



Sexual violence strategy

Consultative forum outcomes report



Acknowledgement of Country

The Government of Western Australia acknowledges the traditional custodians throughout Western Australia and their continuing connection to the land, waters and community. We pay our respects to all members of the Aboriginal communities and their cultures; and to Elders both past and present.

Introduction

On 4 November 2021, the Department of Justice, Department of Communities and the Centre for Women's Safety and Wellbeing hosted a forum to discuss the development of a West Australian strategy to prevent and respond to sexual violence. A range of stakeholders and organisations working to address sexual violence lent their expertise to the discussion. The objectives were to learn from past consultation processes and form a better understanding of how to reach a diverse population and meet the needs of different groups.

The forum was well attended and commenced with a warm welcome to country from Ms Freda Ogilvie and an introduction from the Hon. Simone McGurk MLA Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services. Dr Alison Evans, Director Family, Domestic and Sexual Violence from the Centre for Women's Safety and Wellbeing presented an overview of sexual violence, including defining sexual violence, sexual assault, sexual harassment, and intimate partner sexual violence. Karen Webb, Director Family and Domestic Violence at the Department of Communities introduced work on the strategy to date, and Nicci Lambert, CEO Allambee Counselling provided an overview of the role of the Reference Group in the strategy development.

A background paper was sent to all participants which set out discussion topics and questions for the forum. Three workshop stations encapsulating those topics were set out and participants moved through each of the stations during the morning. A list of attending organisations is in Appendix A.

The stations were:

- 1. The best methods to reach different population groups
- 2. The right (or wrong) questions and topics to include in consultation
- 3. Trauma-informed consultation.

The discussion was spirited and at times confronting. Thank you to everyone who attended, for taking the time and effort to engage with us and for so generously sharing your expertise. This summary report intends to capture the main insights from the forum.

All quotations set out in this outcomes paper are taken directly from materials produced by participants during the forum.

Universal Insights

An overarching theme was that sexual violence causes significant shame and trauma for victim-survivors and for the people who support them. Consultation may cause significant re-traumatisation if not conducted safely and effectively.

The following participant quote captures a question that was raised many times during the forum. It is an issue that participants expressed strong concerns about and a question we will need to consider as we develop the strategy.

"How will implementation of the strategy be resourced, reported on transparently and create real, measurable change?"

There were a number of issues raised throughout the forum that cut across the three workshop stations.

Clarity

The purpose of the consultation and strategy must be clear. Understanding why certain questions are being asked of victim-survivors and how the information will be used, will contribute to a more supportive process. Providing clarity around the consultation process will allow people to make informed choices and may reduce the pressure on victim-survivors to simply 're-tell' their story. Forum participants said it was important that victim-survivors didn't feel dismissed or that their contribution to consultation was dismissed.

"...ignored/dismissed...written up but no follow thru..."

Language

Participants highlighted the importance of using appropriate and relevant language. Communicating effectively with people whose first language is not English and people living with disability is just as important as considering the language used to describe sexual violence. Many people are not familiar or do not identify with labels, such as victim–survivor, perpetrator, intimate partner sexual violence or sexual harassment. To effectively consult with different groups we will need to understand how they describe sexual violence, and use these terms in engagement activities. Participants explained that using empowering and culturally appropriate language during consultation was also critical to taking a trauma–informed approach.

Partnering

Working with organisations to co-design and lead consultation activities is important because they:

- already have trusted relationships with the people we are trying to reach.
- will be able to provide advice on how best to engage with groups we are trying to reach.
- will also be able to provide support to people during and after consultation

Training and education

Participants strongly advocated for peer and community-led engagement but also asked for targeted support to some communities and organisations to enable them to facilitate in an effective and trauma-informed manner. Training, education and consultation standards should be made available to community leaders and organisations wishing to undertake consultation. Forum participants shared that while service providers have had time to build relationships with their communities, they might not have the specific skills required to facilitate trauma-informed consultation.

"Most practitioners not trained/experienced in working with Aboriginal people. Remote communities often take long time to build trust."

Regional and remote

In-person representation of regional and remote organisations at the forum was limited. Regional and remote representatives participated online during the forum, but online participants found it difficult to engage fully in group discussion. This outcome reflects the broader challenge in making sure the needs of regional and remote groups are included and represented in strategy governance and consultation.

Funding

Funding is required to engage in considered consultation, using a variety of methods that reflect the needs of different groups. Organisations may not have capacity to either engage in or co-deliver additional consultation services. Participants explained that their organisations would need funding to:

- deliver consultation activities and support victim-survivors during and after the process
- provide training and education to ensure that consultation is delivered in a safe way
- support consultation that reaches regional and remote areas.

Workshop station 1: The best methods to reach different groups

Hard to reach groups present a universal challenge. Participants were not always able to identify the best way to engage with these groups.

There is a lot of fragmentation of victim-survivors, perpetrators and their supports/families/communities. Different and varying consultation methods will be needed, including:

- engaging existing support/community groups to deliver consultation activities
- engaging community leaders and faith leaders to draw awareness to the issues and promote consultation
- online surveys with an option for anonymity
- phone lines
- · focus groups
- mobile applications
- co-located supports.

There will need to be a focus on involving victim-survivors in co-designing the consultation methods and partnering with organisations to deliver consultation. Consultation with perpetrators will also need to occur to inform the strategy's approach to prevention and early intervention. When consulting with perpetrators, a risk assessment process should be undertaken, including an awareness of child protection and legislative reporting requirements. An intervention framework and pathways for support/recovery should also be made available.

Workshop station 2: The right (or wrong) questions

Feedback from this workstation strongly supported that consultation must be co-designed with victim-survivors. We will need to be flexible and sensitive with how we ask questions, depending on the victim-survivor.

Questions should not repeat what is already established by research and previous consultation processes e.g. barriers to reporting. Participants said that victimsurvivors would not want to keep providing the same information that they may have provided in previous processes.

"...been telling same story over and over..."

Consultation should include learning how WA provides prevention programs, support to victim-survivors and interventions for perpetrators. Some example questions provided by participants were:

- What support do peer leaders¹ need to guide this work?
- What prevention measures from other strategies resonate for you on this topic?
- How does your cohort receive education?
- How can agencies work better in partnership for you?
- What has helped keep you strong?
- When you needed help, what worked and what didn't?
- What service did you find most helpful?
- · What perpetrator interventions do you want?
- How would you like to report?
- What does cultural change look like for you?

¹ A peer leader is someone who is part of the group targeted from consultation, who may have lived experience. Peer leaders lead from within the group they are part of and have gained the respect of that group.

Workshop station 3: Trauma informed consultation

Trauma-informed approaches and practices are about lowering stress levels and reducing the likelihood that people who have experienced trauma will be overwhelmed. Core trauma-informed principles are emotional and physical safety, trust, choice, collaboration, empowerment, and respect for diversity².

Supporting people through consultation is a priority and some groups do not have the necessary supports in place. This will need to be considered before proceeding with consultation. The skills of consultation facilitators are very important. Participants made it clear that proactive efforts must be made to provide facilitators with trauma-informed training, rather than assuming that they have the necessary skills to facilitate a consultation event. Facilitators will also need to be debriefed, including facilitators from the project team, external agencies, or organisations we partner with.

Where possible, assistance should be provided to people to attend and participate in consultation activities. This may include travel allowances and meals, as well as the provision of translation and interpreting services and other accessibility measures. Caution should be applied to the use of translating and interpreting services, ensuring that they are appropriate and do not contribute to retraumatisation. Alternative communication methods can also be used for people who do not communicate verbally or who experience cultural challenges speaking about sexual violence.

All consultation must be confidential.

Next steps

Insights from the forum will inform the consultation plan. The Reference Group will provide their expertise and advice on the consultation plan before it is finalised.

Consultation is anticipated to commence in the first half of 2022. We welcome your feedback on this report and your ideas about the consultation process. Please write to us at sexualviolencestrategy@justice.wa.gov.au.

² Blue Knot Foundation Fact Sheet: Becoming Trauma Informed – Services

Appendix: List of attending organisations

Advocare

Allambee Counselling

Anglicare WA

Centre for Women's Safety and Wellbeing

Centrecare Inc

Circle Green Community Legal

Commissioner for Children and Young People

Department of Mines, Industry Regulation and Safety

Desert Blue Connect

Djinda Service

eSafe Kids

GRAI (GLBTI Rights in Aging Inc)

Health Consumers Council WA

Living Proud

Magenta

Men's Health and Wellbeing WA

Parkerville Children and Youth Care

Phoenix Support and Advocacy Service Inc

Relationships Australia - Metro

Relationships Australia - South Hedland

Sexual Assault Resource Centre

Sexual Health Quarters

Sexuality Education Counselling and Consultancy Agency (SECCA)

Stopping Family Violence

Transfolk

WA Police

Western Australian Association for Mental Health

Women and Newborn Health Service

Women's Legal Service WA

Worksafe WA

Yorgum Healing Services

Young Women Against Sexual Violence

Youth Affairs Council of Western Australia