Coping

Women living in regional, rural, and remote places experiencing domestic and family violence generally coped on their own for long periods of time using a range of strategies. Among these strategies was trying to understand their partner’s behaviour or placating him:

I would usually try and appease. As long as he was getting his own way it was fine, and I thought that maybe I could implement certain methods to prevent the physical abuse from occurring—which was successful, to a degree. (Noelene, Murray Bridge)

Some women, particularly the Aboriginal women in Derby, used “leaving” as a placating strategy. If the women were not successful in predicting or diffusing their partner’s violent behaviour, they made the decision to remove themselves and their children from their home for a while until the danger period passed.

Because we talked it out and no need to leave, I did not feel as unsafe…Things have settled down as I have put down some boundaries, particularly around his drinking and use of violence… but when he would make threats or become abusive, as I felt unsafe I would go to refuge. (Helen, Derby)

Another factor that influenced some women’s coping and decision-making, particularly to engage in placating strategies, were moments in their relationships when their partners promised to seek help. This gave the women optimism and hope that their partner might change.

Like I was in a unit on my own; it was really, I had the girls by myself. I wanted to go home, and he was saying, “I’m going to change, things will be different.” All those promises are made, so, yeah, I guess things kind of stumbled along. (Tammie, Whyalla)

Seeking help

All the women named shame and embarrassment as feelings that influenced their coping strategies and decisions about whether or not to seek help. The women’s stories confirmed that, despite their efforts to cope alone, most reached out to family or friendship networks as a first step to seek help about domestic and family violence.
I asked around if anyone knew of any cheap, immediately available properties. I got an intervention order with all the kids’ name on it and then I re-established contact with my family, who live in another state, but that was really hard and embarrassing. (Kerri, Mount Gambier)

Aboriginal women were more likely to be able to seek help from extended family, compared with non-Aboriginal women.

What I used to do, I used to just ring my sister up. She come down, pick me up, and I used to go and stay in another town with my sister for maybe—stay for a month, or 2 months, then come back. (Jill, Derby)

All women experienced moments when they perceived circumstances to be impossible for them. In the majority of cases, police intervention was necessary, whether that was instigated by themselves or a third party. For most of the women it was this crisis that facilitated the pathway to shelter accommodation or other supports from the local domestic and family violence agency. The women and practitioners reported that positive experiences with police, improved police awareness and operational responses, and integrated ways of working were ways to gain better outcomes for women.

I had to call the police. I have moved into a place through the domestic violence service with security, and then I will move into a house they are arranging permanently. He is on bail. I feel like I will never be safe for the rest of my life and I know I have to live with that—attempted murder. I couldn’t stop crying, my worst day was the day after and I said to [names the DV practitioner] “can I go back to my house now please?” and she said in a very nice way, “oh no, you better stay here with us for a while”. It was so surreal and without their help and without the police I wouldn’t have survived. (Tilly, Riverland)

Social and geographical isolation

Geographical isolation was only a factor for women who lived on isolated properties outside the regional centre. Most women explained they were not negatively affected by geographical isolation; that is, they did not see physical distance as a barrier to accessing services. The social isolation women described was a significant factor for them and was mostly associated with being subjected to domestic and family violence rather than a lack of contact with people due to distance.

There were differences in experiences of social isolation for Aboriginal women and non-Aboriginal women. Non-Aboriginal women described social isolation as a consequence of social abuse perpetrated by their ex-partner.

I don’t really have much to do with anybody really anymore. What [names partner] hasn’t pushed away or what hasn’t walked away, I’ve pushed out. (Susan, Whyalla)

Aboriginal women spoke about their families as being strong and supportive; which combatted feelings of social isolation. However, fleeing and hiding from partners for safety reasons created moments of social isolation and fear for Aboriginal women.

They did not like being away from family and their homes. I have enough support in Derby when I need it despite geographical isolation. Family are close, children keep me busy. (Sharon, Derby)
Social isolation

Diagram 1 Women’s pathway for coping and seeking help

This diagram represents the women’s pathways and how domestic and family violence shapes their capacity for coping and seeking help.

Service provision

Geographical distance shaped how domestic and family violence work was done and experienced by managers and practitioners living and working in their local communities.

Some can grapple with their work status and role as well as their family and community connections, the conflict of interest with the worker, and connections to community. (Derby Focus Group)

I just think women cope on their own—not that there is no domestic violence outside Murray Bridge, we just don’t hear from them—but when you do, it requires planning and creates pressures. You just cross your fingers you won’t get one or two remote referrals a week. (Murray Bridge Focus Group)

Domestic and family violence work has narrowed to be largely crisis-focused, including emergency accommodation, short-term housing, risk assessment, and safety planning. Outreach, therapeutic counselling, responses for men who use violence, supports for children, and community development are eroded because of the lack of resources and investment in this specialist work.

Mostly high-risk clients for a long time now. So a lot of work is crisis work. So we’re often balancing crisis situations all the time and then once a client enters the service they require a lot of support that has to go on, e.g. the Family Court, and hence that support can take a couple of years of work. (Riverland Focus Group)

All locations identified the need to build the capacity of local specialist domestic and family violence services to increase outreach, therapeutic counselling, and community development service provision.

…there is a knowledge and skill base associated with understanding the dynamics of domestic violence and people don’t grasp that…that’s when it is dangerous. (Mount Gambier Focus Group)

Geographical isolation

Diagram 2 Practitioners experiences of service provision

This diagram represents the current crisis work of service providers in the sites and the areas that practitioners feel needs greater attention.
**Strategies and solutions**

Specialist domestic and family violence agencies based on a hub-and-spoke model require the following to increase their success:

- adequate levels of staffing and funding to enable the hub to reach across large distances and into local communities;
- adequate levels of staffing and funding to invest in a range of responses to domestic and family violence that move beyond crisis response and accommodation;
- time and opportunity to reach beyond the hub to engage with regional, rural, and remote women’s individual and diverse needs; and
- time and opportunity to lead local initiatives, coordination, and community development when responding to domestic and family violence in local communities and regions.

**Hub-and-spoke model**

Diagram 3 Rural regional and remote service provision

This diagram represents a “best practice” model of domestic and family violence service delivery in rural, regional, and remote areas.

**Where can I get help for domestic and family violence?**

**000: Police emergency**

**1800RESPECT: 1 800 737 732**

Twenty-four hour phone line for domestic and family violence help.

**Men’s Referral Service: 1300 766 491**

Help for men who want to stop using violence.

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