



The way he tells it

Relationships after Black Saturday

Vol. 4 A Gut Feeling – The Workers' Accounts



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Introduction

This part of the research began as WHGNE sought advice from workers ‘on-the-ground’ in the fire-affected Mitchell and Murrindindi shires as to the sensitivities in the communities and the best time for us to approach women for interviews. It was striking that much discussion focussed on whether it was appropriate to investigate women’s experience of violence post-disaster. Some workers suggested removing the word ‘violence’ from the recruitment flyer, and others agreed to posting it in their workplaces but warned that women would not respond to it. Victoria Police, too, in our negotiations to obtain ethics approval suggested removing references to violence. Permission was ultimately not approved by the Research Coordinating Committee (see ‘Police and legal responses to post-disaster violence’ in Vol. 1).

In this section, workers reiterated what the women told us about relationships and communities in the aftermath of Black Saturday. Yet, where there was a clear sense amongst the women (see Volume 3) that violence had increased after the fires, this was not universally accepted by all the workers. Some workers rejected this, stating that family violence was occurring only in relationships where men had previously been violent, and that relationships that broke up were only those that had been troubled beforehand. The opposition to the possibility of increased violence against women after this disaster was curious. While Victoria Police were transparent that they did not support the participation of police members, several workers who did participate in the interviews echoed the sense that this research was unnecessary.

It became clear that this reluctance came from a desire to protect a vulnerable community.

There was a sense of tragedy. The world was not a safe place anymore. My response was different to the work I’d done before, even in hospitals - in all sorts of hospital situations. It’s very different when it’s happening at your back door. (Mental Health Practitioners - 2 people)

Perhaps our role as representing a women’s health service that included the two shires in our region and that had attracted funding to run a Women Gathering program to support women’s groups after the fires, however, allowed our presence during this sensitive time.

Despite the obvious sensitivities involved in researching the possibility of increased family violence after Black Saturday, and concerns about further traumatisation that may be caused by this research, one worker poignantly captured the essence of why family violence cannot be ignored after disasters.

[With] one family in particular — we’ve been helping a lot with referrals for domestic violence — there have been a lot of tragic things happening in that family since the fires, where dad has been quite irrational [... and] there is still a lot of misplaced anger, there were just horrific stories that mum was bringing to us, of dad [severely threatening the children] ... This man’s violence towards his family was new, occurring after the fires. His wife also reported to [a community worker] that he had been suicidal for some time, and did, eventually commit suicide. (Community development, health or social worker)

The details of this account have been removed to preserve confidentiality and avoid charges of being injudicious. The sensitivities are raw in these communities and many of the accounts we included in the draft have been removed after requests from research participants.

We do not intrude on sensitive, traumatised communities in order to blame men and bring further hurt. This research aims to draw attention to increased family violence in order to prevent or effectively respond to it.

Notes on the sample

The sample of workers is described in Vol. 1 (Methodology). Table 7, below, groups the workers into categories as a way of preserving confidentiality and indicates whether they were interviewed individually or were part of a focus group. The bracketed numbers in the 'Focus Group' column show how many people were involved in each focus group. Total consultations show 49 as two people were interviewed alone and also attended a focus group.

Throughout this Volume, quotes will be identified to show the source, e.g. Case management FG 1, Mental health practitioner 2. Where there were focus groups, the identifier states how many people were present.

Table 7: Workers consultation matrix

	Focus Group	Individual	Total
Community development/health or social worker (CHS, Local Government, Church, etc.)	4 (3,3,3,2*)	4	15
Case management	2 (6, 2)		8
State government/ VBRRA/ Community recovery	1 (4)	8	12
Mental health practitioner	1 (2)	2	4
Canberra fires		1	1
Ash Wednesday fires		1	1
Community volunteers	1 (8)		8
	33 people 9 focus groups	16	49 (47 individuals – 2 repeats)
Withdrawn		1	1
Not included	2 (2, 6) **	1***	9

*Number present at each focus group ** Information not relevant ***Police Officer interview could not be included

Impact on workers

Many workers involved in the recovery and reconstructions efforts in the aftermath of Black Saturday were locals, having lived decades in the one area. They often knew the people who were victims of the fires as friends, neighbours or acquaintances or knew them through their children. Some workers had fought and survived the fires, some had watched with fear as the fires approached. Some suffered personal and property losses.

In the aftermath, upon return to work, their own loss, fear and anguish had to co-exist with their professionalism. Many did not know what was going to happen to their own lives, families and homes, yet attended to others from nine to five.

All the council staff who had houses in the area [were affected] but they had to be working and doing all sorts of things. (Community Development, health or social worker – 3 people)

The bushfire stopped six minutes from our house. (Community development, health or social worker)

As workers it was chaos. There was confusion. It was awful. We were living in it. The smoke was there constantly for a couple of weeks. The fire kept burning for weeks. Black Saturday was like Black Fortnight really. We all live on land and we were all concerned. (Community development, health or social worker — 3 people)

From day one after the fires, on Feb 7, I was on the first strike team down to Kilmore East and spent the day fighting fires. (Govt/ VBRRA/ Community Recovery)

There is a parallel process between workers and people because all have been affected. (Mental Health Practitioners — 2 people)

Many workers shared the symptoms of their clients, with feelings of anxiety, sleeplessness and nightmares that continued long after Black Saturday.

The event was overwhelming for everyone and everyone was hyper sensitised. (Govt/ VBRRA/ Community Recovery)

I'm exhausted mentally, and physically a bit too. At the time, I didn't realise how much it impacted on us. (Community development, health or social worker — 3 people)

It really impacted on me, and we have decided to move. (Community development, health or social worker — 3 people)

Daily work was filled with recollections of the days of fire threat and impact. This inevitably affected even the most professional of workers.

We never knew what was going to walk through that door. The stories people came to tell us! After a while I'd get home and switch off the news. It was overload ... In the initial months it was harrowing. There was no escape from it. (Govt/ VBRRA/ Community Recovery — 4 people)

I need to make a space to be really present with that person. When I leave, I think, 'What do I do with all of this?' and it will take me a day or two. (Mental Health Practitioners — 2 people)

Case managers — employed urgently to meet the ever-growing needs of people in crisis — took on workloads and tasks that many were not trained for, and their own health and wellbeing may have been affected.

Case managers are not used to hearing those stories. And when this system closes we will have a group of people affected by vicarious trauma who are not aware of it. It is a big issue. (Community development, health or social worker — 3 people)

As we checked this report with workers and women, some pointed to their own recovery and stoicism as evidence that not everyone carries the scars of Black Saturday. Yet, typically there was a strong sense that many — perhaps most — people have not recovered and that any expectation that this would have happened is misplaced. Many workers conveyed a sense of ongoing struggle that is the legacy of this disaster.

One of the things that we saw was the mental illness that comes out of these disasters ... We haven't seen anything like what we're going to see in another six, twelve, eighteen months time. I just see it festering in people. (Govt/ VBRRA/ Community Recovery)

The context

Workers' descriptions of fire-affected communities

The data from worker interviews was wide-ranging, covering issues related to the mechanics of the recovery and reconstruction phases and bureaucratic decision-making. However, as other research had this focus and as we are funded to consider issues affecting women, this research concentrated on women's experiences and on relationship issues and family violence in the aftermath of this disaster. Our purpose is to improve disaster response to women, particularly in relation to family violence.

We first sought to understand the sensitivities that existed and the workers' thoughts on the best time to begin consulting women. The workers' responses provided a wealth of information on how Black Saturday affected the communities they lived or worked in — sometimes both. Their reports painted the same picture as the women's would later (see Vol. 3). They told of communities struggling to cope with the traumatic events of the day, and the ongoing burdens that accompanied recovery and reconstruction. They told of previous traumas exacerbated by Black Saturday, of mental health issues, community violence and widespread use of alcohol and drugs. Some spoke of the detrimental effect of the disaster on young people.

You feel like we're all capable of anything. We didn't know that before. You had your parameters and now we're just all bobbing around bumping into each other. The things we knew before without question are no longer there. There is fragility that comes with knowing we have a tenuous grip on life. We all got up that morning that hot summer day and none of us knew that could be our last day on earth. (Community Volunteers - 8 people)

The strands of stress, alcohol, drugs and violence seemed to be interwoven in conversations with workers. There was clearly a cultural acceptance of alcohol as a valid response to events yet, for some, it became a trigger for abusive behaviour and relationship breakdown. Workers had observed some people respond to the stress they were under by becoming violent.

I think we can't mention this stuff [family violence] without mentioning the impact of drug and alcohol misuse. (Community development, health or social worker – 2 people)

It's not an excuse but people under extreme stress with a propensity to violence, that's how it's going to express itself. You can see the triggers for it. (Govt/ VBRRA/ Community Recovery)

It appeared that alcohol and drug use increased post-fire as people struggled to cope with the wholesale destruction of property and life and ongoing frustrations. Workers described many people self-medicating with alcohol to escape the pain and they linked the increased alcohol to men's use of violence.

Both women and men are admitting to engaging in a lot more drinking and smoking both legal and illegal substances. (Community development, health or social worker)

The people that say they shouldn't do that, well who are they to say they shouldn't be doing it? ... it's a matter of, I guess, how much they're drinking and what's then happening when they're going home. But them being allowed to do that, that's what blokes do. (Community development, health or social worker – 2 people)

Alcohol is very much a part of the Australian culture and some workers viewed its use as an understandable, if not legitimate, response to the fires. People's use of alcohol served as an alternative to formal counselling and a way for people to open up to others.

We put on special events which often involved a slab of beer in which the men would talk about that stuff. (Consultant in Canberra and Victoria bushfires)

The blokes get a few drinks into them and they talk about shit and that's their form of counselling. That's what they do. (Community development, health or social worker – 2 people)

Yet, rather than alleviating stress, for some, alcohol was said to ease the shift from stress to violence.

It's obviously when people have a violent tendency or didn't have one before and now have found they do have one, it's frustration that starts it off. Alcohol is coming through as an issue and I imagine that changes people. I know that's apparently been a real issue ... Again, in some of those areas it would have been there beforehand but apparently it's worse. (Govt/ VBRRA/ Community Recovery)

The artificial social atmosphere that occurred when people were confined to small temporary living quarters or compelled to share housing further added to a climate where alcohol (and often drug) consumption, became, for some, the norm.

When you have people living in other people's houses together ... you'd be being together and having a few drinks and a few more drinks and a few more drinks, and for some of the men it would be a way of ... talking about what their feelings were. (Community development, health or social worker – 2 people)

A lot of heavy drinking went on with men early on ... The socialising happened around the pub and that's where you console yourself. Especially in winter, with delays in building, you're stuck in a small space, with a lot of relationship problems. (Case Management – 6 people)

There was a two-way link between finance and drugs and alcohol. One worker explained that the increased and often excessive drinking and smoking added to financial strain, and another noted that disaster relief money was sometimes spent in this way. He suggested that, instead, relief could be provided in food vouchers or necessary items.

The financial strains are significant and exacerbated by the increase in drinking and smoking. (Community development, health or social worker)

You don't go [to] people who've just gone through a disaster and say, 'Here's a couple of grand mate, go and get pissed and you'll feel all right' because quite frankly, that's what they did. (Govt/ VBRRA/ Community Recovery)

Changed communities

The communities changed. The physical change was striking with damage and devastation to property and landscape. The population, too, changed as people left their communities to find accommodation or employment. Many still had not returned almost three years later. Until the 2011 ABS Census is released, the extent of population reduction will not be known. From observation, workers described a much reduced population

*There was originally a population [here] of approximately 1200 and now it's about 400.
(Community development, health or social worker)*

*We've suddenly lost 72% of our housing, our town looks different, it's completely different.
(Community development, health or social worker)*

For residents who stayed or returned early, turmoil in personal circumstances was reflected at the community level.

People are behaving in unexpected and unfamiliar ways ... I think we could say we are all different people. Nobody is the same as on the 6th of February. (Community Volunteers – 8 people)

We all fessed up that we spent hours crying in the car ... I was completely insane in charge of a motor vehicle. We were all getting around like that. We were a very seriously flawed community. (Community Volunteers - 8 people)

I hardly recognise the place now. I look around and I don't know what ethos it is we hold on to. (Community Volunteers – 8 people)

The Black Saturday fire-affected areas are sometimes represented as a homogeneous group whose collective suffering and loss somehow unites them. The reality is of course, vastly different. Our research was confined to the shires of Mitchell and Murrindindi. Geographically they share a border, yet residents felt the communities within these shires differed greatly. Briefly, Marysville was predominately a tourism town, with 'Bed and Breakfasts' the staple of a well-established and older cohort, many who lived away from the town. Flowerdale, in contrast, is picturesque, yet sparsely populated and less affluent. For some wanting anonymity, it was a haven. Kinglake is often described as being split between the haves and the have nots, with divisions between Kinglake and Kinglake West far preceding the fires. These are generalities, yet the conflicts that arose after the fires in some ways reflected tensions that had bubbled away under the surface for a long time.

*There's always been violence in the community. It's part of Kinglake. It's an ongoing thing.
(Govt/ VBRRA/ Community Recovery)*

Kinglake/Kinglake West how fractured that is, and Clonbinane ... in the eastern region, you know the people never spoke to each other before the fires so they certainly don't speak to each other after the fires. (Case management — 2 people)

Community violence

Anger emerged within communities with conflicting views of residents leading to factions as to what the new 'normal' might look like. Communities struggled to imagine a shared future. While some people retreated to heal, others came forward to take lead roles in the community. Yet others claimed bad behaviour as their right as survivors — a right that was often accepted by others.

People whose behaviour was one particular way beforehand, it is exaggerated now. People are more over the top now. (Govt/ VBRRA/ Community Recovery)

In the end, men were not coping with their own grief and not letting it out safely. Instead they were letting it out in inappropriate forums and looking for release in some way. And while I can make some allowance for that, the cost of that has been very high. (Community Volunteers - 8 people)

Decision making in this vulnerable time was, at times, fraught with conflict and disagreement. One worker spoke of a violent incident he witnessed.

Some communities seem to be coping remarkably well but I personally saw a violent incident – a person getting physical with someone else over a difference. (Govt/ VBRRA/ Community Recovery)

In this atmosphere of confusion overlaid with grief for personal and public losses, survivors were asked to navigate services and grant entitlements and rebuild community. For many people who had lost homes, building was not something they had ever anticipated, let alone at this critical time. Pressure — from politicians wanting to see results, from media tracking progress and from their own communities and families — further strained personal resources.

People were making decisions in a depressed state of mind, like staying in a relationship or staying in a community or rebuilding. (Community development, health or social worker)

...the adrenaline and cortizole phases of how your mind works affects your ability to plan. It's a physical state where they can't think strategically or use higher brain function and yet they're being asked to make critical decisions. (Community Development, health or social worker – 3 people)

For a few people you can think of, it's like they're got a lid on and you're just waiting for them to explode. (Govt/ VBRRA/ Community Recovery – 4 people)

We're tiptoeing around though. At home and in the community. It's just normal you say, 'G'day, how are you going?' I would do that [to] a particular community member who lost people and I got, 'How the f do you think I'm going?' ... I fully understand and would hate to be in that position but at the same time, it's not my fault and I don't know how to deal with that aggressive response. (Community Volunteers – 8 people)

It appears that many incidents of private and public violence have gone unrecorded and remain anecdotal. Community cohesion is after all, the collective brave face that is so often presented to the world. However, to really understand what can happen to communities confronted with sudden, traumatic and permanent change, we must seek out those unrecorded voices.

There is a lot of violence generally where every second day, or two or three times a day, the ... police are called to [this town]. (Community development, health or social workers – 3 people)

There was one incident where someone spat at someone and threw a rock. It was two mums. Stuff gets stolen out of the communal kitchen fridge. (Govt/ VBRRA/Community Recovery)

I know Marysville have had major concerns with violence and it's not dying down. Well, it's not escalating but it's certainly there. Kinglake's had issues where they just want to punch each other's heads in during a meeting. (Govt/ VBRRA/ Community Recovery)

Trauma

In the days following the bushfires, case managers flooded in to the affected areas to meet the complex and changing needs of entire communities. Both workers and residents were traumatised by what happened and by all that continued to unfold as more and more stories of death and destruction filtered into Recovery Centres and spread throughout the remaining communities. Some people spoke to counsellors early on while others remain reluctant to voice their experiences. The constant imperative to relive their story added to the distress for some.

You've explained the same story to 10 different people, you're traumatised already and if you weren't traumatised, you're really traumatised now. (Community development, health or social worker – 2 people)

The trauma and grief experienced in the fire-affected communities was on a scale not experienced before in Australia, yet some questioned if there were enough trauma specialists.

Looking from an outsiders' perspective it looks like there is enough counselling [but] I don't [think] there's enough Level 3. That's the stuff that deals with PTSD, and that's what a lot of people are presenting with, particularly around children. (Community development, health or social worker)

The manager of one service, however, felt well qualified and well staffed to deal with trauma, and the Austin Health Post Trauma Victoria Service (PTV) was funded by the Department of Health to provide clinical and training support to services operating in all bushfire-affected regions.

... there were experienced counsellors and my background is trauma ... In the team here, there were social workers and psychologists and at least five years experience each. We had one junior counsellor but they were generally experienced in the area of family violence and trauma. They had that expertise. (Mental Health Practitioner)

Workers reported random triggers in themselves and in other community members that brought back the fear and anxiety of Black Saturday. Long after the media had moved to another story, the effects of tragedy remained in the memories and subconscious of survivors. People who appeared to be coping well reported being shaken by weather conditions that they knew held no real threat.

Last weekend was the hottest for a while, and when we were doing deliveries, one guy said, 'If brains are being given out, I want one'. It was a hot day, and windy. He said, 'I don't want to go through it again'. His family has been there for 100 years. The anxiety comes out in the hot weather. (Community development, health or social workers – 3 people)

In Narbethong they were doing a burn off and on the left side was a column of smoke that looked just like Black Saturday ... It was scary. You know it's a burn off but you're driving towards it and everything in your head is telling you that you shouldn't be driving towards it. (Community development, health or social worker)

Not long ago, we were looking over Marysville and there was a cloud that looked like smoke. It was raining and although the brain is telling you it's not a fire, I spoke to three others who saw that same bloody cloud. At Whittlesea they are burning near the water catchment and that's sending the residents into a state. (Community Development, health or social worker - 3 people)

For those who needed generalist counselling, the VBCMS evaluation found that 93% of people were very satisfied or fairly satisfied with the level of support from their case manager and one of the most valued supports was one to one personal support in addition to referrals for mental health services and counselling services (Urbis prepared for the Department of Human Services, 2011).

Previous trauma

Memories emerged from the almost forgotten past, such as this, triggered by our questions.

It was the same as '97 ... fire. I thought, 'I'd better go to Belgrave'. Well, my life changed. All of a sudden, I had 50 people with me, I'm the incident controller. All the messages, the captains screaming down the phone, they want another 50 trucks, can't get them. Towns burning, this is happening. I'm thinking about that now because I'm talking to you about it. That's how it happens. I didn't think about Ash Wednesday till Black Saturday. And there are other men that are so traumatised that they still talk about their experience that night of the fire, even now. A bit like war stories. They're war stories. There are people whose lives will be forever defined by that one day. Forever. (Ash Wednesday CFA Chief)

Workers noted that after the Black Saturday fires, old traumas — even unrelated to bushfire — resurfaced. Past emotional scars, thought well-healed over, split open as painful and raw as if brand new. This created yet another layer of distress and anxiety.

The trauma evokes previous traumas and if the trauma has not been processed significantly, the past traumas present again. (Community development, health or social worker)

Some people who had suffered from post traumatic stress earlier, in another incident, then they were re-traumatised. (Case management — 2 people)

Disaster escalates pre disaster issues, there's no doubt about that. So if people have some sort of mental issue I think a disaster draws that out, escalates that. (Govt/ VBRRA/ Community Recovery)

I'm finding over and over that like any life crisis, whether it's the first baby or rape or whatever, it's bringing people back to their primary emotional painful spots. ... A lot of people may not look like they've fared badly in fires, but it's taken them back to some very scary point. (Mental Health Practitioners — 2 people)

Young people

With homes and communities destroyed, the friendship groups of young people were scattered amongst 24 schools in surrounding areas. Many young people missed out on support services as responses were prioritised to those directly 'fire-affected'. As a result, young people who had not lost their homes but were grieving, traumatised and angry were left largely unsupported.

Workers who participated in the research told of incidents of violence amongst young people after the fires and increased use of drugs and alcohol. For some, the relaxation of boundaries by parents struggling with their own issues left spaces where young people created their own — often destructive — ways of coping.

There's been lots of violence amongst the children ... Schools are reporting lots and lots of issues. (Community Development, health or social worker — 3 people)

There are not a lot of boundaries around the kids. Some are driving under age. Since the fires, schools have been saying that parents no longer know where to draw the line. They are allowing the behaviour to continue in acknowledging that the kids had been traumatised. Schools didn't know how to respond. (Case Management – 6 people)

For teenagers, their anchoring point is their peers and it's about, 'I feel valued, loved, connected and accepted amongst that'. Now if those people are spread to the winds and your parents aren't particularly stable at the moment either ... what do you do to make yourself feel good? Often you turn to things that perhaps you shouldn't. (Community development, health or social worker – 2 people)

More than one case of sexual violence was referred to by a worker, who suggested that the perpetrators were unlikely candidates for this extreme and violent behaviour.

[There is violence] towards each other, sexual and physical. So we're almost ... saying it's okay, if we're not going to give the teenage kids something to do and to help them ... They're going to drink and [take] drugs and as a result of that there is violence that's happening. [So you're saying rapes as well?] Absolutely. I don't know how common it is, I know it's happened more than once, and I think the people involved in it were as shocked themselves about that it actually happened. (Community development, health or social worker – 2 people)

Family violence response after disaster

Priorities in the face of disaster — the emergency response

This research argues for a systematic approach to disaster response, recovery and reconstruction which plans for an increase in family violence in the aftermath. Ideally, National Disaster Guidelines would include family violence as an issue that must be anticipated and effectively responded to. For example, the role of Parliamentary Secretary for Bushfire Reconstruction, the VBCMS and VBBRA would prioritise family violence along with other pressing and urgent needs.

In the disaster response after Black Saturday, family violence was not central in anyone's responsibility. The role of Parliamentary Secretary for Bushfire Reconstruction was established a year after the disaster, but was not briefed on the need for family violence to be identified and responded to effectively by trained people.

Was there anything in place to address the possibility of increased violence against women after the bushfires? There are counsellors and medical centres along with the hub set up at Kinglake and Marysville with supports for people. As well, there are the case managers to direct people to what they need. There are counselling vouchers, which have had varying degrees of success, and there's also a huge volunteer army that are still there in part. But, have I seen a violence strategy as such? No, I can't say I've seen that. (Parliamentary Secretary for Bushfire Reconstruction)

Responsibility for family violence was not part of VBBRA's role and the extent to which the VBCMS was responsible is unclear as it was not explicitly part of their charter. Yet others in the disaster response structure looked to the VBCMS to monitor and respond to family violence.

I think we were sort of relying on the case workers as part of that, to identify and then to look to provide people with support ... There's still 200 there dealing with about 5000 cases,

maybe a few less, but the point is that they were to be obviously aware of the issues and then look to find the support service for people. (Govt/ VBRRA/Community Recovery)

This same leader in the recovery was alert to the possibility of increased family violence, asked relevant workers about its incidence, and believed the case management system, combined with the availability of family violence information in community hubs, would provide good support.

We talked to [a service with FV services] the other day about this and their workers are in fact identifying it... I think having places like hubs which do have information about family violence available, and people can go into without feeling like—like sometimes people won't go into women's refuges for instance—but in this case these hubs are open, they've got internet, you could be going in there for any reason, and I think that's been a good support for people. (Govt/ VBRRA/Community Recovery)

Another key leader agreed that the surfeit of generalist support would address family violence.

I think the fact there has been so much in the way of support provided would have helped prevent some of it. If people were left to flounder on their own and there wasn't the concentration of case managers and counsellors and various services, all those things would have been worse and things would have been exacerbated. (Govt/ VBRRA/Community Recovery)

Although not stated or formally written, it seemed that case managers would be well placed to identify family violence and provide referrals. This lack of clarity, and therefore, lack of training to ensure case managers had the required skills, is an area that must be addressed in planning for future disasters. The VBCMS was established speedily in the days after the disaster.

Planning? That's a nice word ... We had no planning time, it was virtually just go to a meeting on Friday and start the service on Monday, so there was no planning. (Case management — 2 people)

A future response could engage case managers in the identification of family violence and effective referral by ensuring they understand the dynamics of family violence or are given training as part of their intake.

The training they received was around trauma, around working with people who may be suicidal, and more broadly around doing assessment, but there was no stand-alone [FV] training ... [Family violence] never at any point stood out to be strong enough to need a stand-alone training program. (Case management — 2 people)

Some nine months after the fires, case managers received CRAF training to identify family violence after one case manager reported an incident.

I know why we put the training into the north and west...we had an incident where a case manager was in the family home and things were escalating and she didn't know what to do. She wasn't really familiar with how to remove herself and make herself feel safe, and also how to follow things through. (Case management — 2 people)

Many case managers had no expertise in family violence (Parkinson, et al., 2011) as the case management system was established quickly and purposely drew on people with a diverse range of backgrounds. This approach was welcomed by many.

In the most part, the wisdom of Berry Street to get people from lots of walks of life as case managers is a really good idea. It's practical, being an advocate, being a human being. Understanding, 'How would I want someone to treat me?' (Case Management – 6 people)

I think the case management system — a piece is recognising that you need to have these people in place who can understand what is going on in families and with individuals, and then be available to support them ... I think part of it is where people come from, you know, in their backgrounds, and this has got a whole range of people involved in case work. (Govt/VBRRR/Community Recovery)

This is where the case managers were a major asset, even though there were lots of stories of how bad they were. The evidence would suggest 20% were a liability but 80% were really valuable and helpful and did a fantastic job. The people could work through them. They were enormously helpful. (Mental Health Practitioner)

There were strengths in this approach as these comments reflect, and some case managers were experienced and dealt capably with families experiencing violence. Yet it is essential that one body within disaster response is charged with the responsibility to monitor family violence and ensure a system is in place to effectively respond to it. For example, a systems approach to disaster recovery that prioritised family violence could ensure all case managers received CRAF training (or similar) in the first weeks of their job with annual updates.

What was in place to respond to family violence?

The family violence and sexual assault services that existed prior to Black Saturday in Mitchell and Murrindindi shires remained in place after the fires. These specialist services, including outreach, neither increased nor decreased until the period March to June 2011. A strong theme in the literature on disaster is that disaster magnifies whatever was happening in a community beforehand. Workers stated that family violence was not well resourced in Murrindindi Shire before the fires.

We go through the fax backs and we've always had trouble getting them in some communities, like [this town]. 'Everyone minds their own business' sort of thing. (Community development, health or social worker — 3 people)

Prior to the fires no one was doing one-to-one family violence in Murrindindi Shire. (Case Management – 6 people)

Sadly, workers spoke of few alternatives for women post-fires either. Workers commented that the GP as first port of call was unlikely to lead to referrals or support for women suffering family violence. Even when family violence was evident and workers were trained, the service to women was inadequate.

[Where would a woman with FV issues go?] She'd walk into the old Berry Street office. Other than that, I really think they wouldn't know where to go. They wouldn't go to GPs. They wouldn't get far. We'd still promote the number for the Women's DV crisis service and had training in referrals. Yes, there's a service and a name, but it doesn't necessarily mean that service will be available. It's, 'No we can't do it that day', or similar. (Case Management - 6 people)

Specific family violence services offer the best response to women. Post-disaster, general mental health and counselling services were plentiful, but specialist expertise is irreplaceable. Family violence workers stated that even highly skilled psychologists may not have family violence

expertise. For example, ATAPS (Access to Allied Psychological Services) is a system that was established to enable easy and free or low cost access to psychologists for fire-affected people. Although a valuable service, family violence workers were concerned that not all psychologists would be skilled in this specific issue.

[If people affected by FV seek services] some will be redirected to crisis services. The government is hoping they will go to ATAPS providers. Some ATAPS providers would be skilled in family violence and some not. The concern is, will workers ask, 'Are you safe at home?' (Community development, health or social worker — 3 people)

Housing was, of course, a critical issue after the fires, and family violence was considered and planned for by a senior manager.

Our staff on the ground may liaise with domestic violence workers, but possibly they would have gone to case managers ... If there is domestic violence, they would contact the case manager and have a case conference that the services arranged as a result. (Govt/ VBRRRA/ Community Recovery)

In at least one case, there was recognition of family violence and procedures in place to take deal with it.

A couple wanted to come into the village and there was domestic violence, so we gave accommodation in the village for the woman and other accommodation for the man. (Govt/ VBRRRA/ Community Recovery)

The system seemed to work in some cases. One worker had only the highest praise for the ability of the case management system not only to respond well to family violence, but to prevent it.

The calibre of the workers was pretty significant so it may not have been an accident that we didn't hear about domestic violence occurring ... It may well have been that their work was so effective that where those tensions were occurring, people had access to the right options ... [If a woman needed help with family violence] she would just go in to the hub and if you wanted to have a discreet conversation you could, they had rooms around the place. (Govt/ VBRRRA/ Community Recovery)

A few families are talking about splitting up and one woman had domestic violence and had to be evacuated from her house. We had to deal with the end result and we helped her set up. In other cases I see how it cascades – the domino effect of the 'bringing on' of their situation. (Govt/ VBRRRA/ Community Recovery — 4 people)

Yet, the accounts of the women (Vols. 1 & 3) run counter to assumptions by some workers that services were in place and were adequate to address emerging or escalating family violence.

Absence of family violence data

The three key areas that could provide statistics on family violence incidence in the aftermath of Black Saturday are Victoria Police, The Victorian Bushfire Case Management System and the existing family violence services in the two shires. However, as discussed in Volume 1 and in a published article, 'A Numbers Game' (Parkinson, et al., 2011) there is no reliable statistical evidence available.

Indeed, all attempts by the researchers to quantify an increase from official sources were unsuccessful. The final attempt in 2011 resulted in advice from FAHCSIA that they were unable to provide any relevant data related to the incidence of family violence and the correlation to Crisis Payment in the fire-affected regions of Mitchell and Murrindindi, and further that they were unable to identify any alternative sources of data to assist with the information required (FaHCSIA, 23.11.2011).

The gendered nature of risk must be recognised and included in any disaster and emergency response. Part of this is the recognition of family violence and the awareness that accurate statistical recording will improve response to families experiencing this hidden disaster (Parkinson, et al., 2011).

Police not reporting

Family Violence workers lamented the lack of action by police and the inference that women put aside their own safety for the good of the family.

So much has been justified as a result of the fires. Eight months later, we ask women, 'Was he abusive before the fires? Has it been exacerbated?' So much has been fobbed off. So many women have gone to police and been told by police, 'Things will settle down again'. The responsibility is back on the women. There is pressure on women to support their partners and families, especially around relationship stuff. Children are upset. It's not just partner violence, but children are involved too. (Case Management – 6 people)

The violence against women ... of all the clients I've dealt with, possibly one had visible violence and even then, I worked with police and spoke to them about my concern. [The police officer] said, 'Don't worry about it'. It went on before the bushfire and we were called on a regular basis over the past four or five years. Each partner calls the police and makes all kinds of accusations.' I said, 'I'm following my normal procedure and I need to discuss it with you' ... talk to police and they say, 'What do you want me to do? We can take out intervention orders. [That's all.]' (Community development, health or social worker)

There was a lot of family violence ... It was interesting because workers in another service were saying there's lots of family violence in Kinglake and the cops were saying they were not getting reportsThe local police are part of the community. It was that enmeshment in community of, 'They are the good guys who helped out with the fire even though things might be happening [like family violence]' (Community development, health or social worker — 3 people)

Existing services and case management system not reporting

As reported in Vol. 1, in the two years since the Black Saturday bushfires, DHS case management statistics show that in the Hume region there were only nine cases of family violence recorded by case managers.

The explanation suggested for this incredible figure of nine cases of family violence in two years of case management is that case managers would have been sensitive in how they chose to record the presenting issues and would have recorded just the main issue. It is evident that case managers were rarely qualified to work with family violence and that family violence was not addressed nor recorded at a broader systems level across existing and new services after Black Saturday (Parkinson, et al., 2011) .

I sit in a program position where you need data to develop policy, to develop programs, to develop funding, and so it's frustrating when you don't necessarily get clean data. But I think at the end of the day if the work is really happening on the ground between the client and the case manager then that's probably the best we can hope for. (Case management — 2 people)

It seems the immediate demands of the recovery together with workers' heightened sense of protecting their vulnerable and traumatised clients meant that even when women spoke about family violence, it may not have been recorded. The apparent reluctance of workers to record family violence occurred amongst those without professional experience of family violence — and with experienced workers and police.

Interestingly, alcohol and drugs were recognised as important and needing targeted intervention in the form of training for case managers, not based on previous statistics, but on anecdotal stories of their use and misuse.

The lack of clear guidelines for recording family violence by case managers contributed to the absence of credible statistics. It was reported that workers were left to make their own assessments and create their own 'labels' for situations.

Every case manager has probably different styles of recording and might choose to record it as a drug and alcohol issue, they might not necessarily record it as a family violence issue. (Case management — 2 people)

Some comments suggested workers' subjective response to family violence may have prevented accurate recording. There was, at least for some workers, a conscious decision not to record family violence as a way of being respectful to clients.

A lot of people struggled with putting that sort of information down. ... and you know, somebody might have disclosed something to them ... it's just about how do you define that and how do you report that in your case notes ... I think the difference is getting through it and knowing what it is but actually respecting the client and recording it in their words. (Case management — 2 people)

In the absence of a simple and compulsory way of agencies recording family violence, workers could choose which presenting issues to record and which to omit, and could choose not to draw out intimations of violence from clients. A rigorous family violence data collection system in place for future disasters would indicate a systematic commitment to recording family violence.

Workers' opinions of increase in family violence post-disaster

In the absence of statistics, the workers who participated in this research were asked their opinion. Clearly, few were in a position to answer this question definitively. The answers from four workers interviewed together illustrate the range of responses — one knew of family violence, one had heard anecdotally, one knew of family breakdown more than violence and the fourth moved past a direct answer to suggest the pressures men were under and the emasculating effect of the fires.

There have been quite a few incidents of family breakdown and family violence in Kinglake and others in Murrindindi. (Worker 1)

I've heard of a few — on the other side of the mountain. (Worker 2)

A few families have separated but only one I know of had violence. (Worker 3)

There are other relationships where it was strong, but with the amount of pressure on the male who has always been the provider — where he doesn't have access to the resources he had before to provide for the family — they feel nearly incompetent. The work they were doing before in business, or as a tradesman isn't here anymore. (Worker 4) (Govt/ VBRRA/ Community Recovery - 4 people)

This qualitative research provides evidence that family violence has increased after Black Saturday. In Vols 1 and 3, sixteen women told us of their experiences of violence in the aftermath of the fires. The evidence from the workers is in Table 8. It shows that of the 24 consultations, 12 interviewees or groups suggested it has, three that it has not, five were unsure and four groups had varied opinions.

Table 8: Workers characteristics and opinions on FV

IV or Focus Group No	Lived in or near fire-affected regions on 7.2.2009?	Directly impacted?	Opinion — believed FV increased in the aftermath?
1	No	No	Yes
2	No	No	Theoretically, yes
3	YES	No (but on fire truck)	No awareness of FV
4	Most, yes	No	Generally, yes
5	No	No	Theoretically, yes
6	No	No	Yes
7	No	No	Unsure
8	No	No	Yes, escalated
9	YES	1 yes	Varied
10	Varied	2 No/ 1 missing data	Unsure
11	YES	No	Unsure
12	Yes	No	Unsure
13	Yes	1 yes	Varied
14	Yes	Varied	Varied
15	Yes	Yes	Unsure
16	Yes	Yes	Yes
17	Yes	No (but close to fire)	Yes
18	No	No	Yes
19	Varied	No	Yes
20	Yes	No (but badly affected neighbours)	Yes
21	No	No	No
22	Yes	No	Varied
23	Yes	No	Yes
24	No	No	No awareness of FV
TOTALS	Yes 12 No 9 Varied within group 3	Yes 4 No 16 No, but... 3 Varied within group 1	Yes 12 No 3 Unsure 5 Varied within group 4

The knowledge of each individual consulted depended on their professional and community role and, inescapably, on their willingness to hear about it.

The three quotes below were from the most senior people in state-wide roles.

And we're certainly, I think, seeing more family violence occur ... Our real problem, as always in this area, is trying to get any evidence around it. But I did get anecdotal evidence from police, from case workers, from that sort of level, you know, people saying that that's one of the major concerns ... whether or not people are being dealt with was part of their question. (Govt/ VBRRRA/Community Recovery)

I'm hearing there's a lot of marriage split ups and I've heard anecdotally about domestic violence as well. A lot doesn't get confirmed with statistics. (Govt/ VBRRRA/ Community Recovery)

I don't talk to anyone with direct knowledge of domestic violence. My knowledge is only through police and second and third hand through workers talking about how worried they were. The issue came up three months after the fires. There was increased violence and conflict and domestic violence. (Mental Health Practitioner)

Other managers of state-wide services agreed that family violence had increased — one adamantly and one hesitantly.

It's very bloody obvious. Especially for the first nine months. I haven't heard it so much in the last four to five months. Relationships have probably broken up and moved somewhere else. People have separated. I heard from my own case management staff and child protection staff that there has been an increase in notification, and women in those communities were staying there was increased violence. VBRRRA organised a big women's weekend in Lorne and apparently it was a strong theme that there was family violence and no services. After that they tried to get more services into those regions. Everyone there was pretty open about it ... I know the Family Violence services in Mitchell Murrindindi, I think they were asking for more money to put on more staff because they had noticed an increase ... Everyone says there's been a sharp increase. I'm not hearing it as much now. (Govt/ VBRRRA/ Community Recovery)

It was recognised that it was becoming an emerging theme ... The case managers were reporting that they had discussions with their clients and that the women were reporting—not all of them obviously, but a number. (Case management — 2 people)

Workers from regional and community services, too, noticed an increase.

The DV services in the area have definitely reported a spike in DV post-fires. That is definite. (Community development, health or social workers — 3 people)

We have Neighbourhood Watch and police attending community meetings since February last year. Apart from odd thefts and occasional driving offences, the police always stressed increases in domestic violence ... It has been a bit of a surprise the increase in DV. (Community Volunteers — 8 people)

The number of times the police are having to be called is on a regular basis — weekly, fortnightly. I think it's exacerbated. I've been hearing that from women. (Govt/ VBRRRA/Community Recovery)

Even though people don't talk about domestic violence a lot, I think there's an awareness on a community level that it's occurring. (Community development, health or social worker)

One worker told of six men in his small town who had become violent towards their partners and families. All six had all been in the front line of the fires and seemed unable to talk about their experiences.

There was a lot of family violence ... It was interesting because workers in another service were saying there's lots of family violence in Kinglake and the cops were saying they were not getting reports ... There were some relationships that had been violent years ago and now the violence reappeared. A huge onslaught didn't happen until two months after, when we got a big spike. I still don't think we've hit the high point. (Community development, health or social worker — 3 people)

I think it has increased since the fires, but maybe because I'm here every day right now, because there is such a need. Maybe I'm hearing a lot more, I think it's increased. (Community development, health or social worker)

I'm talking yes, my gut feeling is that has increased. (Community development, health or social worker – 2 people)

Some workers questioned whether it was an increase in prevalence or if there were other explanations for their observations. The increase, for example, could have resulted from the increase in available services post-fires, or could have emerged from former issues or tendencies.

And probably the thing that we would be least confident in being able to say is when we were aware of family violence and trying to work with the family around it, whether it preceded the bushfires or whether it was a new onset following the fires because a great many of the issues we worked with had their antecedents prior to the fires, so that can include mental health issues, it can include drug and alcohol issues etc. (Case management — 2 people)

Two key local workers spoke about the complexities involved in assessing any increase in family violence. With no comprehensive and reliable data collection to quantify even reported incidents after the fires, estimating levels of family violence that came to the attention of workers in the broad range of services now in place, was difficult. This was especially the case where workers had little to do with other organisations or networks, or had discrete roles in a particular area of health, or were unfamiliar with the communities before the fires.

Some workers in key roles, however, were clear that there were no indications in their line of work of increased family violence.

People do keep to themselves so it's hard for me to tell. There's only a small number of people here.... I don't have any concerns within couples or family groups. There's the broader bushfire stress, but there are no signs of anything I'm concerned about...I haven't seen people move on, their relationships seem OK. (Govt/ VBRRA/Community Recovery)

in terms of violence that we're being called out to that they've specifically said this is a domestic violence incident, it probably hasn't changed significantly since the fires. (Community development, health or social worker – 2 people)

Sometimes, they pointed to reasons that explain why workers may not have heard about increased family violence. The traditional taboo around family violence is writ large after a disaster when small communities and lack of anonymity in seeking help was exacerbated by compassion for men.

Domestic violence has a stigma around it, and to be able to ask for a support group around that sort of thing would be a really tough call, even more so in rural environment, because there's not the anonymity that you have in an urban setting (Community development, health or social worker - 2 people)

I can see it being quite outstanding in Katrina because of the breakdown of law and order and the loss of protection of civil society, but it would be much more hidden in Victoria. (Consultant in Canberra and Victoria bushfires)

Interestingly, one worker alluded to the subjectivity of individual workers to explain why there were diametrically opposed opinions on whether family violence had increased after the fires, and another wondered if identifying an increase was admitting failure.

I just think workers who deny it don't want to accept it because it would mean they are failing and the system is failing. They push it under the rug. It's not there, we don't want to deal with this. (Govt/ VBRRR/Community Recovery)

I don't understand why workers would disagree [that family violence increased] except in the sense that is a political issue ... We can have an opinion because of our own political, personal or professional history but it doesn't reflect the needs in the community. (Mental Health Practitioner)

Our sense, as researchers, is two-fold. First that there is, indeed, immense pressure on individuals to show understanding and loyalty to their men and their communities. Secondly, the workers who were very much part of the fire-affected communities — either long-term residents or those arriving immediately after the disaster and who worked tirelessly to help restore lives — were less likely to recognise increased family violence. Those with state-wide responsibilities and an overview of communities were in agreement — their sense was clear that family violence had increased. This underlines the reluctance of community members to speak out about people they know and care about. Their understanding of the depth of trauma experienced by survivors of Black Saturday, may have led to reluctance to act in any way that would further add to their daily burdens and pressures. For example, there was evidence of resistance from members of one community to offering support to women experiencing violence from their partners.

When I first started to notice that women were experiencing these issues, we set up a bushfire support group really early, and we had that running from the CFA shed. It seemed like quite a good idea at the time. There was a lot of negative comments that they received after the fires, which was really ridiculous. At the time, that's just how it was. That was a terrific group ... That was just after the fires, and we had just about five to nine people attending that support group. (Community development, health or social worker)

We reiterate that this research does not seek to add to trauma or in any way to blame men for family violence in this context. However, it does unambiguously aim to recognise family violence after disasters so that men, women and children can be offered services to prevent this violence. Minimising traumatised men's violence, and de-prioritising victims of family violence in the face of urgent disaster recovery needs does not serve anyone well. The consequences of denying family violence in order to protect men can be devastating, as noted in the introduction, where a traumatised man turned to violence against his children and then committed suicide. In another case, a man used violence, which led to the breakup of the marriage, bringing unhappiness to all involved.

It was people that lost their house. Two young kids — seemed to be fairly happily married ... the bloke was really getting it all bottled up, he was very much on the fire front on the 7th of Feb, saw a lot that no one else would have seen, and after probably a year ... started using the wife as the bean bag rather than probably the psychologist he should have been talking to. So he hadn't had this behaviour before that you knew of? No. And how does the story end? Separated, litigation, divorce, troubled kids, inactive learning at school, attendance rates down, and probably four unhappy people. (Govt/ VBRRR/ Community Recovery)

The evidence suggesting family violence had not increased came from workers who stated they had no indications of it in their professional or community role. Because the evidence now seems clear that violence against women does, in fact, increase after disasters in Australia — in line with global experiences — our argument is that all workers in post-disaster recovery and reconstruction be trained in assessment and referral.

New Zealand has a greater understanding of political and social issues than Australia has. For instance talking about family violence and feminism would be important to mention in family therapy. It's about the weight the society [gives]. We want to believe that everything is fine in this country. (Mental Health Practitioner)

One research participant drew out complexities in gender dynamics and was concerned about how his response to our question about increased family violence would be reported. It is cited at some length to ensure the full context of his answer is provided.

You're probably going to notice that I'm going to be a bit cagey here. I'm a bit concerned the way the data can be used in situations like this. The short answer is yes. The more complex answer and what I've been saying since we started talking, is the dynamics is not as basic as perpetrator/victim, man/woman. That's not the way people I'm working with perceive it either. The wife does not perceive herself or him in those terms. It is not their normal way of doing things. I get as many calls from woman as men regarding specific issues. Women who would like assistance. I sit with couples to help them re-engage with their normal style of doing things. They all say his behaviour is out of the ordinary and they don't see themselves as perpetrator and victim... If women are being physically violent it's hard to come up with something that will be believed in our current community. I have four guys in the current situation. I am very concerned at the way the partner is treating the kids and them. Guys are in tears because they are really concerned about their kids and don't know how to respond to the verbal abuse and getting things thrown at them. They don't know how to deal with it. At least two women don't see themselves as having a problem ...

You have to ask, what is behind family violence? If it's a traumatic state of mind, that would determine how it would be dealt with rather than labelling the behaviour as abusive. I wouldn't be labelling the guy as a perpetrator and the woman as victim. I don't think that's what's happening. The loyalty is there and the woman may not be talking about it for the same reason. She would say, 'It's not his style, not normally what he does'.

'You may find workers have changed their definition of family violence to accommodate the emotional and psychological conditions people are experiencing. It's my speculation only. (Community development, health or social worker)

The definition of family violence must not change. Women, too, are traumatised by their disaster experiences. Our unambiguous position is that women are reluctant to report violence and having done so, deserve a response that reinforces their right to live free from violence. Analysis of the violence described by the 16 women in Vol. 3 reveals all to be coming from a position of 'power' and most from 'power and control'. There is a sound and evidence-based reason why family violence is never acceptable — including after a disaster. VicHealth provide a compelling argument:

When intimate partners are subjected to violence:

- women are more likely to be injured during assaults than men
- women suffer more severe forms of violence than men (such as abuse, terrorisation and increasingly possessive and controlling behaviour over time)
- women are more likely to receive medical attention than men
- women are more likely to fear for their lives than men.

When intimate partners perpetrate violence:

- women are more likely to use it in self-defence; in other words, against violence that is already being perpetrated by their male partners
- men are most likely to use it as an expression of self-perceived and/ or societal-sanctioned 'rights' or 'entitlements' of male household leaders over other family members (WHO 2002) ...

Fatal consequences

Studies from countries around the world (including Australia) show that when women are killed by their male intimate partners it is frequently in the context of an ongoing abusive relationship (WHO 2002).

- An Australian study of homicides (all types) over a nine-year period (1989 —98) finds that women are over five times more likely to be killed by an intimate partner than men (Mouzos 1999). A decade later, this pattern continues. During 2007 —08, of all female homicide victims in Australia, 55 per cent were killed by their male intimate partners compared to 11 per cent of male homicide victims (Virueda & Payne 2010).
- A study of intimate partner homicides over a 13-year period (1989 —2002) finds an average of 77 occur each year in Australia. The majority of these (75 per cent) involves males killing female intimate partners (Mouzos & Rushforth 2003). Recent figures confirm this pattern. For 2007 —08, 80 people were killed as a result of intimate partner violence. Of these, the majority (78 per cent) were females (Virueda & Payne 2010).
- For the small number of women who kill their male intimate partners, their actions almost always occur in response to existing violence being directed at them in the form of serious and sustained physical and sexual assaults by their partners (Victorian Law Reform Commission 2004 ...

KPMG recently estimated the cost of violence against women to be \$13.6 billion for 2008 —09 (National Council to Reduce Violence against Women and their Children 2009a). The cost to Victoria was around \$3.4 billion (Office of Women's Policy 2009).

VicHealth. (2011). Preventing violence against women in Australia: Research summary Addressing the social and economic determinants of mental and physical health. Carlton South, Vic: Victorian Health Promotion Foundation, pp. 3-7

Excusing violence

The concept of men as ‘heroes’ in the disaster clouds our perceptions of their violent behaviour afterwards. Equally diverting is the observable fact that many men suffered during and after the fires.

On the night of the fires, I came across one of the police officers based at Seymour. He said, ‘I have followed this fire all day. Don’t go out there. Just don’t.’ This poor man was standing with his back up against the wall and he was trembling. His whole jaw was shaking. I often think about this police officer and how he is coping. (Community Volunteers - 8 people)

It’s really heartbreaking thinking about the suicides ... I know of three people in Kinglake, all men. (Community development, health or social worker)

The men’s trauma was perhaps exacerbated by ongoing practical and financial pressures but tolerance of bad behaviour, through to violence, seemed to increase as men were said to be acting ‘out of character’. Everyone hoped the adverse changes would be temporary and eventually resolved by time passing or progress in re-establishing family life and getting back to ‘normal’. It may have seemed disloyal and ungrateful to talk about the violent behaviours some of these men were displaying. To hold them accountable — out of the question.

There’s one couple where the women says, ‘When we get over the fire, he’ll go back to normal’ but I think it’s his pattern of behaviour now, and that’s been exacerbated since the fires. I don’t think he’ll be as aggressive as he was right after the fires but I don’t think he’s going to change. The fire exacerbated his behaviour and gave him an excuse. And she also uses the fires to excuse him and minimise his behaviour. I think this attitude is consistent amongst people generally. (Community development, health or social worker)

The stoicism is] portrayed as heroism, in a way, it can be seen as that ... You are looking at cones of silence around domestic violence anyway. People want to maintain their respectability in the town, it’s there anyway. I can see that people may not want to report on people who were the heroes of the day, and they would be more forgiving, perhaps. (Canberra)

I think people were often too shell shocked to do anything. [In cases where there was family violence] the women would say, ‘He’s just fire-affected. It will stop. We’ll get the grant and he’ll be ok’. (Community development, health or social worker — 3 people)

... this is the sort of ‘poor thing, he’s had a tough time and doesn’t have his job anymore and is having real difficulty coping’—I think that’s ... probably part of it. That wouldn’t surprise me at all. (Govt/ VBRRA/Community Recovery)

Not saying anything about it is not the thing to do. But maybe people understood why it was happening and maybe that’s why they didn’t do anything. (Govt/ VBRRA/ Community Recovery)

Women’s sacrifice

Workers reported that even the worse affected people minimised their personal experiences of suffering. Their empathy and compassion resulted in not accessing services in the belief that others were more worthy, or had suffered more. Even the term, ‘fire-affected’ came to mean different things to different people — and to workers and agencies. People were categorised and often categorised themselves according to their understanding of this term.

It's like 'people are far worse off than me, I've lost my two children and my house and whatever' and ... 'there must be other people who should be getting this instead of me'. (Govt/ VBRRA/Community Recovery)

People will compare and say somebody else's experience is worse and that makes people feel better. Those people are very compassionate.... Whatever level they are at, they can usually find someone worse off than them. (Mental Health Practitioners – 2 people)

A lot of people felt guilty that they survived. Some knocked back the grant, saying, 'Save it for someone more deserving'. Some were severely disadvantaged but wouldn't take assistance and, really, are more traumatised. (Case Management – 6 people)

One or two will say, 'I won't come and see you when there are more needy people' (Community development, health or social worker)

This was particularly so for women and mothers.

Initially that was happening with women putting themselves last. (Mental Health Practitioner)

It seems like women have held families together and worried about everyone else and when they are getting to end of tether is when they seek help ... The mother has been advised ... to get counselling for herself but she says, 'No I have other things to worry about — my daughter ... rebuilding ... my husband ...' (Community development, health or social worker)

And women always put their own needs last so — 'I just don't have the time to look after myself any more'. (Community development, health or social worker – 2 people)

As a mother you think of yourself last. When they sit down at the end of the day, they're so exhausted, they'd be thinking, 'I can't be bothered thinking about me'. (Govt/ VBRRA/ Community Recovery - 4 people)

The women have done what we expect. They get up, they help each other, they cook food, they look after the kids, they try and hold their husbands together, they do exactly everything in a disaster that they do every day in their lives. And they put aside a lot of their own traumas. (Govt/ VBRRA/Community Recovery)

When it comes to family violence, workers noted a strong tendency for women to underplay their own suffering, to the extent that family violence workers reported clients withdrawing from services they had previously accessed to allow for others who were 'worse off than them' to access services.

Women who had been in domestic violence situations — clients of the DV service - were saying the violence is not important now, after the fires. I had a client in a really awful situation where there was lots of family violence and she's now busy doing a fundraiser at the local pub for bushfire survivors. I was astounded that they can push away things that were happening to them and do that for others. They had this attitude that 'Others are so much worse off than I am'. (Community development, health or social worker — 3 people)

... They would say, 'I can't take this or that [service or money]. Others are worse off than me'. But they had lost everything. And they were still experiencing the family violence. (Community development, health or social worker — 3 people)

*It's almost like [the violence] is not that bad compared to the other things happening.
(Community development, health or social worker — 3 people)*

These workers observed a tendency for women living with violence from their partners to deny their own needs after Black Saturday, thinking that others were more deserving of help. A clinical psychologist who participated in this research described women in this situation as 'secondary victims' of the disaster. They are effectively denying themselves services they need.

Specifically in relation to disasters, Thomas Merton, had a theory of relative deprivation, where people benchmark the most severe deprivation [and measure everything against that]. It's a big problem within disaster areas when people are not wanting to assert their own needs because they don't feel as affected as other people. It could mean seriously increased risk for those people who give up their claim on services they might have had before the disaster. They are secondary victims because agencies can't support them anymore. (Mental Health Practitioner)

Stereotyping of men and women

*Everyone expects you to be a bloke. Maybe women are faced with the same expectations.
(Community development, health or social worker)*

In the aftermath of the fires, people searching for security sometimes looked to the past, reverting to traditional male and female roles. This was observed after the 2003 bushfires in Canberra and in California after the wildfires of 1991.

Men went into instrumental tasks rebuilding, finding the new place and women went into the domestic and supra domestic roles around the children. (Consultant in Canberra and Victoria bushfires)

... progress in carving out new gender behavior suffered a fifty-year setback. In the shock of loss both men and women retreated into traditional cultural realms and personas ...The return of old behaviors and the loss of new was so swift, so engulfing, and so unconscious, few understood what occurred. Many unions, long and short, broke apart. (Hoffman, 1998, pp. 57-58)

There are cultural expectations that men and women will behave in pre-determined ways. The most obvious delineation is that women nurture and men provide and protect. Some workers spoke in black and white terms, confirming that they had, indeed, observed women and men behaving in these stereotypical ways.

Men and women interact differently. Women talk about stuff, men tend to not. I mean if we want to bring in the stereotypes, men have tended to want to get back to life as normal and the women get together and talk about things. (Community development, health or social worker — 2 people)

Men were, 'Let's get this over and done with it'. (Community development, health or social worker)

The stereotypical woman is holding the emotional situation together and the stereotypical men are physically very active. (Mental Health Practitioner)

I've watched some of the men take control of these things and they want to, in the main, rush out and get this fixed and get this done (Govt/ VBRR/Community Recovery)

Two spoke of their academic learning of male and female reactions:

All the reading and research that we ever did – it sounds trite — is that women relate to the tending and nurturing, the support, noticing people need nurturing or when they're emotionally distressed and respond by talking gently ... Blokes chuck themselves into hard physical yakka. (Community development, health or social worker)

By and large women often have a more realistic assessment of the situation. And men have a more ideological assessment. For example, 'I can fight this fire, I have a good fire plan and I've prepared for it'.

For some, however, there were shades of grey with overlapping - and even reversal — of culturally expected roles.

Men process things implicitly by being together with a bit of chat here and there. Women live in a verbal culture and an emotional culture. In that sense they are better equipped for recovery. Having said that, some couples work the other way round. Some women don't talk and the man's crying. (Mental Health Practitioner)

The women in this research told us of their survival and escape from Black Saturday, as documented in 'Beating the Flames' (Parkinson & Zara, 2011). Cultural conditioning seemed less robust in this life-threatening situation, and the way individuals reacted depended more on their personal strengths and qualities.

When husbands and partners were present, some women found great solace, inspiration and practical support. Others found them an additional burden. The women reflected on their own responses with some stating that at times they were unable to function effectively. These accounts reveal that men and women reacted to life and death situations as individuals, rather than along gendered lines. (p. 1)

As, one of the mental health practitioners said, 'We need to remember there is a gender issue but it's not universal'.

Society's gendered expectations place the burden of responsibility to protect on men. In a disaster, the stakes are raised as man as 'protector' is no longer just a symbolic role. On Black Saturday, protecting families was life threatening and largely dependent on factors beyond the power of individuals. Naturally, not all men were able to do this.

They ... felt an immense responsibility to protect — they're the men of the house — to protect their family. That's a massive responsibility ... The role that they took on that day, not willingly. (Community development, health or social worker – 2 people)

They ... feel like they should have been able to protect their family when they didn't. So it's all the normal behaviour but probably under the anvil, for want of a better description, of fires it gets exacerbated. (Govt/ VBRR/Community Recovery)

It became primal. For example, if a man could not save his own house. Lots of males have really struggled. It's that notion of men as provider and protector. 'I am supposed to provide for my family and I have to protect them and I haven't been able to do that. (Community Volunteers – 8 people)

[Partner is CFA volunteer] I think there's an element that he's let me down. He maintains if he'd been here the house would be here. (Community Volunteers — 8 people)

One senior worker told of a woman who was alone to escape the fires with children and neighbours because her husband was on fire duty. The expectation of men to fulfil the culturally designed masculine role of protector is not just in men's heads. It is a real expectation, at least for some.

She is very bitter because he wasn't there. He stayed at the CFA shed. She says, 'I want a man who'd protect me or die in the attempt.' (Mental Health Practitioner)

Responses to trauma

Rather than show vulnerability or inadequacy, a bloke is happier to display anger ... to avoid talking about that sort of stuff. Anger is more acceptable than fear. (Community development, health or social worker)

Two workers with expertise in gendered reactions to disaster and men's psycho-social recovery noted that men resorted to anger and overwork as channels for their distress. The workers spoke of men's avoidant activities. Unable to understand their emotional responses to the trauma of the disaster and the recovery period, men reclaimed their masculinity.

Men buffer by being active or drinking or interacting with men who are also avoidant and they talk about other things. They focus on things like cars, machinery, computers. (Mental Health Practitioner)

One woman ... said to me, 'I'm worried about my husband. He works all the time and I can't get him to stop.' (Mental Health Practitioner)

About six months in, they [the women] alerted us to the fact that their partners were really stressed – they'd been working very hard, heads down as soon as they could to rebuild the house for the family. When the big tasks were over, the men started to fall apart. (Consultant in Canberra and Victoria bushfires)

[Following a previous disaster] years later, men looked back and saw heroic physical activity was wasted because it was not properly thought out and planned. Sometimes women will assess the situation, and say, 'Do you really need to do that?' And he'll say, 'Of course I fucking need to do that you stupid ...', and you get conflict. (Mental Health Practitioner)

The blokes have said when they look back, they did some stupid things that were quite dangerous in retrospect and threw themselves into stuff to avoid the emotional fragility and to avoid dealing with the family. These are the guys one year later who are saying, 'I've been doing everything I normally do and nothing is working'. (Community development, health or social worker)

It seemed that men often took up this strategy of working hard to regain their own sense of self and to control unwelcome traumatic responses to their experiences.

Level 1 of Maslow's hierarchy is about needing shelter, food and to provide for the family. Guys get locked into that. Conflicts arise when guys thought they were doing best for the family, but the partner wanted him to relate to the kids, and talk about feelings and experiences. But a lot of guys just wouldn't. (Community development, health or social worker)

Avoiding the emotional aspects of recovery led to trouble in the home and left some feeling unappreciated by their families.

We ran a men's night at a pub with 40 guys and 30 of them would have ended up in tears. Talking at basic level about what had happened and they were doing what they thought their family needed and it wasn't being appreciated.' I've bust a gut what more can I do?' (Community development, health or social worker)

Men will be miserable but because they drink and if they don't kill themselves, you don't know ... Many men said they are exposed to complete lack of understanding in the workplace ... and then come home and have a new set of problems. Men are very lonely. (Mental Health Practitioner)

The men are exhausted, and have little or no time for the family when they get home. They can see so much work to do to get the place back to normal which adds to their exhaustion, or they can't get motivated at all. Consequently they hang around with mates a bit more and drink and smoke and there's less family time. They are overwhelmed with the tasks at hand and/or are avoiding family issues or contributing to family conflict. (Community development, health or social worker)

When combined with an unappreciative workplace, there are physical and mental costs.

Everybody experiences adrenaline - it gives you a sense of wanting physical activity, but after three months of this ... you maybe find you don't have the energy reserves to do what adrenaline is telling you to do. (Community development, health or social worker)

Interesting physical symptoms too, like stomach complaints, acid stomach, heart troubles, cramps ... heart beat was racing or irregular. They felt fatigued with no explanation. And loss of appetite. (Community development, health or social worker)

Running on adrenalin to avoid the past and block out the future is not sustainable. There are emotional and psychological consequences of this hyper-masculinity as men overwork to try and reclaim their expected role as the 'protector'. The painful memories, tragic losses and unrelenting workload started to take their toll, not only on the men, but on their families too.

There is a limit to how much the adrenalin can motivate you before you start to burn out physically. There's a part of me that suggests it's a way of avoiding the emotional stuff. Guys falling apart put in a lot of physical energy and then they run out of steam, the emotional stuff comes. They burst into tears for no reason and their partners get concerned because they are not sure what's happening. They [the women] saw their men as stoic and to see someone who has never broken down do this is confusing and distressing and the women wonder if they should be helping somehow. But the guy rebuffs that because her doesn't want to add to what she's already going through. They are each trying to accommodate each other. (Community development, health or social worker)

An interesting dynamic that has been observed is that some men want their partners at home looking after them.

It's like it's all about the men at the moment, 'Why aren't you here supporting me' and these women are willing to be out working, out in the community, helping the community. ... Women are wanting to stand up and take on these wonderful roles in leadership. (Community development, health or social worker)

Workers told of many women seeking support early and getting together with other women to speak about their concerns. This sharing and nurturing appeared to help in the recovery process.

I just purely think that males aren't emotive people and would just rather clam it up and live with it. Do I do that? Very much so ... I think women have the natural ability to be able to vent anger, frustration, views, and be able to nurture each other and I think blokes just don't do that. (Govt/ VBRRA/ Community Recovery)

... and you watch the women do sensible things about how they work together, and they formed groups to support each other and found ways to do that, I think, far better than the men did. (Govt/ VBRRA/ Community Recovery)

We had special mental health counsellors from the beginning and the women would tend to say to their recovery workers, 'I think I need professional help with my feelings'. They would often be engaged with the counsellor quite early and they would bring children so we'd have children's counselling as well. Much earlier than men. (Consultant in Canberra and Victoria bushfires)

What we've watched is the women group together... very early those women stood up and opened their homes into relief centres, did lots of stuff along those lines, and the women have been very strong through this whole process I have to say. (Govt/ VBRRA/Community Recovery)

Vulnerable women

From this research, it appears that women and children generally are vulnerable after disaster. Those identified as specific vulnerable groups include single women and the elderly. For them, the need to build re-establish homes on minimal incomes was a real and constant anxiety.

We've got women who are single mothers who have gone—as if the burden wasn't big enough beforehand, 'Well now I have to rebuild a house, I have to rebuild a life, I have to ensure the safety of my children' ... I mean, it's too big. (Community development, health or social worker - 2 people)

There is a lot of depression, whether this is brought on by violence or not, I don't know. I see it with women on their own, single mothers with kids — they have trouble getting out of bed. (Govt/ VBRRA/Community Recovery — 4 people)

There's an ongoing concern for women in the 60+ age group who don't have the ability to work and build up an asset base, and can't afford to rebuild. Women who owned homes but because of new regulations, it's more expensive to build. A lot of women are very unsure of their future. They loved their community, but people have moved away. They not only don't have financial security, but they have to live in a different community. (Community development, health or social worker — 3 people)

The social supports for women have been fairly decimated and they no longer have the informal support with childcare while they go to the doctor or shopping. There is only one Family Day Care worker and she [was personally affected by the disaster]. (Community development, health or social worker)

Interventions — providing a community with alternatives

Organisational support for workers

It is critical that workers are supported in their vital work with disaster survivors. The informants to this research came from a range of organisations and the level of debriefing and support varied from weekly to never, or once straight after the disaster. The way organisations offered support mattered to whether the debriefing or counselling was taken up. As outlined in Vol. 1, the culture of male dominated organisations such as the CFA, DSE and police seemed to prevent broad uptake of services offered.

There is peer support in the CFA and the police culture is such that people find it hard to use those services ... They are seen to be weak. One woman worked 17 hours in the ambulance room on the night. They had people on the phone who were literally dying while speaking to them. They had a debrief on the night but not since. (Mental Health Practitioners – 2 people)

In contrast, other organisations provided compulsory weekly debriefing as well as time off to recover.

All staff had compulsory debriefings at 5pm every day ... and there was a team debriefing with an external psychologist every week for four weeks. (Community development, health or social workers – 3 people)

I feel privileged to work in an organisation which, from day one, has been open about wanting to support staff. They said I could be released for three weeks to do what I thought was needed. I know the research re. recovery talks about workplaces being the most significant thing in recovery. It's been Berry Street that's been important to me. (Case Management – 6 people)

One worker commented that a psychological understanding of trauma before entering disaster recovery work would be valuable. Throughout our interviews, many workers and women referred to the immense contribution of Rob Gordon in providing just this, but there is clearly a limit to the reach of one person. As consultant psychologist to the Victorian Government since the Queen Street shootings two decades ago, and more recently working on the Victorian Emergency Recovery Plan, he brought sound psychological principles to the recovery. His initial involvement was in planning psychosocial services but quickly moved to educating case managers, agency managers and workers and community groups.

I've been doing community information sessions two or three times a week for most of the year. The sessions cover the psychology of trauma, stress and disaster and what happens at various stages and how they can help themselves and others ... Everyone felt out of their depth ... Many people have found what I offered them was a perspective over many disasters and I had much feedback saying, 'Exactly what you said would happen, happened'. (Rob Gordon)

One worker lamented the lack of early support, and another spoke of limiting the time working in disaster recovery.

If it's a disaster even a fraction of the February one, don't put someone there on their own ... I didn't feel supported. I feel supported now ... but they didn't have resources initially. (Govt/ VBRRR/Community Recovery)

DHS has debriefers and counselling but there is a need to look after yourself, take that time out so it doesn't become a burden to do this type of work. And do it for a little while. You couldn't constantly work in this environment. (Govt/ VBRRA/Community Recovery — 4 people)

Strategies to help men

That's been one thing that's been really heavy on my heart. How can we help these guys, before the fires you couldn't get them to go to a doctor, but their mental health is ... more important, because it's affecting their children and partners, their whole family, really, and in ways, the whole community. (Community development, health or social worker)

Disaster of such magnitude requires a variety of responses. There was never going to be one method to help people cope with what had been and what the future might hold. For some, counselling was helpful, but for many, especially men who may have been avoidant or perceived seeking mental health assistance, as a weakness, it was not for them.

In recognition of this, a range of options was put in place for men. There were informal debriefing opportunities at men's nights, barbecues, men's sheds, football club presentations and other events. Men's groups, golf days and fishing trips were offered as well.

About three months down the track, at that stage we were doing blokes' nights. I went to a bloke's night at a pub, and guys were coming out of the woodwork and talking about feelings in ways that were new to them. (Community development, health or social worker)

Jason McCartney and his psychologist talked at Kinglake football club and that was significant for men. (Mental Health Practitioners – 2 people)

Another man sidled up to me. They will talk if it is a non confrontational environment where they can just have a chat. If I had offered to see him in my rooms, he wouldn't have come. (Mental Health Practitioner)

We've looked at things in a different way for the men in terms of psychosocial recovery. There's been lots of men's groups and specific things for men, going out fishing cos they might talk to a mate and they'll have facilitators there and people who are trained in recognising stress and supporting people. (Case management — 2 people)

What has been clear is the need for networking, outreach and informal work. The findings are that services used are flexible, community based providing outreach and liaising with other services. (Mental Health Practitioner)

As with options for women, not all men wanted to take up these opportunities, or were able to, because of timing or location.

In the Rob Gordon session, of the 25 people there, 21 were women. (Community development, health or social worker)

It's extremely hard, you can't make a fish jump on the end of that hook no matter what sort of bait you use. I don't know how you get mental awareness out for blokes ... Then we heard about Benn River for the blokes, fishing. And what did I hear after that? Everyone got drunk; there were a few fights. And as I said to VBRRA, how do you think you're going to go and get all these blokes, full of testosterone, they don't even know each other, put whatever you want in their hands, give them a few beers—I'm telling you, you're going to have fights. And that's what happened. (Govt/ VBRRA/ Community Recovery)

It is generally understood that men are reluctant to seek help for physical or mental health issues. Because our society values masculinity that is strong and self-sufficient, men tend to see help-seeking behaviour as a weakness.

Amongst the men there was a feeling of stigma in asking for help. People might think they were mentally ill or weak for asking for help. (Consultant in Canberra and Victoria bushfires)

It's really hard to engage the men (Community development, health or social worker)

Blokes won't do it. At all. At all. It's very, very hard to go and sit with a bloke where you can see he's really in trouble and say, 'Mate, what's wrong?' (Govt/ VBRRA/ Community Recovery)

This is especially so for traditional counselling settings or group work which involves sitting and talking.

I saw advertised a month ago there was something about 'Are you angry all the time? Come and join a men's self help group'. They would have all just looked at it and gone, 'Oh, fuck off, I'm not interested in that'. (Community development, health or social worker – 2 people)

Workers with expertise in men's recovery suggested engaging more men as counsellors and increasing community awareness about potential psycho social health effects of a disaster through mainstream media. Early in the recovery, psychological help was available through the ATAPS (Access to Allied Psychological Services) scheme, and this was followed, about two years after the disaster, by funding for alternative therapies. Both schemes have been valued highly by community members.

If you're the person who wants to go and sit with a psychiatrist or psychologist then we're going to help you do that. If you're finding that [alternative therapies are] going to work for you, rather than giving you a voucher to go and see a counsellor, we'll give you a voucher to do the program. If you want to do Bowen Therapy ... Chinese medicine, that's what got me through ... I did the whole debriefing and talking and thought this is a friggin' waste of my time because I thought, how do I explain? (Community development, health or social worker – 2 people)

Given the enormous barriers to men asking for support, it is critical that services are accessible and flexible.

One guy was ... in the CFA 30 years and walked into [our] office and said could he see a bloke to talk to. The reception said, 'He's full up', and the guy burst into tears and walked onto street. I was able to contact him by phone and he said, 'Mate I don't do that kind of thing. I've seen heaps of fires and this has never happen before'. I visited him at his place. (Community development, health or social worker)

What has been clear is the need for networking, outreach, and informal work. The findings are that services used are informal, flexible, community based, providing outreach and liaising with other services. The mental health worker goes out with other workers. (Mental Health Practitioner)

Counselling was not the answer for this worker, either, who advocated supported for people to be able to access whichever type of therapy or activity to help them. Since conducting these interviews, the government has provided a voucher system that enables people to choose from a range of therapies to assist in their recovery.

A lot of men are bottling it up ... [W]omen ...don't see it as a sign of weakness, as men do, that they are not travelling well. But I've seen big strong men who've said, they have to admit, 'I'm not having a good day'. They are now realising it's not a weakness. They have had Rob Gordon stuff, counselling services but until it clicks in themselves that they have a problem ...They have to see it. They have to say, 'I do have a problem from the fires, it has impacted my life' and then you take the necessary steps to move on. (Govt/ VBRR/ Community Recovery)

Strategies to help women

There was little spoken of in relation to help for women. This may be because workers felt women were accessing the kinds of services offered, particularly generalist counselling. Women's groups were organised early, often from within the community, capitalising on the tendency for women wanting to get together, talk and take a break from their new reality. One Community House offered a range of options from art to belly dancing to all day morning teas — all aimed at encouraging women to drop in.

There was a simple little thing where a group of women got together and within a couple of days, they had 50 women come to an evening there at the cafe. The women got pamper packs and they laughed till they cried. (Community development, health or social worker — 3 people)

We quickly established all day morning teas, so we could get people to come in and have a forum, just to come in and have a cuppa and a chat and then we could work out what services were needed. (Community development, health or social worker)

Workers saw the value in women's groups, even noting that the research focus group itself was therapeutic, allowing women to get together and reflect on the fires and the time since.

This is therapeutic. It's great. There are certain things that have sprung up [to help people] but lots of people don't engage. There haven't been the variety of things for people to engage in. The things they're providing are not going to suit everyone's needs. Having said that, it's a mammoth task to address what everyone needs. (Community Volunteers — 8 people)

Support groups - and not support groups saying they are for women in domestic violence because you won't get people to go along. It should be as part of the recovery planning. (Govt/ VBRR/Community Recovery)

More formally, women participated in Women Gathering groups, run by WHGNE with funding from the Office of Women's Policy and attended the Bush to Beach events — a highlight for many women.

The feedback we have had from the men is that, 'This has been such an amazing experience for my partner to feel valued, for her to take a bit of time to look after herself, the kids are happier, we're happier, she's happier, she's come home a better woman. She goes to those Firefoxes events whatever they are and she feels validated and connected'. (Community development, health or social worker — 2 people)

The women have absolutely adored it because they can get away and talk about their real feelings. (Case management — 2 people)

Sometimes the women's groups focussed on their role as mothers.

More recently we started a women's support group ... Women didn't have the strategies to explain to kids, 'Yes, it's getting hot again', and just giving them strategies on how to cope with that grief and trauma, and how to explain it to the kids ... and if you're crying all the time your kids will be very confused, and not knowing quite how to cope. And just giving mums strategies on how to deal with the nightmares, and the bed-wetting, all the things that we were noticing ... (Community development, health or social worker)

Strategies to help families

The workers' thoughts on the need for families to recover together were echoed by the women's comments (Vol. 3). Rather than only having separate men's and women's groups, a holistic approach that included children was recommended by many as a necessary adjunct.

It's about families connecting with each other. What seems to be missing was the whole family to be able to go, and just grieve together and recover together. That's where the need is I think, and that's where the holes seem to be in the programs, the grants and opportunities ... We had an Echuca weekend and that was one of the huge highlights of the year. (Community development, health or social worker)

The Echuca-Moama Tourism Board allowed 60 families to ... go away together and you see ... people talking to people, families talking to families, and I think that's when you have the opportunity to bring it out because even if the bloke doesn't want to talk about it, the wives will be talking about it and the blokes will get into a conversation, and I think that's the drawcard. That was a huge success. I thought that was the most amazing thing to see families actually enjoying their company after the fire. (Govt/ VBRR/ Community Recovery)

When visitors from similar towns in the United States spoke of their own community's journey to recovery, it resonated with local workers.

What they noticed was that people wanted to be together, to recover together, to grieve together, to learn together and grow. That's what we are noticing, people are really wanting to do that. (Community development, health or social worker)

Post-traumatic growth

This research has focussed on areas that can be improved through policy and planning. It is worth noting, however, that workers spoke about positive elements of the disaster's aftermath. For some estranged couples, the fires had the effect of bringing them back together again.

We've seen families get back together that were broken before. (Govt/ VBRR/ Community Recovery)

And for many women the aftermath of the fire brought about opportunities to connect with their community and to determine their own set of values and priorities. While this caused conflict in some relationships, it forged closer ties with community.

We have so many women just really standing up and saying, 'I'm feeling better these days, I've had some counselling, and I'm ready to take on a role in community leadership' ... they're running courses, they're working with kids, they're volunteering to help me with all sorts of different services ... Something happened after the fires, I think they are feeling

quite empowered... I noticed just as strongly the women who are doing that without the support of their partners ... She's wanting to grab life with both hands and run, but she's got this partner who is saying, 'What are you doing? Why isn't my dinner on the table? Why aren't you here for me? Where are my clean clothes?' She wants more in life than that ... They want to be strong and independent and great role models for their kids about what women can achieve, and how they want to live their lives. (Community development, health or social worker)

What we are seeing now is women who had previous mental health issues because of DV and the impact that domestic violence from their own parents and partners had on them, and talking about growth and how, in a way, they have reconnected to the strength and self esteem and become more assertive. It has been a catalyst for some women. (Mental Health Practitioner)

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