour. Finding safe and affordable long-term housing has been a key challenge for Claire (and the service supporting her).

Claire is on a priority housing waitlist, however the timeframe is unknown. She and her children are currently residing with relatives at a property that is often overcrowded, with people drinking alcohol, known drug use and anti-social behaviours. This is a constant risk factor for Claire's safety and an increased risk for domestic and family violence, which may force her to seek refuge again. However, given the current environment, the refuge has been at full capacity for months. Many women and children are being turned away and having to find alternative accommodation within the town.

“There is NO available housing in this mining town and I cannot remove women from their situation for more than a week, then they either have to leave the region, and move to an area where housing is also hard to obtain, they may not have any support network, leave their employment and remove children from the town they have grown up in (sports groups, school etc) or return to the abusive relationship.” - REMOTE FAMILY AND DOMESTIC VIOLENCE

“Some clients report feeling unable to leave unsuitable (volatile, dangerous or simply not meeting family needs) accommodation as they have no other options and fear homelessness.”

- METROPOLITAN FAMILY AND DOMESTIC SERVICE

“Because women are unable to access crisis accommodation, there is an increase in women who are unassisted. Women are homeless and/or staying in unsafe or unsuitable accommodation. Safety of homeless women is a concern for us.” - METROPOLITAN FAMILY AND DOMESTIC SERVICE

“Women are forced to choose between ongoing abuse and being homeless. They are terrified of the abuse and the loss of hope of being unable to leave the relationship, and terrified of the prospect of being homeless. There is no option to recover and rebuild.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

Overcrowding is of increasing concern for both metropolitan, regional and remote services.

“Often the only option is to return to perpetrator or live in overcrowded houses where there is known violence, anti-social behaviours, alcohol and substance abuse at the premises.” - REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

“The housing crisis impacts our clients greatly. There is a shortage of housing here in [very remote area] which means there are several families living under the one roof. There is no privacy and food is eaten pretty much as soon as it is bought which therefore means some households don't have food in the cupboard for days. Also health is a real issue due to the overcrowding (scabies, lice, Rheumatic Fever and chest infections are quite common here). Access to working showers is also a big issue. We are putting a shower here in the general common area toilets so the women who come here can have a shower in the morning. All these issues contribute to short tempers and arguments, which then results in women and children seeking refuge. I feel if there were more housing and better conditions (e.g not so many families in one house, hot water and working stoves etc.) that there would be less violence.” - VERY REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

“Many houses are overcrowded here as people are unable to secure their own tenancy due to long public housing waitlists and limited private rentals available. Generations of families are living under one roof. This has impacted on incidents of family violence.” - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

“Overcrowded housing in remote communities and urban centres and no short term or long-term housing available are huge issues for us. It can make separating from a violent partner unattainable for our clients, increases children's exposure to family and domestic violence, and increases the risk of further harm.” - REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

Instances of overcrowding or living with a high-risk perpetrator, can often make it unsafe for workers to do outreach and can impact client engagement.

“Much of our service delivery is via home visits or phone. When attending a home with multiple people there, we are limited in the conversations had or simply do not attend the property due to safety risks. If women want to leave a relationship, they often have nowhere else to go apart from the refuge if beds are available. This is not always an option, particularly if they have teenage boys in their care or there are family conflicts with others staying at the refuge. Women and children fleeing family violence can then be effectively homeless for years while trying to secure a tenancy.” - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

“Homelessness and clients staying in overcrowded housing making it unsafe for staff to visit – particularly where the homes are identified as trouble spots due to anti-social behaviours, violence, drug and alcohol abuse at the premises are major issues for us.” - REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

“It is difficult to be able to work with an immediate family due to the ongoing influence of others. Difficult to have private conversations. No availability of transitional housing can hinder our ability to provide wrap-around support for women wanting to relocate away from an abusive partner.” - VERY REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

“There is no opportunity for real relationship healing, growth or personal independence to move from a recidivist abusive relationship not to mention the ongoing trauma caused to children.” - VERY REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

The housing crisis may be exacerbated, but it is nothing new

Whether it is a result of being unable to obtain crisis accommodation in the first instance, or not being able to transition out of crisis accommodation to a safe housing option, services reported an increase of women and children facing the prospect of homelessness, unsuitable accommodation, or increased risk of harm due to having no other choice but to stay with the perpetrator.

“The housing crisis has been ongoing for years and has a continuous impact of women and family safety.” - REMOTE FAMILY AND DOMESTIC VIOLENCE

“Housing is always an issue; covid or not. If we are going to keep women and children safe, we have to have more accommodation options (including long term). If women and children leaving abuse are not given a sense of safety as soon as possible there is a greater chance they will return to abusive partners out of necessity and this makes sense; because while the abuse they are subjected to is not acceptable, this is ‘better the devil they know’ and they still have a home, with their things etc and we cannot underestimate the lack of physical and emotional safety that women and children experience in these situations which can be incredibly scary there are various cultural considerations for women and children staying in shared accommodation and safety considerations such as ‘small’ networks in some communities, where women can often be found easily by partners.” - REGIONAL FAMILY AND DOMESTIC SERVICE

“Working in remote communities the housing crisis has existed for a decade with no improvements. This has continuously impacted on women escaping violence. Women are now requesting to stay in their homes and increase or improve home security.” - REMOTE FAMILY AND DOMESTIC SERVICE

Violence is increasing

Another wide-spread observation that came through in responses from services is that violence is increasing (in both volume of reports and severity of incidents).

Reports of violence are increasing as evidenced by the increase in demand and referrals across the sector (expressed in other sections of this report). Lead agencies anecdotally reported more high-risk referrals from Crisis Care and refuges anecdotally reported more high-risk referrals from lead agencies.

Increased disregard of FVROs is of great concern for many services. 61% of survey respondents said they observed a notable increase in women accessing their services whose perpetrator had breached the FVRO.

“FVRO is not a suitable deterrent. Perpetrators see it simply as a piece of paper and the consequences of breaching are not sufficient to convince them to abide by the conditions.”

- REMOTE REFUGE

“FVRO Breach is reason for a lot of 24/7 Crisis care referrals.” - METROPOLITAN REFUGE / LEAD AGENCY

“There has been a noticeable increase in FVRO breaches. I think there is a possibility that the seemingly light penalties, such as fines, could be a contributing factor.” - METROPOLITAN COORDINATED RESPONSE SERVICE

“We have supported more women to make complaints to the police.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“We have noticed increases involving women with large families of 5 or more children. One VRO was breached 35 times.” - METROPOLITAN REFUGE

“Clients that enter our service frequently advise that the perpetrator has breached FVRO.” - METROPOLITAN REFUGE

“Since January, there have been almost daily presentations of perpetrators to the refuge.” - REMOTE REFUGE

“We had 15 breaches in the first quarter.” - REGIONAL REFUGE

“We’ve had a number of clients report breaches and have reported engaging with Police in response to these occurrences.” - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

“It is very common for breaches here.” - REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

“There have been a few cases where there have been breaches of the FVRO, however the courts are not making the perpetrator accountable for their actions and they are being released without conditions. Women are questioning the value of having a FVRO.” - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

“We are especially noticing technology abuse breaches.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“We are noticing increased FVRO breaches via referrals to services from Coordinated Response Service to Outreach, Refuge and family and domestic violence Advocacy Services.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

Family and domestic violence services (particularly, but not only, metropolitan services) also reported an increase in serious violence and level of risk to women. This included increased intimate partner sexual violence, increased and more severe physical violence, increased stalking (particularly via technology-facilitated abuse), and increased serious threats of violence.

Mariam is of a CALD background. Mariam had been on a few dates with the perpetrator and began a brief sexual relationship with him (less than a month). She ended the relationship, but the perpetrator continued displaying stalking-type behaviours and refused to accept Mariam's wishes to end all contact. She blocked the perpetrator's mobile phone number and social media accounts so he could not contact her. The perpetrator began attending Mariam's home and her workplace attempting to speak to her. She told the perpetrator he needed to stop but his behaviours further escalated. She was living in genuine fear of being killed and began staying with a friend due to this. Mariam began receiving friend requests on social media from the perpetrator's family members (who she did not know). A friend saw that the perpetrator posted on social media that he will harm anyone trying to keep him away from Mariam.

Cases are becoming more complex

Family and domestic services have observed that in comparison to the pre-pandemic environment, cases are becoming more complex and often require a more comprehensive response. Counselling services noted clients may also engage longer with the service.

Increase in clients with mental health issues

Services have noted increases in clients with mental health issues, generally. Some services attributed the increase to the often unrelentless struggle to secure safe accommodation. Service providers also noted that the increased distress regarding lack of safe and affordable accommodation options and managing other crises has also meant that clients are unable to engage in services to support them to process the family, domestic and sexual violence, associated trauma, impacts on children and their parenting. Other services attributed the increase in mental health issues to the apparent increase in violence. On top of a general increase in clients presenting with mental health issues, services also observed increases in complex mental health issues and disclosure of significant trauma histories.

Kerry, an Aboriginal woman, was a high-risk referral to a regional counselling service. The perpetrator, who had breached bail conditions, had been convicted of family and domestic violence-related offences, had a history of perpetrating intimate partner sexual violence, had made threats to kill her and her children, and had previously used a weapon against Kerry. The perpetrator had significant mental health and substance use issues.

Kerry had a series of trauma-related mental health issues, a history of suicidality, drug use and had experienced childhood family of origin exposure to family and domestic violence and drug use.

Increase in clients with mental health issues

Services also reported an increase (often significantly so) in complexity of co-occurring issues experienced by clients since the pre-pandemic environment. These clients often require more resourcing and supports.

“We have a significant increase in complexity of other co-occurring issues such as financial strain, homelessness, AOD, and mental health issues.” - REGIONAL FAMILY AND DOMESTIC VIOLENCE COUNSELLING SERVICE

“The complexity of cases has increased - includes self-harm, suicidal ideation, psychotic episodes.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“Clients with complex and repeated interpersonal trauma are increasing.” - REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

“We have an increase in clients presenting with Mental health issues, AOD issue and homelessness.” - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

“Increase in clients with overlying mental health or AOD needs.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

Lucy was a high-risk client who had experienced ongoing physical and verbal abuse from the perpetrator (her violent and abusive ex-partner) for many years, including serious head injuries. Lucy also experienced ongoing coercive and controlling violence. More than once the perpetrator threatened to damage her private rental property and kill her, her children, and her dog. Lucy had her own private rental, but the perpetrator coerced her into living with him and was controlling her money. As a result, Lucy was in arrears and was at risk of being homeless.

The perpetrator was incarcerated after the recent incident of abducting her. However, Lucy was still receiving threatening msg/letters from the perpetrator through his friends. Lucy was experiencing a high level of distress and suicidal ideation. She has a history of childhood trauma, lives with a diagnosis of depression and anxiety, and has health risks from previous injuries.

Increase in marginalised groups seeking support

Services also reported increases in demand from clients from marginalised groups who face additional barriers to seeking support and achieving safety. This included:

- Culturally and linguistically diverse women
- Women on temporary visas
- Women identifying as LGBTIQ
- Women with a disability
- Aboriginal women
- Young adult women

Some agencies noted an increase of a specific group, while others noted increases in many groups who experience marginalisation and compounding disadvantage.

Of particular concern by many services was women on temporary visas who are without income and ineligible for certain services (i.e., Centrelink, or Medicare). Some refuges reported having women on temporary visas in their refuges who have been there for more than a year, waiting on a visa outcome and with no or limited income.

Services are underfunded and unavailable

Family and domestic violence services are unable to meet demand

Not having the resources to meet demand was the number one, overwhelming unaddressed issue impacting the capacity of family and domestic violence services to meet demand and need.

Services described:

- An ongoing lack of funding in the face of increased demand
- Not having enough staff generally to meet demand
- Not being funded well enough to attract and retain skilled workers
- Having a large geographical breadth to service
- Lengthy waitlists or turning clients away.

A few services also raised the issue of not having enough funding for security upgrades for clients in the context of an increase in women feeling compelled to stay in their homes due to the lack of safe and affordable accommodation.

“We don’t have enough funding to cover all safety enhancements; no brokerage to provide the safety upgrades to keep women and children safe.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“Increase in trade costs has been an issue. Over the duration of this reporting period, the program has observed an increase in cost associated with security upgrades to the client’s homes. This is a result of the impact COVID-19 has had on the trades supplies used to complete upgrades. Many of the Trade supply outlets have limited stock which has caused import delays, limited accessibility to alternative stock and wait list times for delivery of goods to supply trades persons.

This all adds to the increased cost of providing an adequate service to our clients. Trades who provide a service for our clients have maintained a service but have had no choice to increase the charges as the materials for the work has also increased across Australia. Negotiation for the best service with the funds we have available still reduced the amount of security Safe at Home can provide per client, to meet the contracted requirements around service delivery for clients receiving support.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“We’ve had high risk clients needing immediate safety upgrades. Without an option to move house or transfer due to housing crisis, they’ve had to move in with their parents or relatives.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

Family and domestic violence services expressed grave concern about not being able to support all the women and children escaping violence and needing assistance from a service. Short-term Covid-19-related funding in the absence of sufficient and sustainable funding options, was also concerning for service providers.

Lack of referral pathways for clients needing supports

Whether there were lengthy delays, or the service required to support the safety and recovery needs of women and their children just does not exist in a community, timely access to services was reported as highly concerning to family and domestic violence services- particularly in the context of increased violence and trauma and more clients with more complex needs.

Limited access to alcohol and other drug services and mental health supports

Of particular concern were the long delays in accessing mental health and alcohol and other drug supports for women needing immediate support. Many services reported that clients needing specific mental health or alcohol and other drug support have to wait between 3 and 6 months for access to a service.

“There are no services to refer our clients to for necessary supports. Everywhere is at capacity.”

“Ongoing issues are often related to AOD use that effect the client’s engagement in the process of positive intervention and support. External services that may be able to assist with intervention often have long wait lists.” - METROPOLITAN REFUGE

“There are long delays for mental health support, long delays for AOD counselling, three-month wait for rehab, and limited to no pathways for housing.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“We are observing high increases in clients who have disclosed that partners/ex-partners have sexually assaulted them and at times their children. The waitlist for support from specialist agencies to support this type of violence are long, and an average 6 months plus. These wait times have an impact on the likelihood that clients will have the confidence in reporting incidents to police, contributing to the high statistics of unreported sexual violence incidents. This results in lack of accountability and less opportunity to have perpetrators of violence in view and an increase in sexual violence in our state.

Clients who have experienced trauma such as sexual violence find it extremely difficult to engage in services prior to these complexities being addressed and supported, which can result in service disengagement.” - METROPOLITAN REFUGE

“Clients who have experienced trauma such as sexual violence find it extremely difficult to engage in services prior to these complexities being addressed and supported, which can result in service disengagement.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“Lack of crisis mental health services and inability of women to obtain their services after hours and on weekends is an access issue for our clients.” - REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

“Many of our clients need longer support and referrals to psychologists rather than counsellors.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“Services in town are limited to one drug and alcohol counsellor, myself, some pastoral care, services attached to employment ie; EAP, a youth worker and school counsellor. There is no mental health worker in town.” - REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

“There is a lack of professional family and domestic violence informed counselling and culturally sensitive counselling available for our clients.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

Lack of services for perpetrators

Many of the regional and remote family and domestic violence services noted there are no or limited services for perpetrators. Consequently, the focus is on the victim-survivor to better 'manage' the perpetrator and the safety and wellbeing needs of themselves and their children.

"There are simply no perpetrator programs in our region, so this a barrier even for men who want to take responsibility." - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

"The number of victim support services in comparison to perpetrator services is significant. The responsibility for change/action has been and still continues to be placed with the victim survivor." - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

"There is a lack of services for perpetrators. Some clients are presenting with families as the partner is drinking at home and becomes abusive and violent and the women and children are brought in by the WAPOL. We are having to house and feed 5 people instead of the Police removing the perpetrator. Then the family would not have to leave at all hours of the night." - REMOTE REFUGE

"There needs to be an increase in all of family wrap around services to support improved relationships and parenting skills. Our clients often mention the need to support the men in the community so that they can work together on improving their family safety. Note, there are no men's programs in the communities we operate in." - REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

Service gaps for children and parents with trauma

Access to immediate support for child counselling was reported as a huge issue for family and domestic violence service providers. Lengthy delays for support were of high concern for metropolitan-based services, while regional and remote services often noted there were no child's counselling services available. Many services reported that service gaps for teenagers are of further concern, with children aged 14 – 17 typically ineligible for many children's services.

"The only service for children in this town is a youth centre for 12 and up or the school counsellor." - REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

"We struggle to find suitably trained and experienced clinicians to work with children (generally!). We have requests for family counselling and we do not have anyone trained specifically in family (mother and child/ren) counselling. We could offer far more service options (1-1- appts/groups/ play and art therapy) to children if we were able to extend our opening hours Monday - Friday to be open later in the afternoon, or open on Saturday mornings. Capacity to offer teen and Youth focussed programs utilising art therapy would be effective and we receive requests for this service, however opening hours and funding restrictions prevent this." - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

“Children who are impacted by family and domestic violence have been invisible here in the Kimberley. There are very few services and long waitlists for age-appropriate counselling. Often, they are homeless and at imminent risk of harm due to the violence, anti-social behaviours, alcohol and substance abuse at the premises.” - **REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE**

Delays for specialised assessments and supports such as for children with learning development needs, children with disability, children who are abusive towards their siblings, and other complex needs was also a high concern for some services.

Trauma-informed schools and educational support for children affected by trauma was also perceived as a serious gap by many service providers.

Many refuges (particularly in regional or remote locations where access to childcare is limited/inaccessible) raised the issue of having no dedicated child workers in the refuge and no or limited child advocates, child counsellors or case management support for children on site.

Lack of parenting programs and support was also identified as an important unmet need by some services; particularly (but not only) in regional and remote areas.

“Many of our clients need parental support to manage difficult trauma-related behaviours their children are displaying as result of the violence.” - **METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE**

“The biggest service gap is intensive parenting support. Children impacted by the trauma of family and domestic violence need access to a parent who is attuned and responsive to their social and emotional needs.” - **REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE**

Other noted service gaps

Other gaps in services noted by some services included a lack of emergency relief and financial counselling, difficulties with legal support due to the high turn-over of lawyers in a remote town and NDIS issues with respect to long waitlists for Specialist Referral for ongoing medical issues.

Systems are ineffective

Lack of capable integrated systems

In addition to service gaps and inaccessible services, many family and domestic violence service providers are concerned that the systems responding to victims and perpetrators are not effective.

Many family and domestic violence services expressed capability concerns about the system generally, including lack of family and domestic violence training, lack of DV-informed and culturally sensitive services/agencies/departments and workers, and the detrimental impact that this can have on the safety of women and children.

Services also expressed concern about system integration and the lack of collaborative service delivery when services are working to achieve the same outcome.

“Interface with other agencies, who are working with the family and each agency is working in isolation or to a (at times) conflicting goal, needs to be addressed. For example, the Department working with mum to ‘increase her protectiveness’ or Housing breaching her for housing offenses; both of which are caused by her perpetrator not her.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“Information sharing (particularly with Child Protection, courts and police and refuges) is very difficult for us, it is inappropriate for a client to have to tell their story and provide information 6 different times and an ineffective use of resources.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“Counselling services offered to children are limited due to funding and resources. Counsellors may offer up to 6 sessions or they may attend a children’s group for 5 weeks. While this is a great outlet for children, they go back into their home environment every day and this intervention is short term. Plus, this intervention is not necessarily addressing the parent who is being abusive (of course services are offered to the whole family but not often taken up by perpetrators), so our interventions remain ‘band aid’ options.

Often, we see children who are with their mother, who is typically the victim of abuse, and what we see is mum is being pressured to engage in various services for herself and the children, particularly where the Department is involved. These kids can miss out on their mother being at her best because she is under so much pressure, as a result of someone else’s behaviour; often that person is not being addressed at all. We also see families where the Family Court has ordered contact between the perpetrator and children, sometimes supervised but other times handover. We see many children who are very fearful about this contact, that is often ordered out of a lack of awareness/acknowledgement that abuse to a child’s mother is abuse to a child. We spend a lot of time ‘preparing’ children and mothers for contacts that may not be (emotionally) safe prior to the abusive parent engaging in any intervention (which they may not have been asked to do at all).” - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

“Advocating for safe and effective systems responses from police, criminal justice systems, child protection systems that are culturally safe and trauma informed is one of our biggest challenges.” - REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

Lack of perpetrator accountability

Perpetrator accountability was of concern to many family and domestic violence services (as expressed in other areas of this report.)

“At the moment there have been a few cases where the courts have released the perpetrator without bail conditions - this heightens the fear and anxiety that the clients are already having to deal with. It appears the perpetrators are not being made accountable for their actions.” - REGIONAL FAMILY AND DOMESTIC VIOLENCE SERVICE

“An ongoing trend coming through is clients requiring support that do not have Family Violence Restraining Orders. The reasons behind this can vary from the clients fear of increased risk to safety from the perpetrator or their associates, and the lack of trust in the system to protect them.” - METROPOLITAN FAMILY AND DOMESTIC VIOLENCE SERVICE

“Women do not have faith in the legal system to protect them - Women who report DFV to our service/police are often placed at further risk with bail being provided regularly to high risk offenders.” - VERY REMOTE FAMILY AND DOMESTIC VIOLENCE SERVICE

No alternative justice options

Some services also alluded to the need for restorative justice options for their clients, by highlighting the issue that there is no alternative to the criminal justice system, which was seen as prohibitive for many of their clients needing help, but not seeking it due to, for example, the consequences it would have on their partner.

Other noted observations and trends

Other notable observations and trends raised by some individual services include:

- A metropolitan refuge noting an increase in abuse/neglect of children. The service perceived this to be demonstrated through an increase in grandparents accessing the service, particularly in 2021.
- A regional service noted lone women accessing their service as an increasing trend in family and domestic violence.
- A metropolitan service noting an increase in clients whose perpetrators are their adult children. They noted this is usually in the context of drug use and mental health issues.
- One service also noted an increase in clients linked to gang-affiliated perpetrators.

*Case studies have been generalised and some demographics have been conflated for privacy reasons.

Acknowledgements

The Centre for Women's Safety and Wellbeing acknowledges we are located on stolen Whadjuk Noongar land. We support the **Uluru Statement from the Heart** and call for reparations to be made. We honour Aboriginal people for their continued resistance and resilience, and we pay deep respect to elders of all generations who continue to protect and promote culture and country.

The Centre for Women's Safety and Wellbeing would like to thank all the service providers who contributed to the enclosed snapshot briefs. Contributions were thoughtful and considered despite the immense pressures that services are operating under. Thank you for the work you do in contributing to women's safety.



CENTRE FOR
Women's Safety
and Wellbeing

Preventing violence,
promoting health,
advancing gender equality

The Centre for Women's Safety and Wellbeing is the leading voice for women and children affected by gender-based violence in Western Australia.