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AFTER THE CRISIS:
DOMESTIC VIOLENCE WORKERS' PERCEPTIONS OF CLIENT
OUTCOMES

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Bachelor of Social Work (Honours)

*Thesis submitted in partial fulfilment of the requirements of the above
degree*

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ABSTRACT

Intimate partner abuse persists as a serious social problem impacting the health and wellbeing of many people, predominantly women. The domestic violence worker has a unique view of the intimate partner abuse situation, with knowledge and understandings gained in their role at the workplace, an avenue for exploration in this qualitative study. The positioning of the domestic violence worker between the victim of abuse and wider service community (State policy, State authorities – Police, Courts, Child Protection and other support structures) provides a vantage point to observe intersecting powers and discourse that influence outcomes in the community.

The thesis reports the findings of an exploratory qualitative study which employed a postmodern feminist methodology. Data was collected through semi-structured interviews with five domestic violence workers in south-western Victoria. The study sought the domestic violence worker perspective on desired outcomes for women affected by intimate partner abuse, within the organisational environment. Captured data was analysed using postmodern grounded theory. The findings have identified a deeper understanding of factors impacting service outcomes from State policy to domestic violence practice frameworks. Oppressive discourses were countered by domestic violence worker practice initiatives to improve outcomes for women at the personal and structural levels of society. Findings provide a better understanding of workplace practice and suggestions on how to improve service responses into the future.

TABLE OF CONTENTS

Section	Page
Title Page	i
Supervisor's Certificate	ii
Candidate's Certificate	iii
Acknowledgements	iv
Abstract	v
Table of Contents	vi-ix
Key terms and List of Acronyms	x-xi
CHAPTER 1: INTRODUCTION	1-7
1.1 Research Aims	2
1.2 Clarification of Terms	3-4
1.3 Relevance to the Field of Social Work	5-6
1.4 Overview of the Study	6-7
CHAPTER 2: LITERATURE REVIEW	8-24
2.1 Society and Domestic Violence	8-11
2.1.1 Background of DV Services	8-9
2.1.2 Patriarchy, Social Institutions, Women & Resistance	9-10
2.1.3 The State and Domestic Violence	11
2.2 Organisational Context of DV Practice	11-14
2.2.1 Organisation, Ideology and DV Practice	11-12
2.2.2 The Organisation and the DV Worker	13-14
2.3 Policy & Frameworks Informing DV Practice	14-20
Parameters	
2.3.1 Legal Discourse, Policy and DV Work Practice	14-16

2.3.2 DV Work Practice Frameworks and IPA	16-18
2.3.3 DV Discourse and Positioning of Women	18-20
2.4 Tensions Between Community Service Policy & Practices	21-23
2.4.1 DV Outcomes and the Organisational Environment	21-23
2.5 Conclusion	23-24
CHAPTER 3: METHODOLOGY	25-34
3.1 Theoretical Framework	25
3.2 Methods	26
3.2.1 Position of the Researcher	26-27
3.3 Research Aims	27
3.4 Research Design	28
3.4.1 Sampling and Recruitment	28-29
3.4.2 Data Collection	29-30
3.4.3 Data Analysis	30-31
3.5 Ethical Considerations	32
3.6 Strategies to Ensure Trustworthiness of Findings	33
3.7 Limitations	34
3.8 Dissemination of the Research Results	34
3.9 Conclusion	34
CHAPTER 4: FINDINGS	35-57
4.1 The Participants	35-36
4.2 Themed Findings	36-37
4.2.1 The Right to Live Free from Violence	37-38
4.2.2 Risk, Safety and Outcomes	38
4.2.2.1 Risk Management	38-39
4.2.2.2 Safety at Home	39-40
4.2.2.3 Refuge Facilities	40-41

4.2.2.4 Secure Housing	41
4.2.3 Pathways Leading from Intimate Partner Abuse	41
4.2.3.1 Woman-Centred Practice	42-43
4.2.3.2 Therapeutic Practice	43-45
4.2.4 Organisational Frameworks and Outcomes	45
4.2.4.1 Feminist versus Gender-Neutral Organisations	45-47
4.2.5 Challenges in the Organisational Environment	47
4.2.5.1 State Bodies and Legislation	48-49
4.2.5.2 Male Privilege and Accountability	50-51
4.2.5.3 Insufficient Knowledge on IPA	51-52
4.2.6 Resistance Strategies and Outcomes	52-57
4.2.6.1 Early Intervention	53
4.2.6.2 Advocacy	53-54
4.2.6.3 Networking	54-55
4.2.6.4 Educational Strategies	55-56
4.2.6.5 Conclusion	57
CHAPTER 5: DISCUSSION AND CONCLUSION	58-67
5.1 Discussion of Study Findings	58
5.2. Findings and Literature	59-61
5.2.1 Macro Policy and DV Practice	59-60
5.2.2 DV Practice and Outcomes	60-61
5.3 Implications for Social Work Practice	61-64
5.4 Limitations of Study	64
5.5 Further Research	65
5.6 Conclusion	65-67
APPENDICES	68-89
APPENDIX A - Participant Plain Language Statement & Consent	68-74

APPENDIX B – Flyer	75
APPENDIX C – Organisation Recruitment email	76
APPENDIX D – DUHEAG Notification of Acceptance	77-78
APPENDIX E – Organisation Plain Language Statement & Consent Form	79-83
APPENDIX F – DUHEAG Ethics Application Amendments	84-86
APPENDIX G – Topic Guide	87
APPENDIX H – Relational Discourse Analysis Map	88
APPENDIX I – Social World/Arenas Map	89
REFERENCES	90-100
LIST OF TABLES	
.....Table 4 – Themed Findings	37

Key Terms and List of Acronyms

Definitions

Family Violence - is described as behaviour toward a family member that is physically or sexually abusive, or is emotionally or psychologically abusive, or is economically abusive, or is threatening, or is coercive, or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person (FVPA 2008 Section 5).

Specific use of Language within the Project

The study – within this thesis refers to this research project.

The researcher – refers to the writer of this research thesis.

List of acronyms

AASW – Australian Association of Social Workers

ABS – Australian Bureau of Statistics

CRAF – Common Risk Assessment Framework (2012)

CYFA – Child Youth and Families Act 2005 (Victoria)

DHS – Department of Human Services (Victoria)

DUHEAG – Deakin University Human Ethics Advisory Group

DV – Domestic Violence

FVPA – Family Violence Protection Act 2008 (Victoria)

FVIO – Family Violence Intervention Order

FVSN – Family Violence Safety Notice

HEAG-H – Human Ethics Advisory Group, Faculty of Health

IPA – Intimate Partner Abuse

CHAPTER 1

INTRODUCTION

As a social backdrop, front page headlines such as 'Family violence epidemic: women at risk, three deaths spark dire warnings' (Lee, Burr & Toscano 2014, p.1) suggest the reality of intimate partner abuse (IPA) to the public at large. In the wake of recent deaths across Victoria, and escalating crime figures from Victoria Police (2014), the domestic violence problem persists. Figures from Victoria Police (2014) indicate 13 people were arrested for domestic violence homicides in 2011-2012, increasing to 45 in the 2012-13 period. More recently in 2013/2014, the 29,403 family incidents of Police laid charges against one or more parties, revealed a 14.2% increase from the previous year (Victoria Police 2014). Other figures from the Australian Bureau of Statistics reveal the gendered nature of intimate partner abuse, with 17% of women over the age of 15 in Australia experiencing violence perpetrated by a partner, compared to 5.3% of men across the same age range (ABS 2012). The same study highlights that women are far more likely than men to experience physical assault perpetrated by a male in their home, with the study showing that 62% of women who have been physically assaulted by a male have experienced the most recent assault in the private sphere (ABS 2012). The media coverage of newspapers in Victoria (Cannon 2014; Kleinman 2014; Lee, Butt & Toscano 2014; Pearson 2014; Pottage 2013) and statistics (ABS 2012; Victoria Police 2014) highlight the prevalence and consequences of IPA for women in society,

an area that would gain from a deeper knowledge and understanding and so a catalyst for this study.

Although the response to the domestic violence problem encompasses intersecting authorities, such as Justice, Police, Courts, Child Protection Services a study examining the Domestic Violence (DV) Service perspective allows voices and understandings of the DV work place experience to be visible. The DV worker is positioned at the intersection between the victim of abuse and the wider community (State policy, State authorities -Police, Courts, Child Protection; other support structures and the local community) and holds a vantage point to view the forces at play, in the aftermath of domestic violence. An in-depth study of the DV worker's perspective is imperative to the understanding of intersecting powers that converge at the DV frontline and in turn the aligned knowledge and discourses operating there. The DV worker's voice is lacking in the literature reviewed, as discussed in Chapter 2; hence is an important source to be examined to better understand DV service initiatives and outcomes.

1.1 Research Aims

Thus the study had two aims. They were:

1. To explore the outcomes that domestic violence workers aim to achieve with clients affected by intimate partner violence; and
2. To gauge how these desired outcomes are influenced by the organisational environment.

1.2 Clarification of Terms

The literature search (see Chapter 2) has revealed there is no single nationally or internationally agreed definition as to what constitutes 'family violence' or the variety of other terms such as 'domestic violence', 'intimate partner violence' and 'intimate partner abuse' that at times are used in this field of practice. The definitions of the preceding terms have evolved and so may be subject to future change, like the range of behaviours that are considered abusive. The current terms and their definitions as used in Victoria are discussed below.

Family Violence:-

Victorian State policy is currently reflected in the Family Violence Protection Act 2008 (FVPA 2008 Section 5) which defines the term 'family violence' to be-

- (a) behaviour by a person towards a family member of that person if that behaviour – is physically or sexually abusive; or is emotionally or psychologically abusive; or is economically abusive; or is threatening, or is coercive, or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member, or another person; or
- (b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a)

In the context of relevant state policy documents, such as CRAF (2012) and FVPA (2008), the 'family violence' term will be applied in this project.

Intimate Partner Abuse:

In general discussion within this study, the term 'intimate partner abuse' (IPA) will be used in preference to 'domestic violence', 'family violence' or 'intimate partner violence'. The term 'violence' is associated with physical violence and is limiting for practical purposes in this study. The term 'abuse' is preferable because it is inclusive of actions that partners use to control, such as emotional and psychological abuse (Carrington 2014; Hegarty 2006). IPA is understood to be inclusive of people who are in an intimate relationship, including former intimate partners, co-habiting relationships and friends. Abuse can be physical, verbal, psychological, economic or social and include threats to the injured party, those they love or personal property (PHAA 2013). Although IPA is predominantly perpetrated by men against women, it is accepted as occurring within same sex relationships, and by women against men (FitzRoy 1999).

Domestic Violence Services:

The term 'Domestic Violence services' is a general term adopted in this study for DV services dealing with IPA. Women and children (male and female) access these services.

Family Violence services: –

Family violence is inclusive of adults, both male and female, and children (FVPA 2008 Section 5). In this study, this general term will be used to include non- government agencies/organisations who provide services to all family members such as sibling, family counselling and IPA programs (such as men's behaviour programs and women's family violence counselling).

1.3 Relevance to the Field of Social Work

Vulnerability surrounds the IPA-affected woman, with a real threat to wellbeing for those living in or escaping the IPA relationship; and associated homicide, homelessness, poor social, mental and physical health outcomes (Braaf 2012). From this perspective, the DV worker should align with the professional practice guidelines incorporated within the Australian Association of Social Workers Code of Ethics (AASW 2010, Clause 1.2) which commits the worker to addressing social injustice, inequity, and a pursuit of wellbeing via DV work practice initiatives. The need to support victims of abuse in the community is reiterated by Rosie Batty (Powley 2014, p.22) explaining, 'you battle the whole time to be heard, understood, recognised, validated, respected, it wears you down.' The professional social worker must attend to the victims of abuse who are vulnerable, excluded, alienated or with exceptional needs (AASW 2010, Clause 1.2). Thus, looking from a social justice perspective, the study gives an opportunity to view and understand the positioning of the woman affected by IPA, from the perspective of the DV worker within the contemporary DV practice and workplace environment.

By examining the intersecting powers that exist within the DV service arena, and respective discourses and agendas, there is an opportunity to examine the 'critical and reflective thinking' of the DV worker around work practice in this environment (AASW 2013, Clause 5.4). The discourse analysis undertaken in this study supports the ethical principles of social work to make visible the diverse values, powers and knowledge informing DV practice and policy (AASW 2013, Clause 4.4), and what voices are heard and silenced in that scenario (Breckenridge 1999). The study was formulated to give an opportunity to view how DV workers challenge social systems and structures

that preserve inequalities and injustices for women affected by IPA, and how workers advocate for change in that service environment (AASW 2010 Clause 1.2).

It is acknowledged that DV or family violence services form only a part of the network of many organisations in the human service arena where social workers are engaged with women affected by IPA. Mental health services, family services, education institutions, drug and alcohol services and general health services are organisations that recruit social workers. Further knowledge, experience and understandings of IPA from the DV worker would give opportunity to inform and assist outcomes for other social workers. Thus the study topic has wide application within the broader field of DV work.

Traditionally the DV service area was a hidden workplace. High security measures have been a reality for the safety of women escaping violence from abusive partners and secrecy of location and operations is still a policy for many DV services in the state of Victoria (DVRCV 2013). Thus the seclusion of DV services and practice has impeded understanding about IPA in this environment. This study was a means to examine DV practice and outcomes from the DV worker perspective that would otherwise be less well known due to the realities of this difficult practice setting.

1.4 Overview of the Study

To achieve the above aim, Chapter 2 examines the background of DV services, the impact of State legislation policy and discourse, and organisational frameworks informing service direction. Safety and risk practice frameworks are described, and other Federal and State policies that infiltrate the DV workplace to impact the client goals and outcomes. A discussion of theories

guiding DV worker practice around IPA, of embedded service discourse, and of DV service programs and how they impact client identity, then follows. Lastly, in chapter 2, how other organisations in the DV environment and their discourse affect service outcomes, in particular Police and Child Protection services, is examined.

Chapter 3 discusses the methodology applied in this qualitative study, including the recruitment process and purposive sampling which resulted in the five participants. The semi-structured interview method is described, and the process of data analysis follows.

Chapter 4 involves the discussion of findings derived from the data analysis process and in particular the meanings adopted by DV workers to better understand the dominant, marginalised and missing voices related to IPA, and their impact upon service outcomes. The discourse analysis assists to gain a better understanding of the powers operating at the DV workplace and the knowledge underpinning that environment. Resistance measures in DV practice to counter oppressive discourse, was also examined.

The findings, literature and the implications for social work practice are discussed in Chapter 5, together with the conclusions which emerge from this qualitative research endeavour to better understand DV worker practice and IPA in the complex organisation environmental context.

CHAPTER 2

LITERATURE REVIEW

In this chapter the history of DV services, social norms and institutions, organisational frameworks and DV practice will be examined to contextualise the discourse of DV services and DV workers. Although a complex picture emerges, the information gleaned will shed light on the embedded knowledge and power of discourse or counter discourses operating in society today.

2.1. Society and Domestic Violence

2.1.1 Background of Domestic Violence Services

Domestic violence services formed in response to the Women's Movement of the 1960s and 1970s, when community activism, both individual and collective, generated action throughout the western world (Cook & Bessant 1997). Feminist activists revealed the invisible 'private' sphere of personal and family life within the women's equal rights and liberation movements and sought policy change for equality (Dalton, Draper, Weeks & Wiseman 1996). Feminists exposed and challenged the myth of the nurturing nuclear family, and the gender power disparity of male entitlement or privilege in the family institution (Naples 2003).

Following social debate, violence against women was placed in the public arena and on the policy agenda throughout Australia, leading to the establishment of women's refuges from the 1970s (Cook & Bessant 1997) as a means to provide safe temporary housing in the journey away from domestic violence (Naples 2003). Yet community resistance was experienced by DV Workers, Roche & Sadosky (1996 p.16) stating, '[at] the organisation level, shelter personnel often come up against ideology that idealizes family, motherhood, fathers' rights, gender-neutrality, and resulting institutional decisions.' Similarly, shelter staff and DV advocates were labelled as male hating, anti-family or lesbians by people at public education events, to devalue or discredit them (Roche & Sadosky 1996).

However, on-going debate about domestic violence brought action to the international arena during the 1990s, with the World Health Organisation acknowledging the health costs of men's violence against women, that demanded action (Garcia-Moreno, Jansen, Ellsberg, Heise, Watts, 2005; WHO 2014). Furthermore, the United Nations' 'Declaration on the Elimination of Violence Against Women' at Beijing in 1995, recognised DV as a human rights issue (Dobash 2000; UN 2014).

2.1.2 Patriarchy, Social Institutions, Women and Resistance

In Western society, the traditional patriarchal family unit gave power, status and entitlement to the male, the head of the family (Dominelli 2002). In contrast, the female was subordinate and provided unpaid domestic labour within the home, engaged in housework, caring and child rearing tasks (Wearing 1996). A similar gender stance was reflected in Western Christian religious beliefs, reinforced by the sacred bond of marriage (Knickmeyer, Levitt & Horne 2010).

The social problem of domestic violence infiltrated Western history and culture with institutions and social norms implicit in the perpetuation of women's subordination to men in the family unit, under the guise of patriarchy maintaining family discipline (Roberts 1996). In Foucauldian terms (Weedon 1997), the Feminist Movement formed a resistance to power relations within discourses that gave meaning to women's bodies, sexuality being a discursive construct in the male/female polar binary and site of control. The sciences from the eighteenth century defined women by their biological – moral responsibility to rear children and portrayed them in a negative 'nervous woman' image (Foucault 1981, p.104).

Furthermore, the medical model assumed pathology in the victims of abuse and a psychiatric diagnosis was commonly applied (Roberts 2006). The 'Diagnostic and Statistical Manual of Mental Disorders -5' (APA 2013), is consulted to assess 'disease status', classing symptoms of trauma or anxiety as abnormal, and attaching a label such as Post Traumatic Stress Disorder (APA 2013). Medical mental health diagnostic labels are often a source of stigma (Bainbridge 1999). In like vein, moral management could be enforced upon medical diagnosis and incarceration into an asylum, under the pretext of safety. The asylum harboured social alienation and medication regimes for the institutionalised woman, and her disempowerment under the 'expert' medical care regime (Bainbridge 1999; Eade & Bradshaw 1995). Similarly, in court room proceedings, the professional 'expert' subjugated the 'truths' of women and children affected by abuse, which contributed to the move by the Women's Movement to seek change (Breckenridge 1999).

2.1.3 The State and Domestic Violence

At the State level, the acknowledgement of DV as a social problem culminated in action at the macro policy level via the Family Violence Protection Act (Vic) 2008. The FVPA (2008) in its preamble clearly states 'family violence is a fundamental violation of human rights and is unacceptable in any form'. However, upon closer examination of the FVPA (2008), a gender-blind position is revealed. In applying 'family violence' terminology the predominance of male violence toward women and children is hidden, contributing to a 'culture of silence' through omission (Bolton, Main & Rugkhla 2009, p. 5). Taking a Foucauldian view, the construction of discourse is controlled by dominant groups in society, with this valued power and knowledge orchestrating outcomes to sustain control of their agenda (Foucault 1980). Thus the more traditional 'common sense' assumptions around gender role in families persist unless challenged in a social conservative political State (Morley & Macfarlane 2008). Lister (2003) argues in an environment of gender-neutrality the male citizen lurks with their vested interests upheld. In this light, the recent 'family violence' legislation such as that enacted in Victoria serves to support the family institution and its perpetuation in a social conservative public policy stance (Phillips 2006).

2.2 Organisational Context of DV Practice

2.2.1 Organisation Ideology and DV Practice

DV organisation ideology informs DV practice, program goals and client outcomes. Various studies, such as those by Keeling & van Wormer 2012; Lehrner & Allen 2009; and Nichols 2011, reveal a spectrum of theoretical and

philosophical positions in the DV service environment, ranging from a gendered (Feminist) perspective to a gender-neutral (family violence) position, a perspective aligned with the liberal humanist position.

A gender-neutral position parallels the liberal humanist agenda emanating from the modernist era, the encompassing assumption being that all people are endowed with rational consciousness and ability to participate in society and access resources (Weedon 1997). From the liberal humanist position, the differences of race, class, gender, ethnicity and ability are invisible. The term 'family violence' serves to direct the IPA problem at the family or IPA relationship, with either gender being perceived as capable of abuse or victimization, from this standpoint (Hammons 2004). From such a perspective the 'family violence' position decontextualizes IPA and deflects from women's oppression at the societal level, prompting a social psychology framing which in turn leads to behavioural explanations or an individualistic response (Kurz 1989).

In contrast to the gender-neutral discourse, the feminist model or gendered-perspective developed from the Women's Movement took a socio-political analysis of violence against women. Taking a critical stance, the feminist model prompted service practice initiatives emphasising women's choice, empowerment, peer support and advocacy (Lehrner & Allen 2009; Nichols 2013). Power relations are a focus in feminist models with advocates avoiding controlling practice that mimic abusive relationships or victim blaming attitudes (Seymour 2012; Zweig & Burt 2007). Postmodern feminist frameworks inform practice via discourse scrutiny, the deconstruction process revealing what voices are heard or silenced, to prompt emancipatory social action strategies (Morley & Macfarlane 2012).

2.2.2 The Organisation and the DV Worker

Power is integral to DV work practice and effectiveness is dependent on how power is exercised in the work environment (Reisch & Jani 2012). Despite emphasis on a reciprocal trusting relationship between the woman affected by IPA and the DV worker in social work practice theory, it is acknowledged that a DV worker's agenda may also be coercive (Keeling & van Wormer 2012). The DV worker's power may take many forms, including the position of expertise arising from the worker's grounding in a knowledge base (Graff 2003; Nichols 2013); from the gatekeeper role, and accompanying access to resources and services controlled by the organisation and from the worker's legitimate power associated with dominant social values in the work role (Hasenfeld 1992). Alternatively, social justice principles such as those incorporated within the professional AASW Code of Ethics (AASW 2010) framework, can also be considered as a form of power, a master narrative intent on guiding DV worker practice and outcomes in the workplace (AASW 2010). From the Code of Ethics practice perspective, a DV worker's role to initiate 'change to social systems and structures that preserve inequalities and injustice', (AASW 2010, p. 13 Clause 3.2), impacts both on service direction and ultimately client outcomes.

Workplace structures determine power distribution to the DV worker, decision making capacity, and program resource allocation to the services rendered. Bureaucratic structures dominate the human service sector and follow as Weber (in Jones & May 1992) describes, a legal-rational authority, a form of authority legitimized via acceptance that people who have gained positions of power have the right to lay down rules and commands. The hierarchical division of bureaucratic structure can thus be viewed as a male-based model in organisational terms (Hooyman & Cunningham 1986), the tiered structure enforces managerial domination from the top, with little

power held by service worker in the lower ranks (Tsui & Cheung 2004). Mouzelis (1975) refers to a focus on technical knowledge and concern for maximum efficiency as hallmarks of this bureaucratic tradition.

Yet Foucault (1977, pp. 177-178) views this hierarchical arrangement as a functional surveillance mechanism, a system integrated into organisation aims and the wider economy, with multi-directional relations. Hence supervision is embedded in the machine-like mechanism, often performed under a 'discreet' yet, disciplinary 'gaze' throughout. The DV worker is involved in techno-bureaucratic duties within this regulated regime (Jones & May 1992), a workload which can be intrusive on face-to-face client interaction, and a burden often related to funding body accountabilities (Tsui & Cheung 2004). The human service workplace is often a conflict-ridden environment (Galambos 2009), the entrenched institutional power relations sustained unless challenged (Reisch & Jani 2012). Thus the social justice framings of the human service sector (AASW 2010) are often in tension with the market-driven neo liberal economy, itself based upon resource exchange for goods and services, and norms of consumerism, competition, efficiency and profit margin (McClelland 2009).

2.3 Policy and Frameworks Informing DV Practice Parameters

2.3.1 Legal Discourse, Policy and DV Work Practice

Nancy Fraser (1989) refers to modern power or in Foucauldian terms, the genealogies that shape ordinary routines of life, in 'productive' rather than 'repressive' forms of power that permeates society (p.17). In the DV organisational environment the legal-rational form of knowledge, power or

authority includes State laws and policy, and is a widely accepted form of discourse in society with associated regulations and procedures that infiltrate the human service domain (Tsui & Cheung 2004; Jones & May 1992).

The discourse of legal positivism provides an authoritarian status (Healy 2005, p.37) that restricts the social worker's power in the workplace, as 'good practice must always give way to requirements of statute, regulations and guidance, if in conflict' (Brayne, Martin & Carr 2001, p.29). From a power/knowledge and control perspective, in Victoria the Common Risk Assessment Framework (CRAF 2012) has been adopted as an integrated State policy (across Police, Justice, Community services) and impacts upon safety agenda of DV worker practice in the workplace. The CRAF (2012) framework is a standardised questionnaire or procedure which aims to assess the level of risk, to inform action. Questions relate to risk factors such as accessibility to weapons, threats to kill, or previous violent behaviour experienced in the relationship. Management strategies are suggested in CRAF guidelines, with safety planning and referrals to support organisations, such as DV services, Justice and the Courts. Operating as a 'diagnostic tool' (Bessant 2003), the CRAF determines risk level against a normal range. Restricted to a prescribed agenda however, the DV worker critical reflective practice is neglected (AASW 2010) in this technocratic process. For DV workers the complex and uncertain situations around IPA can be overlooked or compromised within the strict parameters of assessment or administrative procedures (Fook & Askeland 2007). In Foucauldian (1977) terms the CRAF can be seen as a disciplinary tool, or a panoptic machine, that performs a 'gaze' across state social boundaries, and part of the government administrative surveillance apparatus.

2.3.2 DV Work Practice Frameworks and IPA

A woman-centred approach dominates work practice in Victorian DV service organisations and has its origin in Feminist meanings of DV from the 1960s Women's Movement period (Nichols 2011) that espoused 'egalitarian social relations' as a fundamental goal of practice (Dominelli 2002, p. 17). Empowerment is a term applied to a process incorporating service user control, and ability to participate in decision making (Stark & Flitcraft, 1988; Nichols 2013). Empowerment practice involves gaining skills, knowledge and emotional and material resources, and the subsequent fulfilment of personal social roles (Solomon 1976) within an associated social structure (Peled, Eisikovits, Enosh & Winstok 2000).

The reality of DV practice and a woman-centred agenda was contested by an assumption to leave the abusive relationship, in a study by Peled et al. (2000). The woman's desire to stop the abuse from within the relationship was in tension with belief systems operating at the DV organisational level. However, for risk and safety, service legal liability policy constrained practice options in some DV services. But for women affected by IPA and deciding not to leave the relationship, victim status was further reinforced by the DV service presumption to leave the abusive relationship. The DV worker's departure from woman-centred practice often culminated in client disengagement from the service, in a resistance strategy (Baker 1997). Mills (1996) took woman-centred practice to another level in a postmodern feminist approach for women experiencing IPA, with the merging of the civil, criminal or administrative authorities into a DV Commission. Strategies to empower women to design action for terminating IPA via integrative community action, was sourced from global study on IPA. Mills (1996) further states how a woman-focus in DV work practice would be cognisant of the fluidity of change, ensuring, 'her [client] uncertainty and emotional and cultural loyalties

demand a safe and non-judgmental space in which to explore these issues' in service responses (Mills 1996, p.266). Similarly, a culturally sensitive and flexible arrangement, as a departure from a 'ready-made' prescriptive scenario to leave the relationship, was argued by Peled et al. (2000), in alignment with the postmodern feminist approach articulated by Mills (1996).

Furthermore, Narrative therapy (White & Epston 1990) is used by DV workers to empower women affected by IPA. It follows a deconstruction process which assesses and contests harmful narratives which influence self-worth, identity and life choices (Fook 2002). From this perspective the individual gains from telling her own story within her racial, gender and, cultural context (Agger 1998), and so an opportunity to challenge the labelling or stereotypical view applied by dominant groups in society (Young 1990). Constructing an alternative narrative by applying a postmodern approach assists empowerment, by resisting negative or pathological discourse framings (Healy 2005).

One DV education practice strategy for women that was first developed as an educational tool involved a 'consciousness-raising' approach on power and control behaviours around IPA (Pence & Paymar 1993). Such a strategy is apparent in the Duluth model (in Minnesota, USA) which was first applied in Men's Behaviour Change Programs, as a social change strategy (Barner & Carney 2011). Utilising what was known as the 'Power and Control Wheel', the Duluth model was developed from the experience of women affected by IPA, and helped to identify the strategies used by abusers to control and render the partner submissive. The tactics of abusers identified using such models included: coercion, isolation, using children as means to control partner, economic, emotional abuse, male privilege, minimising abuse, denying and blaming, all of which asserted power over the victim (Pence & Paymar 1993). By discussing these power tactics with women, DV workers

are more able to unpack the oppressive behaviours experienced in the IPA relationship.

Another framework, the 'Cycle of Violence', developed by Lenore Walker (2000), was based on a study of women in the Rocky Mountain (USA) region. This model viewed the recurring nature of IPA as a repeating three phase cycle, and is used in DV practice to inform women about common patterns of abuse. Embedded in this Cycle of Violence model is the underlying assumption that abusive and aggressive behaviour is perpetuated at the relationship level, and is reinforced by actions from both partners. Applying this model, the long term IPA is explained by the cyclic three phase pattern, beginning with a tension building phase, followed by an acute incident of abuse, and concluding with a loving contrition stage. Sandel (2003) argues that this framework fails to address wider structural issues in society contributing to DV for women, by concentrating on behaviour at the individual level.

2.3.3 DV Discourse and the Positioning of Women

Language is the vehicle through which our sense of self is constructed; meanings play a significant role in a person's social and psychological life and so are significant in DV practice and service outcomes following IPA (Weedon 1997). Studies such as those by Bagshaw, Chung, Couch, Lilburn & Wadham 2000; Pollack 2000; Stenius, Veysey, Hamilton & Andersen 2005 demonstrate the power relations, the meanings of operating discourses, the subjective position of women affected by IPA, and the intersecting discourses in the community. Bagshaw Chung, Couch, Lilburn & Wadham (2000) provide a snapshot of Intimate Partner Violence (IPV) across South Australia. Their recommendations are inclusive of diverse situations, and they argue that a

ground-up approach needs to inform policy about domestic violence. Their findings revealed the narratives of past community service users (women affected by IPA) who maintained an identity link to 'victim' and 'survivor' labels. This social positioning or 'development of a 'career' as a domestic violence survivor', proved a stumbling block for women survivors to finding a more positive social role or identity into the future (Bagshaw et al. 2000, p.25).

Similarly, Pollack (2000, p.83) discusses the problem of permanent status around 'victim' identity for incarcerated women and its associated construction which reifies 'women's personality as weak, passive and helpless', unless that view is contextualised by the experience. The alternative 'victim of abuse' option allows the individual more agency to address the issue, and prompt an alternate view of self.

In agreement FitzRoy (1999) acknowledged how the 'victim' in polar opposites, such as victim/villain or victim/perpetrator, is pigeon-holed in society. Thus classification into this fixed hierarchical position and its failure to account for multiple positions, (such as women who are both victim and a villain), and the disregard for fluidity and on-going change proved problematic (FitzRoy 1999).

Looking at the term 'victim', Fook and Askeland (2007) argue that the social justice and therapeutic tradition of westernised countries construct particular identities for service users, and that the 'victim' status of service users is sometimes assumed. Although women affected by IPA are disadvantaged in numerous ways, principles of non-judgmentality, equality and empowerment should inform social work practice (AASW 2010 Clause 5.1.3) and a critical reflection stance of ethical practice identifies assumptions around terms applied in practice (AASW 2010 Clause 4). In agreement, the postmodern

feminist critical view of discourse provides opportunity to contest and challenge social myths or assumptions on women and IPA (Morley & Macfarlane 2008).

Alternatively, a study by Stenius, Veysey, Hamilton & Andersen (2005) examined social roles in women's lives and conceptions of self for women experiencing histories of trauma, co-occurring with mental health and substance-abuse disorders. Their aim was to support women to adopt more valued social roles to assist healing, confidence and wellbeing. The authors found that labels connected to the 'baggage' of the past prevented movement forward from a diagnosis or label of addict/alcoholic, from mental health terminologies and descriptions and from labels such as 'victim', 'disability', 'abuse' and 'survivor'. These labels anchored to a single role, or associated stigma, which formed only part of their multiple existence (Stenius et al. 2005). By examining participant social role positioning within a limited three month interval, long-term data was lacking for longevity of outcomes or sustained change. The Stenius et al. (2005) study demonstrated multiple factors influence wellbeing, with suitable work, or the availability of family supports positively contributing to outcomes on psychological wellbeing and substance-abuse behaviour.

2.4 Tensions between Community Service Policy and Practices

2.4.1 DV Outcomes and the Organisational Environment

As is apparent from the several discourses and perspectives on practice presented thus far, DV workers' goals and outcomes are impacted by intersecting services and accompanying discourses that view DV and client outcomes from alternate perspectives. A tension between the 'child-centred' Child Protection Service (CPS) discourse and a 'woman-centred' (feminist) philosophy impacts upon the interventions undertaken, and their likely outcomes in which Statutory power serves to override NGO service directives (Laing 2003).

The State CPS and the encompassing legal rational discourse forms a challenge to women affected by IPA, as legal concepts and legal reasoning can be difficult to comprehend for the person untrained in law (Healy 2005). The social work practice role, which is underpinned by social justice aims, supports advocacy to assist in these circumstances (AASW 2010 Clause 1.2), with knowledge of intersecting discourses, statutes and rights being essential to protect the woman affected by IPA (Swain 2002). Alternate resources (such as provision of Legal Aid) can be outsourced if appropriate for the situation, as a specialised knowledge and skill base can assist the DV worker to achieve desired service outcomes in the organisational environment.

Often children who witness IPA come under State Child CPS scrutiny, and numerous studies have discussed policy in this area and how it impacts women affected by IPA (D'Cruz 2004; Keeling & van Wormer 2012; Magen 1999; Morgaine 2011; Stanley, Miller, Richardson Foster & Thomson 2011). The concern about child safety and related long term harm has prompted the 'best interests of the child' focus in legislation (CYFA 2005 Section 10). The

overarching CPS child-centred focus, however, results in the mother's needs and wishes being marginalised (Anglin 2002).

From a gendered perspective, CPS discourse and practice assigns to the woman affected by IPA a maternal or carer role in this arrangement (Stark & Flitcraft 1988), and in this capacity she is held responsible for the children witnessing abuse on the grounds of 'failure to protect' (Magen 1999, p.129). The social control role of statutory workers impacts on DV worker practice and client outcomes, as typified by the comment to one client who was informed by a CPS worker that 'he [the father] has to go, or the children go' (Keeling & Van Wormer 2012, p. 1364), so revealing that client choice is a low priority when statutory law is the context of employment for workers (Healy 2005 p.38) and revealing how the CPS worker 'we know best' attitude directly impacts DV practice outcomes (Hinton 2013, p.64). Similarly, suggesting the women affected by IPA should leave the abusive partner (Hester, Pearson & Harwin, 2000) is a CPS directive that often increases the risk of harm to the woman, and is not an assurance of safety (Stanley et al. 2011, p.311; Humphreys & Thiara 2003; Mouzos & Makkai 2004). Other studies such as Stanley et al. (2011) and Stark & Flitcraft (1988) reveal that the identifiable father, who perpetuated the abuse, often remained largely invisible in CPS strategies.

The sense of disempowerment for women affected by IPA in this CPS predicament was highlighted by the comment of an ex-CPS worker who stated that 'women who were survivors of DV were often revictimized within systems that purported to assist them' (Morgaine 2011, p.7). The discourse revealed the mother in a deviant light, and defined as without specific needs of her own. Furthermore, women were subjugated in this 'blame the mother' discourse, due to CPS perceived parenting deficits, and to the implicit belief in women's maternal nurturing role, a belief bolstered by reliance upon

valued professional 'truths' derived from paediatric texts and belonging to a pathologizing biomedical discourse (medical model) which is prone to applying a 'blame the mother' stance (D'Cruz 2004; Stark & Flitcraft 1988). A social justice response for social workers to 'advocate change to social systems and structures that preserve inequality and injustice' (AASW 2010, Clause 3.2) could rather be applied.

2.5 Conclusion

The literature canvassed in this chapter has revealed a complex array of actors impacting outcomes in the DV organisational environment. A Foucauldian knowledge and power focus deconstructed themes related to DV service history, State policy and authorities', organisational frameworks, DV theory and practice and their impact on outcomes for women affected by IPA. A conservative patriarchal family arrangement is arguably perpetuated in policy of State authorities and a biomedical discourse can be seen as infiltrating the service environment. A maintenance approach or bandaid response operating from the State and medical discourse, arguably fails to address the cause of abuse or contest the patriarchal family arrangement.

The social justice frameworks of the social work profession (AASW 2010) can be seen as prompting a more resistant discourse via advocacy and social action responses to oppressive social structures and discourse affecting women, but within the response to DV these need to be understood within the context of the dominant legal and policy frameworks. As highlighted by the Cycle of Violence (Walker 2000) and Duluth (Pence & Paymar 1993) models, existing power and control strategies can serve to perpetuate inequality and oppressive relationships, although Narrative therapy (White & Epston 1991) can provide an opportunity to find an alternative discourse for the negative

discourses confronting women, to foster self-worth in a fluid and multiple identity. DV practice is constrained by the operating legal and policy context, and the diverse and competing understandings or philosophies therein. It is from this position in the service environment that DV workers will share their experience on DV practice and desired outcomes for women affected by IPA.

It is apparent from literature examined that competing philosophies, ideology, policy and practice intersect at the DV workplace. In particular, legal policy constrains DV practice, and is explored amongst other discourse significant to study participants, in the later findings chapter.

CHAPTER 3

METHODOLOGY

This chapter contains an explanation of how the research process evolved, and what informed the direction taken by the researcher. It includes: information about the research design, ethical considerations, sampling and recruitment, data collection, data analysis, strengths and limitations, and anticipated dissemination of results.

3.1 Theoretical Framework

Before exploring the research methodology applied in this study it is important to identify and discuss the underlying theoretical framework that has informed the research process, that being a postmodern feminist perspective, in accord with a Foucauldian (1980) knowledge/ power focus in the data analysis. Contesting 'universalism' or a 'one truth' focus, postmodern feminism seeks a multiple perspective approach, which assists in revealing dominant, missing or marginalised discourses within the DV service environment, and exposing meanings, position and powers in that service arrangement. Furthermore, postmodern feminism aligns with Foucault's premise that power is everywhere and ever present, that resistance is integral to repressive power, and to the generation of counter discourse (Fawcett & Featherstone 2000).

3.2 Methods

In line with the theoretical framework this project was informed by a qualitative research approach. A qualitative research paradigm focuses on socially-constructed knowledge and allows for in-depth exploration of subjective experience and knowledge. Qualitative research was engaged as a means to make visible and examine 'thick descriptive' (Geertz 1973) accounts from participants. A social constructivist paradigm prompts viewing subjective meanings of participants within the social and historical context (Cresswell 2013). Such an approach therefore aligns well with the theoretical framework from which the study was positioned.

The research methods utilized were a combination of Grounded theory, Feminist theory and Foucauldian discourse analysis. Grounded theory principles focus on meanings which emerge from data, rather than a preconceived theory beginning the research (Strauss & Corbin 1998).

Specifically, Clarke's (2005) 'Grounded Theory after the postmodern turn' has informed the data analysis process, applying tools (situational, social worlds/arena maps) to deconstruct society into arenas where discourses and actions are arranged. Both a thematic Grounded Theory (Strauss & Corbin 1998) approach, and a Foucauldian discourse analysis (Willig 2001), guides the data analysis process, aligning with Clarke's (2005), situational analysis Grounded Theory approach.

3.2.1 Position of the Researcher

Researcher reflexivity features as an integral component of the research process in line with the postmodern feminist perspective and Clarke's (2005) Grounded theory approach implemented in this project. Life experience is

valued in both feminist research (Reinharz 1992) and postmodern perspectives (Clarke 2005). Thus it is essential that I position myself as the researcher within the context of the research. Understanding of the research topic has been assisted by my experience of IPA and DV service delivery. Knowledge about organisational frameworks has been enhanced by voluntary service on a DV NGO Board of Management Committee. Personal exposure to oppressive power relations in the family unit has prompted my preference for the feminist research approach undertaken in the Project.

3.3 Research Aims

The overarching aim of this research was to explore the domestic violence workers' perspectives on what they hoped to achieve when working with women who had experienced intimate partner abuse. To achieve this aim the research had two research questions.

The research questions are:

- To explore the outcomes that domestic violence workers aim to achieve with clients affected by intimate partner violence; and
- To gauge how these desired outcomes are influenced by the organisational environment

3.4 Research Design

In order to investigate these research aims, the research methods explored above, were applied through the sampling, data collection and an analysis process. Each of these stages within the research design will now be discussed in greater detail.

3.4.1 Sampling and Recruitment

Purposive sampling technique was applied to allow for participants to be selected based upon their ability to provide relevant information for the study. To ensure participants had the maximum ability to contribute to the study the DV workers were required to have a minimum of two years' experience as a DV worker. There were no restrictions to the education and training of the DV worker. For further details please refer to recruitment material including the participant Plain Language Statement and Consent (PLSC) form (see Appendix A), and the flyer (see Appendix B).

The Domestic Violence Resource Centre Victoria website provided contact links to six accessible domestic violence services located in the south-west region of Victoria. Two organisations were excluded because of the researcher's previous and ongoing relationships at these organisations. Four DV organisations were contacted in the region. Interested non-government organisations (NGOs) were sent an email (see Appendix C) and flyer (Appendix B) explaining the study following ethics approval from Deakin University Human and Ethics Advisory Group [DUHEAG] (See Appendix D) on 21 May 2013. Organisation Plain Language Statement and Consent (OPLSC) forms (see Appendix E), were emailed to interested recruitment organisations and written consent (see Appendix E) was sought prior to staff recruitment in the study.

Strategies used to recruit participants ranged from email or placement of flyer (see Appendix B) on the Staff Noticeboard and the option for a staff meeting information visit. The meeting option was not requested by potential participants. Interested eligible DV workers were invited to contact the researcher by email or telephone and request the PLSC (see Appendix A) form. Recruitment began on 05 June 2013 and concluded on the 12 August 2013. Five participants meeting the selection criteria agreed to participate in the study.

Interviews were undertaken in private offices at DV workplaces of participant DV workers. The researcher provided the option to locate interviews elsewhere in the community, if preferred. No participants selected this option. Interviews were audio recorded and participants consented to this by signing the PLSC (see Appendix A) forms which were discussed and signed prior to the interview commencing. Three interviews occurred on 11 July 2013, and the remaining two, on 08 August 2013 and 21 August 2013.

Limited demographic data was collected on participants and included country of origin, age and relevant educational background, to contextualise research data.

3.4.2 Data Collection

Data was collected through semi-structured interviews. Semi-structured interviews are a common tool in qualitative research as it allows for rich descriptions of participants experiences to be captured (Padgett 2008). Open-ended questions featured in the topic guide (see Appendix F), allowing space and flexibility for participant concerns to be heard. This interview method provided opportunity to gain participant perspective and in-depth knowledge and language around the topic (Barbour 2008). The topic order was adjusted

on numerous occasions, in line with participant responses; thus returning power to the participant in a feminist research approach (Lather 1988). However, generally the interview sequence followed the topic guide. The participants attended a single individual interview, averaging one hour duration. General background questions served as a contextual and ice breaker entry into the interview, and the exit question followed the researcher's revision of main points, and took a positive stance on knowledge gained (Yeandle 1984). The final question gave opportunity for participants to expand on discussion and allowed the opportunity to bring up related issues or suggestions to improve outcomes in the organisational environment around the topic area. This flexible approach aimed to demonstrate recognition of DV worker's valued knowledge/experience, and aligns with a feminist research approach (Reinharz 1992).

3.4.3 Data Analysis

Adele Clarke's (2005) 'situational maps' were adopted in the project as an analytic exercise to open up data and stimulate thinking; alongside the memos in the analysis process. These situational diagrams and maps revealed relations between elements in the data and sites of action, and informed positioning and operating power relations for DV workers, organisations and women affected by IPA. Maps were repeatedly visited throughout data analysis stage. Examples of the study 'situational maps' (Clarke 2005) include Relational Discourse Analysis (see Appendix G) and Social World/Arenas (see Appendix H) Maps, sourced from research scrapbooks in adapted form.

A Grounded Theory (Strauss & Corbin 1998) thematic approach was used to identify concepts in an open coding analytic process, in which similar concepts were grouped into categories, applying abstract explanatory terms. These

categories were further divided by properties and dimensions of the category; however, the small number of participants did not allow theoretical saturation. Memos or 'the researcher's record of analysis, thoughts, interpretations questions and directions' (Strauss & Corbin 1998, p.110) were used simultaneously in this analysis stage. Upon review of data, an integration of categories around a central concept occurred in a selective coding process (Strauss & Corbin 1998).

A Foucauldian discourse analysis (Willig 2001) approach was undertaken in an adapted multi-stage process, including mapping of discursive constructions in data, subject positioning, and implications for subjectivity and practice in regard to service goals, and worker/organisation/client positioning. Foucault examined relationships between discourse, history and governmentality, which include the interconnecting forms of knowledge, technologies of power and strategies for governing the self (Lemke, 2001). In this study this approach was applied to the discourse of institutions and framing of social structures, significant to DV worker role/power, and positioning of client in the organisational environment. In Foucauldian terms (Willig 2001), discourse has the power to construct subjects, influencing ways of seeing the world, and ways of being in the world

3.5 Ethical Considerations

Research should be bound by ethical frameworks within educational institutions via an ethics review process (Marlow 2005). In this study, the researcher consulted with, and sought approval from the relevant 'low risk' Deakin University Human Ethics Advisory Group (DUHEAG) via an application process prior to beginning the study. Following amendments to

the application (see Appendix F) ethics approval was given on 21 May 2013 (see Appendix D).

It is acknowledged that social workers have a duty of care to protect research participants from distress and harm (AASW 2010, Clause 5.5.2). Even with research posing minimal risk to participants, the discussion of sensitive topics may cause emotional pain (Marlow 2005). Thus, in this study appropriate strategies to deal with possible participant distress were outlined in the participant PLSC form (see Appendix A) and included referring participants to confidential helpline information.

In line with DUHEAG and AASW (2010) guidelines, participant recruitment procedures followed social justice principles. Agency managers' were not involved in the recruitment process, in order to lessen the likelihood that potential participants would feel coerced to take part in the study. The participants were given freedom of choice to contribute, and the option to withdraw from the study during the period prior to data analysis (when data took a de-identified format) via explanation at outset in the PLSC (see Appendix A) form.

Participant identity and anonymity was established through substituting pseudonyms for participant names and related organisations, and for broad descriptions for geographic areas, in accordance to Code of Ethics guidelines (AASW 2010, Clause 5.5.2). Although recruitment organisations were not identified, the recruitment region was identified in the data.

3.6 Strategies to Ensure Trustworthiness of Findings

An audit trail in chronological form was established via a journal, recording decisions, procedure, sampling processes, ethical decisions, data collection

and analysis processes in a process to demonstrate the quality, credibility and trustworthiness of the research work (Rodgers & Cowles 1993). Peer support or debriefing in regular (two weekly sessions) supervision sessions prompted discussion, a mechanism to clarify research decisions, and to assist rigour of findings (Padgett, 2008).

Strategies to support the trustworthiness of findings relate to triangulation, and included two approaches to data analysis. The first, revealing thematic concepts (via Grounded Theory) from data, whilst the second involved a discourse analysis taking a Foucault, knowledge and power focus (Willig 2001).

Further, negative case analysis was a strategy applied in findings to foster rigour, whereby attention to alternate viewpoints was sought to avoid bias in research interpretation (Liamputtong 2009). Transcripts of interviews were sent to participants for checking and to verify accuracy, in a member checking exercise. One participant clarified a statement in the transcript (and her transcript was amended as a result), and changed her assigned pseudonym, to differentiate from a staff member with the same name. No other participants suggested changes (Padgett 2008).

3.7 Limitations

The study sought to glean new understandings around IPA, via the experience and insight of five DV workers across south-western Victoria. However, the single interview undertaken with each participant gave the researcher restricted opportunity to explore participant knowledge that a longer trusting relationship might have prompted (Padgett 2008). Another limitation arose

from the small sample of five participants, and so, restricted the usefulness of the data in predicting trends across wider populations, or comparison of findings (Willig 2001).

3.8 Dissemination of the Research Results

The recruitment organisations and participants had opportunity to request an email copy of summary of findings and/or thesis of project on the OPLSC (see Appendix E) and PLSC (see Appendix A) forms. Participants were advised via the OPLSC that findings might be presented in future academic journal article(s), or be part of related research conducted by the researcher.

3.9 Conclusion

For a better understanding of DV practice and IPA, a qualitative research study applied a semi-structured interview method to access rich data from a sample of five DV workers. Following ethics approval and organisational consent, purposive sampling sought the recruitment of experienced DV workers in south-western Victoria. Clarke's (2005) Grounded Theory postmodern approach guided a thematic and discourse analysis of participant data. The next chapter examines the findings, or meanings and understandings derived from the DV worker interviews undertaken in 2013.

CHAPTER 4

FINDINGS

This chapter will encompass a brief participant overview, before examining six themes that emerge from the participant data. Similar themes and concepts are presented in the data analysis, despite the differing job roles of participants, and service arrangements of two NGOs located in towns of south-western Victoria.

4.1 The Participants

The five participants in this study had completed tertiary education ranging from Diploma of Welfare to Bachelor of Social Work. One participant was a Nurse prior to working in the Domestic Violence Service Sector, and the others were employed in Youth, Housing, Family Services and Health Services. One participant had extensive experience as a Family Worker within an indigenous community, and two participants currently take a management role in a family violence program. Leah, Emma and Frances work at a Feminist DV service surrounded by a large rural hinterland. However, Kate and Julie were employed in a regional city, within a larger family service organisation that was underpinned by gender-neutral framing.

The study involved a broad age range amongst participants, and included two workers in their 20s, one worker in her 40s, one in her 50s, and one in her 60s. Australia was the country of origin for all participants.

The five participants, who were all women, were assigned pseudonyms: Leah, Frances, Emma, Julie and Kate. The participant quotes included in this chapter have been sourced from the interview transcripts, unless specified otherwise.

4.2 Themed Findings

Participant data was sourced from eight questions presented in a Topic Guide (see Appendix G) at the research interview. Following a postmodern Grounded Theory (Clarke 2005) thematic/discourse analysis of data from the five participants, six main themes emerged.

For the participants, the job role had some influence on their strength of support for identified themes below. For example, Julie worked in a women's family violence counselling role and was not involved with CRAF (2012) risk assessment duties that occur in frontline DV programs. Further, Kate was employed in an after-hours program, where immediate safety was paramount but, the short term (one or two days) focus restricted a therapeutic counselling role. Leah, Emma and Frances, located in a more rural setting, generally experienced a broader range of duties from crisis management to therapeutic counselling and understandings gained from the operation of a high security refuge at the NGO. Across the board, participant accord occurred in woman-centred practice, and difficulty in the organisational environment related to statutory and legal powers. All participants were in agreement on resistance strategies related to challenges in DV practice, with advocacy, education and

networking strategies improving service outcomes for clients in the organisational environment.

An outline of themes and sub-themes follow to assist comprehension of the findings section.

Table 4 Themed Findings

No.	Theme	Sub-theme
4.2.1	Right to Live Free from Violence	
4.2.2	Risk, Safety and Outcomes	4.2.2.1 Risk Management 4.2.2.2 Safety at Home 4.2.2.3 Refuge Facilities 4.2.2.4 Secure Housing
4.2.3	Pathways leading from IPA	4.2.3.1 Woman-Centred Practice 4.2.3.2 Therapeutic Practice
4.2.4	Organisational Frameworks and Outcomes	4.2.4.1 Feminist versus Gender-Neutral Organisations
4.2.5	Challenges in the Organisational Environment	4.2.5.1 State Bodies and Legislation 4.2.5.2 Male Privilege and Accountability 4.2.5.3 Insufficient Knowledge on IPA
4.2.6	Resistance Strategies & Outcomes	4.2.6.1 Early Intervention 4.2.6.2 Advocacy 4.2.6.3 Networking 4.2.6.4 Educational Strategies 4.2.6.5 Conclusion

4.2.1 Right to Live Free from Violence

‘The right to live free from violence’ emerged as a strong focus for all participants, in reference to the aims and desired outcomes for women affected by IPA. For Emma, ‘women, living safe and free from violence’,

suggested allegiance to principles of social justice of the professional social work Code of Ethics (AASW 2010). To live free from violence is a civil right, and acknowledged in statutory discourse of overarching Federal (DSS 2013), Victorian State Government policies (FVPA 2008); and ensuing NGO employer policies (Lister 2003).

4.2.2 Risk, Safety and Outcomes

Following on from the social rights focus, a safety theme emerged from participants as a means to prevent violence. Risk management policy, and the FVPA 2008 Legislation in particular, impacted on DV worker goals and outcomes for the safety of women and is outlined in this section. Safe housing was integral to these policies and of considerable concern for the participants during early engagement and so, is discussed in this section.

4.2.2.1 Risk Management

Risk management operates as a precautionary measure to enhance safety, and forms a dominant discourse across society (Buckingham 2008) and serves as a disciplinary control measure or 'gaze' in prescriptive form (Foucault 1977) . Both Leah and Kate emphasised the need to assess the immediate risk of on-going harm from the perpetrator of violence; hence, risk assessment using the standardised tools, such as the CRAF (2012) took a high priority during the intake process with the woman. The three other participants did not comment on CRAF (2012). Leah commented:

It [the CRAF] suits us perfectly because at the point of intake the two things we want to know is ... is how likely is she to be murdered by this person? and how likely is she to be homeless?

Leah also indicated it was a time-consuming task in her work practice duties.

4.2.2.2 *Safety at Home*

State policy not only impacts on risk assessment processes for all DV workers in Victoria, but impacted upon protection and safety initiatives via legislative discourse. All participants supported the FVPA (2008). Of the participants, Leah, Fran, Leah and Kate welcomed the FVPA (2008) legislation for instigating the Family Violence Safety Notice (FVSN) giving the Police powers to remove a perpetrator of violence from a household in the aftermath of a family violence incident at which Police attended. The civil FVIO application serves to restrict contact with the abusive partner, or to prevent the perpetrator of violence returning to the property, as a measure to assist safety, although the process does not ensure safety for women affected by IPA.

Kate and Frances acknowledged the positive ramifications of the FVSN policy, by removing the abusive partner and assisting women to remain in their homes on the proviso that their safety is not compromised, and gaining a window of opportunity to apply for a Family Violence Intervention Order (FVIO). Frances highlighted the usefulness of this legislation by her statement, 'those FVSN initiatives are really, really good and really support what we do.'

The other option, relocation of the woman and her children, often created problems for DV workers at the NGO and for women escaping violence because, as Kate suggested, crisis accommodation and transitional accommodation is difficult to access in practice. The social consequence of relocation was of concern to Kate, who noted the disruption that relocation often entailed. In her view the local community was often a source of stability, strength and power for women, but that relocation often meant that this support ceased.

The FVPA (Vic) 2008 legislation, with entrenched statutory power, provided opportunity for women affected by IPA to access state assistance via Police attending family violence incidents in the home. In this instance, FVPA (2008) legislation challenges the patriarchal control within the private domain, if the male perpetrated violence against the woman. The participants argued that the recent FVPA 2008 legislation has positively culminated in Police protection strategies, and prevented homelessness for some women and children.

4.2.2.3 *Refuge Facilities*

Unfortunately government policy and initiatives do not ensure protection for women deemed at extreme risk, so safe shelter provided in high security refuges across Victoria needs to be accessed in these situations. As Frances acknowledged, 'There is a need for high security refuge, [and] some women simply have to go to high security refuge.'

Leah, Frances and Emma (experiencing refuge housing at the NGO) voiced concerns about the communal living arrangements in these refuge facilities; and how disempowering it was for women and accompanying children to be isolated from outside contact, often remaining in the refuge for more than the policy maximum six week timeframe, until more permanent and secure accommodation was able to be found. In response to this dilemma, Frances and Leah suggested the building of separate flat or unit housing to improve the situation for women and children in refuges, Leah stating:

I would love a cluster [housing arrangement]...to have the money to buy a block of flats so, the women have their own independence and privacy.

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4.2.2.4 *Secure Housing*

Secure housing was a focus for Emma but, she articulated an alternative arrangement to that proposed by Frances and Leah. Emma rather preferred an approach in which ‘the woman is not relocated and she is actually maintained in her own home safely.’ Emma described the prospect of future expansion of the ‘Safe at Home’ program in Victoria (that included safety plans, safety upgrades, DV case management and collaboration with Police, legal advice and the Courts) and a similar but more protective ‘Sanctuary Program’ of the United Kingdom, to assist high-risk women who are currently sent to refuges. Emma described the Sanctuary Program strategies of safety planning, provision of a secure room, visual surveillance technology, communication, and a duress button, and integrated support of police, DV services and local government as a means to assist DV practice outcomes (Barrett Meyering & Edwards 2012).

4.2.3 Pathways Leading from Intimate Partner Abuse.

Apart from living in safety, two other themes emerged in the path away from violence for women. These were the importance of woman-centred practice, and the therapeutic role of DV workers in workplace goals to assist women affected by IPA.

4.2.3.1 *Woman-Centred Practice.*

Returning power to the woman affected by IPA underpins client-centred practice, and aligns with feminist principles of empowerment and self-determination (Dominelli 2002). Frances indicated an alignment to a woman-centred focus by stating:

the importance of women's autonomy and her empowerment, there is no rescuing here, there is no flexibility to be a rescuer...

Frances also indicated tension between worker goals and client-desired outcomes:

She [the woman] may want different things to what I want but I have to respect what she's deciding

Woman-centred practice for Emma encompassed:

What is the best actual outcome... and the flexibility to take it away from us as the professionals, because it is not our life ... and we need to get it right, because it is their life...to empower somebody, is to fill their bucket full of knowledge, and then to support them and nurture them, and you know, if that is what you want to do, that is right for you, ... and [the DV worker] being that person that will stand beside them

Julie's alignment to woman-centred practice was articulated in her comment:

Based on client needs, I'm very much client focused... it's about educating women as well, it's about supporting them through their journey; I'm not there to tell them what to do, I don't really believe that's my role, ...So, I guess it's about supporting them through their journey

Kate indicated that in her practice her goal was to seek:

what the woman wants and [it] comes back down to choice, and everyone's situation and scenario is different...[so my role includes] listening to what that woman wants, and reflecting back to her that is your choice, and what happens next is up to you...

An exception to this approach could, however, occur in risk situations, as Kate argued:

[the DV worker role includes] informing them [the women that] if we have concerns for your safety or your children's safety, we will be in contact with the Police, then that is out our hands what happens next, but our major concern is what they[the women] want

The woman-centred discourse associates with a human rights and feminist agenda. From such a perspective, it is presumed the woman has the rational power to make decisions in the DV workplace situation, and so her voice is

heard in relation to the journey forward, a priority demonstrated in the comments by all participants in this research.

4.2.3.2 *Therapeutic Practice*

The five participants were given flexibility in the counselling component of their work practices for women. Frances indicated that there is 'certainly flexibility in how you do your counselling with your client'.

In agreement, Emma explained:

[We have] Flexibility [as to] how we present and do counselling, what theories [we] might use and what tools from tool boxes, [are] drawn on

Julie described social work practice and her counselling role:

It's really important for the woman to tell her story, and be believed, and some of the social educational work that I do, which is looking at the Cycle of Violence, the types of violence, what healthy relationships look like, the impact of family violence on women and children, setting boundaries, strategies, and that just validates and really normalises their experience, so once they have an understanding that they are not at fault, they are not the crazy one, and all those things

Social work, and work practice discourse is linked to University education and associated tertiary courses, and for these five participants, an influence on their knowledge base and practice. From a knowledge/power perspective, a professional workplace position is associated with 'legitimate knowledge' status associated with university education accomplishment (Graff 2003).

Work practice strategies such as the Duluth (power and control wheel) and the Cycle of Violence strategies, noted above were used by the participants to explain IPA behaviours. Narrative therapy, which examines discourse around identity or the discourse positions available to women in society from stories told in counselling. Thus, as suggested by Julie, that being classed as

'crazy', associates with a devalued position, the discourse of madness of historical significance to the asylum of the nineteenth century and associated deviance (Bainbridge 1999; Eade & Bradshaw 1995). In Foucauldian (1981, p.104) terms, the 'nervous woman', is pathologised via medical discourse, being the subject of 'expert' medical intervention and control in society. From a biomedical stance, a sanity/madness binary system focuses on difference between 'us' and 'them', and gives power to valued knowledge of the classifier or clinician, rather than view of women responding to the stresses in their current social position (Breckenridge 1999).

Terms such as 'victim' or 'survivor' were not labels routinely applied to women at the DV services where these five participants were employed; rather, 'the woman' was the term used in case notes for files, or the woman's own name was used in conversation. The term 'perpetrator' was used by the participants in their case notes, when referring to the 'perpetrator of violence' in the abusive relationship.

Frances acknowledged talking about women as, 'victims of domestic violence' ... or might say they have 'experienced DV', distancing from a single identity term of 'victim' to a contextualised view which associates victimhood with the particular experience, rather than the whole person. Frances stated that in her practice she preferred the term 'intimate partner abuse' because:

Intimate partner, it says about the dynamics that happen, the dynamic in the relationship and the power and control within that relationship

Frances preferred not using the term 'survivors' even though it was adopted by other DV organisations. Emma indicated:

Generally, I don't like labelling... at the stages when [women] present to us they are 'victims of domestic violence', I think too, it is okay to use as 'victim of domestic violence' because it is not pushing it underground again. It is about yes, you are a victim, and it is domestic violence, but I also think that there are women down the other end of the track, when they talk about

survivors, some of them don't want to have that labelling of a 'survivor', they are just living life how they want to

4.2.4 Organisational Frameworks and Outcomes

The underpinning knowledge base of organisational policy informs and manifests in meaning and positioning available in that service arrangement. The ramifications of this positioning will here be considered for worker perspectives in two organisations; one operating from a gender neutral position, the other operating under a feminist framework.

4.2.4.1 *Feminist versus Gender-Neutral Organisations*

The feminist positioned DV service operates from a gendered perspective, with women the focus of services provided. The 'run by women for women' ethos was discussed by Frances, who argued that this was a discourse that problematizes the male in this workplace arrangement. Similarly, a feminist perspective was revealed by Emma in desired DV goals and outcomes, whose comments reinforced the organisational framework direction that, 'foremost [are] women's rights, in that they have equal rights and are treated equally and live violent free.'

This gender focus influenced available service arrangements and the practice which followed, as Frances stated, 'if [a] woman talks about abusive partner endlessly, about his needs wants desires, ...we are not talking about him, this space is for you...' Although programs such as the Men's Behaviour Change programs were mentioned and are available elsewhere, as discussed above, Frances indicated that, '[I] don't have a great deal of faith in it.'

Leah, Frances and Emma (participants employed at the feminist NGO) were in agreement that a community backlash to the feminist agenda in the regional town and adjacent rural area had occurred; feminist values had become marginalised by a more conservative view as, they argued, the feminist discourse was not generally popular in the wider community. This view was highlighted by Emma's comment that, 'this is very conservative country'.

Leah indicated feminist workers were often perceived across the wider community as, 'man hating, shaven headed, flanny [flannelette] wearing, Sinead O'Connor [types]', but, as Frances stated, 'we work extremely hard to hold a feminist perspective in this day and age, when it is frowned upon.'

In contrast to the employment situation of Leah, Frances and Emma; both Kate and Julie were employed by a NGO aligning with the gender-neutral discourse of current Victorian Government policy. Despite the gender-neutral discourse of her employer, Julie aligned herself with the feminist perspective, stating 'I do have a fairly strong feminist stance.' Nevertheless Julie showed concern about the work practices of some feminist workers who could use their position and power by saying to the IPA-affected client 'you need to leave', which, in Julie's experience, could result in clients backing away from the support services they need.

The gender-neutral community centred approach within the organisation employing Kate and Julie, permitted more flexible program supports at the one agency. For example, the programs offered by the organisation included a Family Violence Women's Program, Men's Behaviour Program, Children and Family Counselling program and a High Risk DV Preventative Program. A more holistic perspective and more flexible arrangements towards the desired outcomes prevailed in the confines of this NGO. For instance, Julie indicated that networking occurred between program workers that assisted

the participants and ultimately contributed to achieving the desired outcomes for women.

The role and power of the DV worker to support the IPA affected women within the organisation was consistent across both organisations, and a women-centred focus was consistent overall. However, Child Protection mandates changed the power arrangement for Kate at the gender-neutral NGO, where some male and female clients were required to meet Child Protection directives.

4.2.5 Challenges in the Organisational Environment

In the wider service environment, many challenges emerged for participants in work practice. In the aftermath of IPA, the power of state and legal authorities, the poor understanding of IPA, and the underpinning discriminatory community service policies/practice proved a major hindrance to desired DV practice outcomes for women.

4.2.5.1 *State Bodies and Legislation*

The power of State authorities was a focus of participant frustration in this study. Police services, Court, Child Protection and their respective discourses often posed a challenge to service goals and outcomes for women affected by IPA as Emma explained:

It is a very complex situation, how our organisation and all those organisations intersect, being that we all have our own values, our mission statements, or our own policies and legislations that are driving and pushing [our practice]

Four participants were very concerned about how women affected by IPA were systematically abused or oppressed in some organisations, the rights, knowledge and the necessary resources to inform choice were often lacking, hence negatively impacting upon outcomes. In particular, Frances was concerned about the impact of Child Protection practice, stating:

if she [the woman affected by IPA] comes here [NGO] and we empower her and teach her about her rights, they [CPS] won't get the best outcome that they want in the Court house, and so they tend to keep the women away from us, so that they can do what they want to do with the children and that family

Tensions between different State frameworks were apparent to all study participants, creating difficulty for them and their women clients in the service environment. Serious concerns were expressed by Frances, Emma, Leah and Julie in regard to Department of Human Services (DHS) Child Protection legislation and discourse, and its impact on outcomes for women (with children) in an abusive relationship. The Victorian Child Youth and Families Act (CYFA) 2005 focuses on parent capacity to protect children from harm (see Section. 162), and so places women in abusive relationships at risk of losing care of their children, should they choose to stay in that intimate relationship and, by doing so, be seen as placing their children at risk of harm.

Emma explained:

[we] still have DHS CPS saying that the woman has to keep the child safe, and if the woman doesn't keep the child safe from the abusive partner, her children are removed from her, so she is punished yet again, for his bad behaviour and his abuse. Instead of saying he is the abusive person, he is not keeping his children safe, [so] let's remove him; they [CPS] remove the children or they force the woman and say 'you have to go', relocate to an unknown destination into a refuge and start your life again, with nothing

The reality of IPA and being protective was also demonstrated by Leah who stated:

it's bloody hard to ...to protect children when you are being bashed...the system at the moment perpetuates abuse against mothers who have experienced domestic violence...[we] need to draw a bit of a line in the sand...but, I really believe that the emphasis is on the mother being responsible for the perpetrator's abuse, you know, it's hard!

The (CYFA) 2005 emphasis on the women being held responsible for the behaviour of another adult (the perpetrator of the harm), counters human rights and social justice frameworks such as those of the AASW (2010). These values, which are underlying liberal humanism, rest on 'rational consciousness', whereby the individual possesses an assumed freedom to make life choices and access resources to participate in society (Weedon 1997 p.-81). CPS discourse aligns women with a biological-moral responsibility to rear children which is based on gender role norms in patriarchal society (Foucault 1981).

4.2.5.2 *Male Privilege and Accountability*

Male entitlement and their lack of accountability in the organisational environment emerged from the responses of these participants, aligning with patriarchal values and discourse in wider society. Emma disclosed she was very frustrated by the lack of consequences for FVIO breaches and physical assault, highlighting a disparity of penalties for the perpetrator of violence between the public/private domain. Emma explained:

For unlawful assault... the difference when perpetrated by strangers in the street [compared to the husband in the home] and looked at the comparison of the legal outcome, how vastly and grossly different they are and how inappropriate is the level of legal punishment for that husband

Police refusal to arrest the perpetrator of violence conveys a message that family violence is tolerated and acceptable (Roberts, 1996), as reflected in Emma's comment regarding a Police response to violence, 'do you really want to do that to him...that's not much of a breach.'

The Child Protection focus of Julie's work revealed problems related to the desired outcomes in her practice. Julie stated that:

Often it is the women who engage with services, and the men... they weasel their way through the system, they manipulate their way, so they don't engage, they get away without having counselling or doing the programs and continuing to harass the woman in the process

Julie described how a male perpetrator of abuse was 'not made accountable' and while the woman affected by IPA was attending other services to assist the child, a situation of 'no consistency or follow up' from CP workers sometimes occurred. In recognition of CPS practice with women, Julie stated:

I have also worked alongside some Child Protection workers that have been really supportive and client focused and I have seen a little bit more of that shift over the last two years, in particular

For Julie and Frances, the Family Law system proved a difficult environment within which to attain desired outcomes for women affected by IPA. Julie argued that in this system the voices of women were not heard or supported, as 'even just their intuition of their situation, they are the best judge of what's going on around them.'

Julie and Frances also described how during post separation, some male perpetrators of violence continue to use children to manipulate the woman. For example the male partner might threaten or bribe the child to spy on the

mother for court evidence purposes, or use the child as a means to send abusive messages and distress the mother.

In this regard Julie's summarised her concern in the comment:

It [the manipulation] is so distressing and it's so insidious and difficult to prove in court...using children is illegal...and it is emotional abuse on the children

4.2.5.3 *Insufficient Knowledge on IPA*

All participants were frustrated by a lack of understanding on IPA in the service environment. Although improvements have occurred (such as CRAF training for Police, Specialised Family Violence staff in the Police Forces, and Court services), the changes were perceived as inconsistent and not universally adopted across Victoria.

As Emma explained, 'If the persons in other organisations do not have the understanding, and don't want to have the understanding, it is like pushing against a brick wall.' Their view also was that a poor understanding of DV from Police Officers on duty has surfaced at some Police Stations. Leah suggesting that Police state, 'That breach wasn't much.... Why doesn't she just leave?'

Julie was concerned about knowledge of DV in the Family Court system, and stated:

I think... [a need for] more lawyers and magistrates... that are specifically trained in family violence so, that they really have a very good understanding

Participants across the board referred to inconsistencies and a lack of understanding of domestic violence/family violence and its effect on service

outcomes for women affected by IPA. In this regard, Leah's comment about Child Protection was typical of the views of these participants:

I have found with Child Protection they do not understand the gendered nature of domestic violence, [and] they do not understand the context of power and control

4.2.6 Resistance Strategies and Outcomes

From a Foucauldian view (Stawicki 199, p.25) power is everywhere and social relations are unstable 'in a field of battle' arrangement. The circulating power in the social sphere is open to domination and resistance. In the context of the tensions and challenges described by the five participants on policy, practice and DV knowledge in the service environment in preceding sections of the chapter; the counter or resistance strategies of participants are next outlined, as measures to assist DV practice outcomes.

4.2.6.1 *Early Intervention*

Frances and Julie believed that early intervention on legal matters was of major significance in order to achieve better long term outcomes for IPA affected women, in connection to Court and FVIO matters. In this regard, Frances stated:

It's the early intervention, it's the fact that they have not gone off to court and tried to get an order and it has gone pear shaped, and then come to us... [it would be preferable to] come to us and [to a] solicitor early, so that it's the early advocacy for a better outcome for her

Julie and Frances argued that accessing information or resources to assist understanding and options was crucial for Court or Child Protection issues. Kate, Emma and Leah did not focus on this early intervention theme.

4.2.6.2 *Advocacy.*

IPA client self-advocacy was acknowledged by Julie as critical to achieving ownership, voice and power in the Court proceedings to women affected by IPA. All participants acknowledged the dominant power of State authorities the impact and implementation of which often required the support and assistance of DV worker advocacy. This was common for clients engaged with Child Protection, with Court services, or with services linked to legal discourse, often a serious challenge to negotiate for women affected by IPA. Engagement with specialised legal workers, such as Legal Aid lawyers were of assistance sometimes, if accessible, and important to achieving better outcomes for women who were entering the legal realm.

As Frances argued:

She [the woman affected by IPA] can be often in a quite disempowered position, going to authority figures like the Courts, Child Protection, Solicitor and places like that, and we have to be her advocate, because she has lived a great many years of her life with an abusive man who has always told her what to do, and she is quite used to that, and when authority figures tell her what to do, she will do it

4.2.6.3 *Networking*

The fragmentation of the service environment was raised as a concern by both Julie and Kate. Use of networks can be a means to address this problem, as Julie noted:

I do feel that the services are sometimes a bit fragmented and it's really tiring for the woman, she has appointments here, appointments there ... it just becomes very overwhelming at times for them

Julie indicated that in her experience Police and other service workers in the local network met weekly to consider high risk family situations, to attempt to better achieve the desired outcomes for women. She noted:

The networking and the relationship building that's happening is becoming a lot stronger, and it is really showing, because the women are saying, 'the Police were great, they were very supportive' I still occasionally hear some bad and not so good stories

Emma indicated that networking was a means to assist DV work practice and improve outcomes, arguing that 'flexibility comes with how well you build your networks and how much rapport you can put in.'

In a similar way, Kate described operating networks between the State Women Domestic Violence Crisis Service, After Hours Domestic Violence and DV Outreach services that encompasses a referral pathway for women:

We are all networking with each other, and trying to streamline these services...we sit down about once year, or once every six months, just to see how things are going...we pick up the phone, have contact, if something didn't run quite smoothly ...they give us feedback, or we give them feedback, that's good

The desired outcomes for women affected by IPA are enhanced by networking, particularly in a fragmented service arrangement, according to Kate, Emma and Julie, leading to better understanding and positive actions. In Foucauldian terms (1980) relations formed in interagency networks support the knowledge/power base of DV services across the wider community.

4.2.6.4 Educational Strategies

For these five participants, some of the shortcomings of the existing responses to women with IPA, discussed above, could be addressed through educational

programs for the community. Education programs describing DV was seen as a priority for the human service sector (CPS, Police, Court -magistrates, judges and lawyers) according to Leah, Julie, Emma and Frances, although they recognised that some positive change was already occurring within Police and Court authorities. They suggested that the broader community could also gain from this improved knowledge. Emma, Leah, and Frances noted that DV education was undertaken at community level at the Feminist NGO, as a social change initiative, but Leah added:

I would like for us to receive funding to go out and educate Police and Child Protection workers in what we {DV workers} do, and why we do it... we actually have recently developed an extremely professional suite of community education modules, that's from service providers to schools, to people in the community. So it focuses on what we do, what domestic violence is, and how to identify and respond to domestic violence

Finally, education about respectful relationships as a part of a preventative or early intervention model to combat IPA was described as essential by Julie, Kate, Emma and Leah. They felt that the target of such an initiative could usefully be school age children and community groups. These participants suggested that these strategies would assist people to recognise IPA, to develop skills around dealing with it, prompt understanding, and so hopefully eradicate IPA in the future. Kate suggested:

[it's important] just to have that basic understanding from when starting off in their relationships with other people, when they are young, for them to form their opinion of what's okay and what's not okay, how they want to be treated, how they can voice that within a relationship... so that when older, hopefully avoid it...

Emma similarly commented that, in relation to prevention measures:

[prevention] means identifying it[IPA], putting it to potential perpetrators and putting some change in them, because if it is generational, and something

they are learning, that they can start recognising that at a younger age 'no this is wrong, it should not be happening', because it's about educating [them]

From a Foucauldian stance, education in the DV sector serves to deconstruct meaning of cultural constructs that inhabit personal narratives (White & Epston 1990). For example the belief system that the male has heightened sexual desires, and this assumed 'truth' justifies sexual assault against women within a patriarchal society. Thus the scrutiny of the knowledge and power sustaining discourse and those people privileged or marginalised by it, is significant to a social change education agenda for the social worker (Jessup & Rogerson 1999). From a postmodern perspective however, the individual intersects with multiple and changing discourse in society, and forms the site and vehicle to accept or discount them (White & Epston 1990).

4.2.6.5 Conclusion

The findings presented in this chapter demonstrate a rich and insightful view of the influences on the practice of five DV workers within their organisational environments. Participants sought a world free from violence and took a woman-centred approach to assist women affected by IPA in their journey forward. In the organisational environment a plethora of intersecting policy, practice and frameworks impact DV practice outcomes. Participant understanding and scrutiny of operating discourse proved essential in DV practice, particularly to combat oppressive powers and to instigate counter measures to assist outcomes for women. A power/knowledge discourse focus has been undertaken consequent upon the overarching postmodern feminist perspective taken in this study. In the final chapter, the project findings will

be discussed in relation to literature, future research and the implications for social work practice.

CHAPTER 5

DISCUSSION AND CONCLUSION

In this final chapter, the study findings are discussed in the context of relevant literature; and with reference to limitations of the exploratory research undertaken. The implications of the findings are considered in relation to social work practice, and suggestions for further research are examined.

5.1 Discussion of Study Findings

In Chapter Four, six themes traversed DV practice and outcomes, beginning from feminist origins to the state and organisational context, and positioned within the discourse of intersecting powers in the service environment. The findings highlighted the role of the current Victorian State legislation (FVPA 2008) and State authorities (and in particular CPS and Police services) in service outcomes. The findings demonstrated how the organisational framings of IPA and DV worker power at the workplace impact on DV outcomes. The influence of academic discourse gained in tertiary educational programs and practice initiatives impacting service outcomes, were considered. In response to oppressive discourse at the service front, resistance strategies in DV practice with women affected by IPA were adopted by the participants in this study, as outlined in Chapter 4 above.

5.2 Findings and Literature

5.2.1 Macro Policy and DV Practice

The 'right to live free from violence' formed an overarching theme that surfaced in participants' aims, and connected all the discourses underpinning the study, and were in keeping with both international rulings such as those of the United Nations (UN 2014) or World Health Organisation (WHO 2014) and the guiding policies in this area of practice at National (DSS 2014), State (FVPA 2008) and Local NGO level. Findings revealed how this 'right to live free from violence' principle translated into DV practice by these five participants.

Both the literature and the findings here exposed how the power of the State through legal rational discourse intervened at many levels in DV practice and influenced outcomes. In particular, the CRAF (2012) risk assessment process impacted on women's safety and decision-making in DV practice. The relocation of family members at 'high risk' of harm to high security refuge accommodation forms a 'precautionary measure' on safety grounds. However, the findings of this study highlighted the time-consuming aspect of completing risk assessments in the work schedules for the frontline DV workers, with such assessments arguably functioning as a government administrative surveillance or 'gaze' mechanism (Foucault 1995).

The overriding State legislation of the Victorian FVPA (2008) defines family violence (see Section 5), and outlines policy around Police powers in the home, related to family violence. Of note, here the participants highlighted how the FVSN, in the FVPA (2008) legislation, provides Police with the power to remove a perpetrator of violence from the home, gaining a window of opportunity for the victim of abuse to seek a civil FVIO. The FVSN thus

provides the right and option to remain in the home, and so often assists DV practice outcomes for women.

On the other hand, CPS practice and the underpinning CYFA (2005 Section 10) legislation takes a 'protect children from harm' focus and, in so doing, revictimizes women into the family construct of carer role (Stark & Flitcraft 1988). The IPA affected mother's needs and rights are silenced by this re-victimisation (Anglin 2002) and an invisibility of the male prevails in CPS policy and practice (Stanley et al. 2011; Stark & Flitcraft 1988). Furthermore, the IPA is concealed by the accompanying gender-neutral 'family violence' framing and by the ensuing 'family dysfunction' label that the FVPA (2008) legislation entails (Phillips 2006). The CPS system thus appears to draw upon the knowledge/power of pathologizing biomedical discourses and upon the paediatric texts used by 'expert' clinicians, which further diminishes the power of women in what can be perceived as a 'blame the mother stance' (D'Cruz 2004).

5.2.2 DV Practice and Outcomes

The relevance of the theory informing DV practice was a focus in the findings here, and in the existing literature (Barner & Carney 2011; Sandel 2003). Of significance, Walker's (2000) Cycle of Violence and the Duluth Model (Pence & Paymar 1993) explaining violence in behaviourist terms, featured in the DV education practice initiatives supported by three participants. Sandel (2003) suggests that the stereotypical gender role of women underpins Walker's cycle of violence discourse; whereas, the Duluth model conceptualised violence within behavioural terms of power/ control tactics. In the DV practice considered in this study, biomedical diagnostic labels were applied in a therapeutic context, but such labels as 'victim' and 'survivor' were not readily

applied by the participants in this study, who perceived them as detrimental to the long term view of self for women affected by IPA, as did earlier researchers (Bagshaw et al. 2000; Fook & Askeland 2007; Stenius et al. 2005). Narrative therapy (White & Epston 1990) presented in both the findings and existing literature as a means to hear voices of women in their intersecting cultural context (Agger 1998). However, Narrative therapy (White & Epston 1990) provides opportunity to change negative discourses impacting wellbeing, and reconstruct to preferred life choice or role, in an emancipatory postmodern feminist practice strategy (Fook 2002).

Taking a Foucauldian approach (Sawicki 1991), under which power is perceived as being located everywhere, resistance to oppressive powers in the DV service environment featured in findings and literature. By enlisting strategies of advocacy (Nichols 2013), use of networks (Haeseler 2013), and education strategies to find common ground in the service terrain in this study (White & Epston 1990), the five practitioners felt they were able to achieve better service practice and outcomes. Both the findings and the literature encompassed broader community education, that manifested in professional social action strategies (AASW 2010) and feminist activism at the macro or structural level, and applicable to DV practice settings (Dominelli 2002).

5.3 Implications for Social Work Practice

The use of language for talking about 'violence against women' was a major theme identified in the literature and the findings, reflecting postmodern feminist principles. The deconstruction process and scrutiny of policy, theory and practice concepts enhance understanding, and reveals assumptions, gaps or those privileged by the discourse, a process relevant to the DV practice environment as any other (Fook 2002).

The term 'domestic violence' and more recently 'family violence' are gender neutral terms referring to IPA. The term 'family violence' was a focus in the literature, and is the dominant terminology used in the FVPA (2008) legislation. However, the gender-neutral framing of IPA can be perceived as contributing to a culture of silence and, so, potentially concealing the gender asymmetry of violence, and leading to a poor accountability for violence. The 'family violence' term privileges the dominant conservative social norms associated with the patriarchal family institution, which is perpetuated by this framing (Phillips 2006). The woman affected by IPA is hidden by this gender-neutral framing, although as the participants in this study articulated, social action strategies or resistant measures can provide the means to prompt change. Equality is jeopardised by patriarchal framing and professional action to reveal injustice, via research, education, advocacy, activism (individual or collective), public campaign, and Narrative therapy (at the individual level) can provide an opportunity for emancipatory change across the state.

Alternatively, at the State level, both the findings and literature revealed that, given policy in the CPS being couched in generic terms (CYFA 2005 Clause 162), it is 'the parent' who is at risk of losing the child for failure to protect from harm, after witnessing family violence. The invisibility of the male who perpetuated the violence, and the woman revictimized in CPS practice were foci of the findings here, and in the existing literature. By requiring attendance at parenting courses, the woman is disciplined (Foucault 1977), despite her male partner's being responsible for the abuse. The assigned 'carer role' of the female, reflected in this policy, is aligned with patriarchal gender positioning and conservative family norms.

For the social worker, deconstruction of discourse gives opportunity to prompt emancipatory or resistant responses and to address oppressive

discourse, relations and structures in society (Morley & Macfarlane 2008). The AASW professional guidelines (AASW 2010 Clause 1.2) commit the professional social worker to raising awareness of structural and systemic inequities, and demand action on social justice principles, particularly for oppressive policies toward women who do not perpetuate violence. Professional social work guidelines suggest the obligation to improve policies, procedures, practices and service provisions which are not in the best interests of clients (AASW 2010 Clause 5.4.1), and hence prompt the deconstruction of DV theory and practice.

Critical reflection, and deconstruction of terms and phrases around IPA, (AASW 2010 Clause 5.4.1) in the DV service area, can be assisted by knowledge gained from the research literature (Bagshaw et al. 2000; Fook & Askeland 2007) that highlighted negative identity or 'career status' which impedes development of a positive view of self. Pollack (2000) acknowledged the importance of contextual framing to avoid a permanent 'victim' status or victim identity. For FitzRoy (1999 p.91) a fixed victim/villain polar positioning of women concealed the multiple roles or positions of women in public or private spheres and the 'fluid, contradictory and dynamic' subject positions therein. Non-judgemental practice and viewing the client as an equal is enhanced by critical reflection (AASW 2010 Clause 4). However, the therapeutic role of traditional social workers viewing the woman affected by IPA as vulnerable or a 'victim', represents a limited view of a multidimensional self (Fook & Askeland 2007).

The biomedical terms and practices noted in the findings and literature reveal a discourse of a positivist pathological tradition, in which the dichotomies of sick/healthy or normal/abnormal frame mental health policy and practices (Eade & Bradshaw 1995). So called 'expert' professional status, with its focus on medical or psychological framing, and often its reliance upon medication

and behavioural responses at individual or the relationship level (McMahon & Pence 1996), can thus be perceived as a discourse preserving the status quo of conservative social norms in wider society.

5.4 Limitations of Study

This study undertook a single perspective, that of the DV worker and her focus on practice goals and outcomes for women affected by IPA, within the context of the organisational environment. As the study involved a purposive sample of five DV workers who participated in semi-structured interviews, this small (cohort) sample limited the resulting data available for analysis. The single interview per participant gave only one face-to-face opportunity to delve into this broad and complex topic area. Although participant work-settings ranged over a large geographical region, recruitment occurred from only two organisations in the south-west of Victoria. Hence a larger study or one drawing on the views of DV workers employed in other settings or geographic locations – or, indeed, drawing upon the views of the clients of those workers – might enable more representative views to be obtained. In this study the variety of factors (such as age range 26 – 64 years, qualifications and work experience of participants) meant that they were well-positioned to share knowledge on the research topic but a wider study might allow more generalizable conclusions to be drawn.

5.5 Further Research

A larger study of DV workers would provide an opportunity to hear more voices, experiences and perspectives around DV practice and outcomes in the service environment.

Possible themes for further research could include examining social values of community, cultural beliefs and DV service options. Research into the usefulness of a more fluid response to changing needs (Mills 1996) in dealing with IPA, such as into the implications of staying within a relationship, or of leaving options, is suggested. Focus group discussions from specific groups in the community, would be options to hear other voices around this issue, and would be in keeping with a postmodern feminist perspective.

Further, a State-wide view could be considered, similar to the study by Bagshaw et al. (2000) in South Australia, in an attempt to look at multiple perspectives of IPA across the broader community. Multi-methods such as focus groups, anonymous phone-in interviews, semi-structured interviews, could provide a wider view to understand the DV concept and so prompt changes in policy and practice.

5.6 Conclusion

The voice of the DV worker is largely lacking in the existing literature; however this small study of five participants explored DV practice and understandings around outcomes for women affected by IPA within the organisational environment. The five participants shared valuable knowledge and insights around IPA, a complex topic, but an area the researcher considered worthy of examination on social justice, community and life experience grounds. A postmodern feminist perspective informed the Grounded Theory, thematic and discourse analysis approach which was adopted in this study, one in which the underpinning power of discourse was of significance.

The invisibility of IPA was exacerbated by the gender-neutral framing of existing IPA legislation and policy in Victoria, the 'family violence' or 'family

dysfunction' terms concealing the predominance of 'violence against women' between intimate partners. This gender-neutral cloak endorses the vested interests of the male citizen (Lister 2003) in conservative social policy with its embedded patriarchal relationships. The findings here highlighted the presence of anti-feminist values, further hindering the socio-political analysis of women in society, and assisting the gender oppression, the normative assumptions and social myths about women perpetuated by patriarchal norms. DV workers undertaking practice from a socio-political view, and applying feminist principles to deconstruct power relations around IPA, can prompt woman-centred practice for DV service outcomes, including access to rights, advocacy, resources, education, and counselling to promote wellbeing

The dominance of legal rational discourse was significant in participant responses on a 'productive to oppressive' power spectrum in DV practice. Less visible, is the power of biomedical discourse to support conservative social structures in adherence to behaviourist or medication responses on health and IPA. Yet of significance, critical reflection was shown by all these participants to be a necessity across all DV practice frameworks, to expose the hidden assumptions about women, from individual to systemic community responses on IPA. By forging a counter discourse from this position, or discounting the view of dominant norms that hinder or blame, this study has revealed how DV practice may better assist women on a life journey forward.

APPENDIX A - Plain Language Statement and Consent Form



PLAIN LANGUAGE STATEMENT AND CONSENT FORM

TO: Participants

Plain Language Statement

Date: 04 July 2013

Full Project Title: After the crisis: Domestic Violence service workers' perceptions of client outcomes.

Principal Researcher: Dr Ann Carrington

Student Researcher: Jennifer Farey

Associate Researcher(s): Not Applicable

TO THE POTENTIAL RESEARCH PARTICIPANT

Would you like to share your knowledge by taking part in this research project?

A Deakin University Social Work Honours Program student is conducting a research study that explores the Domestic Violence worker perspective on client outcomes, for women affected by intimate partner abuse. You are invited to take part in an interview for this study and share your experience and knowledge around the research topic, if you have been a domestic violence service worker for a minimum of two years. Participation is voluntary and your decision to participate is solely your own. Your decision will not affect your relationship with Deakin University, your employer or researchers, in any way. You may keep this copy of the Plain Language Statement.

The aim of the study is to explore the desired outcomes that domestic violence workers aim to achieve with women affected by intimate partner abuse; and to gauge how these desired outcomes are influenced by the organisational environment.

Findings from this project will contribute to knowledge about domestic violence service delivery and outcomes for women affected by intimate partner abuse. The exploration of how participant domestic violence worker knowledge is utilised in the human services environment will benefit community services and women affected by intimate partner abuse, by contributing to research in the field.

Indicative interview questions include:

1. Tell me about your history of working with women affected by intimate partner abuse?
2. What outcomes do you hope to achieve with women affected by intimate partner abuse?
3. What informs what you hope to achieve with clients?

Participants will attend one individual interview of approximately one hour duration (no longer than one and half hours).

The interview will be conducted by the Student Researcher Jennifer Farey at a suitably private room at either your workplace or a community based facility, acceptable to participant. The interview will be audio-recorded. Although no personal information is sought within the interview process, it is acknowledged that some of the content covered may be of a sensitive nature. If you experience any emotional or psychological discomfort during the interview, the interview can be stopped and you will be encouraged to seek support from Lifeline (131114) 24/7 crisis counselling service.

No identifiable names or descriptions will be included within research results.

Pseudonyms will replace identifiable names to ensure confidentiality of participants. The participant will be invited to review interview transcripts prior to data analysis. Participants have the right to withdraw from the research during the period prior to data analysis. At this stage the data is transferred into a de-identified format, hampering data removal. Data analysis is expected to occur in June 2013. A 'Revocation of Consent' form is provided to you so you may telephone or email your request to withdraw from the research and post (via enclosed pre-paid envelope) the signed form back to the Student Researcher, Jennifer Farey (see details below).

Interview data will be stored securely for a minimum of 5 years after publication, to comply with government requirements. Data will be destroyed as per Deakin policy. A summary of research results and/or final thesis will be available to participants of the study, upon request. There is a possibility that academic journal article(s) may be written about the study, or the data used in related research conducted by the student researcher.

The student researcher will be monitored via regular student supervision meetings and guidance provided by the Principal Researcher, Dr Ann Carrington, School of Health and Social Development, Faculty of Health, Deakin University (Geelong Waterfront Campus). There are no payments or reimbursements to participants in the study. The research is partially funded by Deakin University.

If you have any questions relating to this study please contact

Jennifer Farey
Student Researcher



Dr Ann Carrington
Principal Researcher



Mail

Jennifer Farey
Care of Dr Ann Carrington
School of Health and Social Development – Social Work,
Faculty of Health, Geelong Waterfront Campus,
Locked Bag 20001,
Geelong Victoria 3220

Complaints

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact:

The Manager, Research Integrity, Deakin University, 221 Burwood Highway, Burwood Victoria 3125, Telephone: 9251 7129, Facsimile: 9244 6581; research-ethics@deakin.edu.au

Please quote project number: HEAG-H 56_2013



PLAIN LANGUAGE STATEMENT AND CONSENT FORM

TO: Participant

Consent Form

Date:

Full Project Title: After the crisis: Domestic Violence service workers' perceptions of client outcomes.

Reference Number: HEAG-H 56_2013

TO THE RESEARCH PARTICIPANT

I have read, and I understand the attached Plain Language Statement.

I freely agree to participate in this project according to the conditions in the Plain Language Statement.

I have been given a copy of the Plain Language Statement and Consent Form to keep.

The researcher has agreed not to reveal my identity and personal details within published research findings, or if presented in any public form.

I agree to the audio recording of individual interview. I will be given the option of reviewing and editing the interview transcript.

I understand data collected will be stored at Deakin University for 5 years after the submission of a thesis for Bachelor of Social Work (Honours) degree or other related research publications or any future research undertaken by researcher. I understand the researcher will store data securely.

I DO/DO NOT consent to collected data being used for future research conducted by student researcher

I DO/DO NOT require a copy of

(Mark appropriate box)

☐ Summary of research findings ☐ Thesis

To (please provide preferred email address).....

Participant's Name (printed)

Signature Date

Please mail or email this form to:

Plain Language Statement & Consent Form to
HEAG-H 56_2013: version 2: 21.05.2013

Page 4 of 7

Jennifer Farey
Care of Dr Ann Carrington
School of Health and Social Development, Faculty of Health, Deakin University
Geelong Waterfront Campus
Locked Bag 20001
Geelong Victoria 3220

Jennifer Farey
Dr Ann Carrington





PLAIN LANGUAGE STATEMENT AND CONSENT FORM

TO: Participants

Revocation of Consent Form

(To be used for participants who wish to withdraw from the project)

Date:

Full Project Title: After the crisis: Domestic Violence service workers' perceptions of client outcomes.

Reference Number: HEAG-H 56_2013

I hereby wish to WITHDRAW my consent to participate in the above research project and understand that such withdrawal WILL NOT jeopardise my relationship with Deakin University, my workplace or the researcher.

Participant's Name (printed)

Signature Date

Please mail or fax this form to:

Please mail or email this form to:

Jennifer Farey
Care of Ann Carrington
School of Health and Social Development – Social Work,
Faculty of Health, Deakin University
Geelong Waterfront Campus
Locked Bag 20001
Geelong Victoria 3220

JenniferFarey
Dr Ann Carrington

Plain Language Statement & Consent Form to
HEAG-H 56_2013: version 2: 21.05.2013

Page 6 of 7

APPENDIX B – Flyer



Domestic Violence workers sought for research study

Hello, my name is Jennifer Farey and I am completing a Bachelor of Social Work (Honours) degree at Deakin University. To complete these studies, I am undertaking a research study that explores the perspective of the experienced Domestic Violence worker on desired goals and outcomes for women affected by intimate partner abuse.

The aims are:

- To explore the outcomes that domestic violence workers aim to achieve with clients affected by intimate partner violence
- Gauge how these desired outcomes are influenced by the organisational environment.

Who is eligible?

- Domestic violence service workers' ranging from in-service trained, certificate, diploma, graduate or postgraduate qualified, applicable to the community service sector.
- Have a minimum of two years' experience as a Domestic Violence worker.

Would you like to share your knowledge on this research topic?

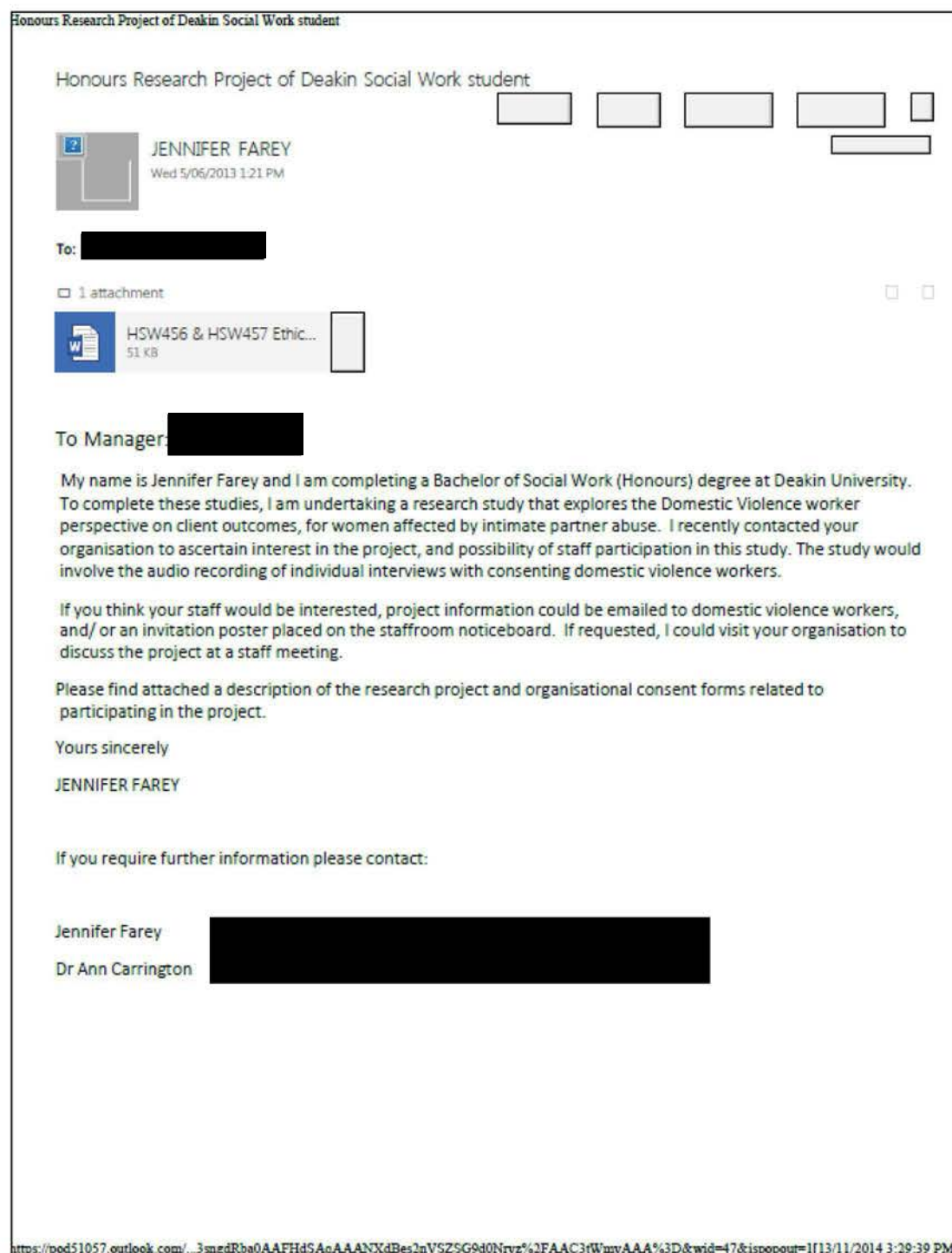
The study will require attending a single interview of approximately one hour duration. Your participation is voluntary. All names will be changed to pseudonyms to protect your confidentiality. You may request a copy of the findings, on completion. Your participation will contribute valuable knowledge about domestic violence worker's experience and perspective on goals/outcomes for women clients, affected by intimate partner abuse. This study may inform service delivery and prompt further research.

If interested in participating, want to ask specific questions, or obtain further information about this study. Please contact

Jennifer Farey



APPENDIX C - Organisation Recruitment email



APPENDIX D – DUHEAG Notification of Acceptance



Memo

To:	Dr Ann Carrington School of Health and Social Development
From:	Secretary – HEAG-H Faculty of Health
CC:	Jennifer Farey,
Date:	21 May, 2013
Re:	HEAG-H 56_2013: After the crisis: domestic violence service workers' perceptions of client outcomes

Approval has been given for Dr Ann Carrington, School of Health and Social Development, to undertake this project for a period of 1 year, from 21 May, 2013. The current end date for this project is 21 May, 2014.

The approval given by the Deakin University HEAG - H is given only for the project and for the period as stated in the approval. It is your responsibility to contact the Secretary immediately should any of the following occur:

- Serious or unexpected adverse effects on the participants
- Any proposed changes in the protocol, including extensions of time
- Any events which might affect the continuing ethical acceptability of the project
- The project is discontinued before the expected date of completion
- Modifications that have been requested by other Human Research Ethics Committees

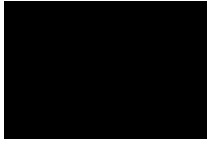
In addition you will be required to report on the progress of your project at least once every year and at the conclusion of the project. Failure to report as required will result in suspension of your approval to proceed with the project.

HEAG-H may need to audit this project as part of the requirements for monitoring set out in the National Statement on Ethical Conduct in Human Research (2007). An Annual Project Report Form can be found at <http://www.deakin.edu.au/hmnbs/research/ethics/ethicssubmissionprocess.php> which you will be required to complete in relation to this research. This should be completed and returned to the Administrative Officer to the HEAG-H, Pro-Vice Chancellor's office, Faculty of Health, Burwood campus by Tuesday 19th November, 2013 and when the project is completed.

Good luck with the project!

CRICOS Provider Code: 00113B

Human Ethics Advisory Group, Faculty of Health,
Melbourne Burwood Campus, 221 Burwood Highway, Burwood, VIC 3125
Tel 03 9251 7174, email health-ethics@deakin.edu.au www.deakin.edu.au



Steven Sawyer

Secretary
HEAG-H

CRICOS Provider Code: 00113B

Human Ethics Advisory Group, Faculty of Health,
Melbourne Burwood Campus, 221 Burwood Highway, Burwood, VIC 3125
Tel 03 9251 7174, email health-ethics@deakin.edu.au www.deakin.edu.au

APPENDIX E – Organisation Plain Language Statement and Consent Form



PLAIN LANGUAGE STATEMENT AND CONSENT FORM

TO: Organisations

Plain Language Statement

(To be used by organisational Heads providing consent for staff to be involved in research)

Date: 05 June 2013

Full Project Title: After the crisis: Domestic Violence workers' perceptions of client outcomes

Reference Number: HEAG-H 56_2013

TO THE ORGANISATION

A Deakin University Social Work Honours student is conducting a research study that explores the Domestic Violence worker perspective on client outcomes, for women affected by intimate partner abuse.

Organisations are the site for recruiting participants in this research project. The study will protect the confidentiality of participants, no identifiable names or descriptions will be included in research results. Organisations will not be identified, but the recruitment area will be. You may keep this copy of the Plain Language Statement.

Staff at Domestic Violence services (south western region Victoria) will be invited to take part in an interview for this study and share their experience and knowledge around the research topic. Participant eligibility requires a minimum of two years' experience as a domestic violence service worker.

The aim of the study is to explore the outcomes that domestic violence workers aim to achieve with women affected by intimate partner abuse; and to gauge how these desired outcomes are influenced by the organisational environment.

Findings from this project will contribute to knowledge about domestic violence service delivery and goals/outcomes for women affected by intimate partner abuse. The exploration of how participant domestic violence worker knowledge is utilised in the human services environment has the potential to inform community services and women affected by intimate partner abuse, by contributing to knowledge in the field.

The student researcher will visit the organisation to discuss the research project with staff, if requested. Should organisation consent allow staff opportunity to participate, recruitment

Plain Language Statement & Consent Form to
HEAG-H 56_2013: version 2: 21.05.2013

Page 1 of 5

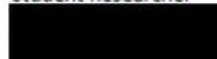
tools include the placement of a poster on staff noticeboard and email of the same to employees, or combination of the above.

A summary of research results and/or final thesis will be available to organisations, upon request. There is a possibility that academic journal article(s) may be written about the study; or the research data be used in future related research undertaken by researcher. Research participant interview data will be stored securely for a minimum of 5 years after publication, to comply with government requirements. Data will be destroyed as per Deakin policy.

The student researcher will be monitored via regular student supervision meetings and guidance provided by the Principal Researcher, Dr Ann Carrington, School of Health and Social Development, Faculty of Health, Deakin University (Geelong Waterfront Campus). There are no payments or reimbursements to participants in the study. The research is partially funded by Deakin University.

If you have any questions relating to this study please contact

Jennifer Farey
Student Researcher



Dr Ann Carrington
Principal Researcher



Mail

Jennifer Farey
Care of Dr Ann Carrington
School of Health and Social Development – Social Work,
Faculty of Health, Geelong Waterfront Campus,
Locked Bag 20001,
Geelong Victoria 3220



PLAIN LANGUAGE STATEMENT AND CONSENT FORM

TO: 'Organisations'

Organisational Consent Form

(To be used by organisational Heads providing consent for staff/members/patrons to be involved in research)

Date: 05 June 2013

Full Project Title: After the crisis: Domestic Violence service workers' perceptions of client outcomes.

Reference Number: HEAG-H 56_2013

I have read, and I understand the attached Plain Language Statement.

I give my permission for staff of Bethany Relationships and Family Violence Services to participate in this project according to the conditions in the Plain Language Statement.

I have been given a copy of Plain Language Statement and Consent Form to keep.

The researcher has agreed not to reveal the participants' identities and personal details if information about this project is published or presented in any public form.

The organisation will not be identified if information about this project is published or presented in any public form.

I agree that

1. The organisation will not be named in research publications or other publicity without prior agreement.
2. I / We EXPECT / DO NOT EXPECT to receive a copy of
(Mark the appropriate box)

☐ Summary of research findings ☐ thesis

Name of person giving consent (printed)

Signature Date

Plain Language Statement & Consent Form to
HEAG-H 56_2013: version 2: 21.05.2013

Page 3 of 5

Please mail or email this form to:

Jennifer Farey

Care of Dr Ann Carrington

School of Health and Social Development –Social Work,

Faculty of Health, Deakin University

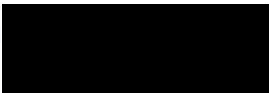
Geelong Waterfront Campus

Locked Bag 20001

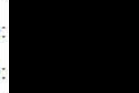
Geelong Victoria 3220

Jennifer Farey

email:

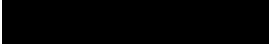


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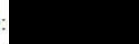


Dr Ann Carrington

email:



Phone:



APPENDIX F- DUHEAG Ethics Application Amendments



Memo

To:	Dr Ann Carrington School of Health and Social Development
From:	Secretary – HEAG-H Faculty of Health
CC:	Jennifer Farey
Date:	14 May 2013
Re:	HEAG-H 56_2013: After the crisis: Domestic Violence service workers' perceptions of client outcomes

The application supervised by Dr Ann Carrington has been considered by the HEAG-H members, and recommended for approval subject to clarification of the listed issues:

Procedure:

- (i) Please provide details of the demographic information you intend to collect about your participants and the organisations that employ them.

Plain language statement:

- (i) Please acknowledge that the information to be collected, though not personal, may be sensitive.
- (ii) Please include the counselling service and contact details in the PLS.
- (iii) Note data retention need only be 5 years.
- (iv) It is suggested you use a Deakin phone number rather than a personal number if possible.

The applicants should address the issues listed requiring clarification (above), point by point, in a covering letter. The letter and any requested documentation should be submitted electronically to Steven Sawyer, HEAG-H Secretary, Faculty of Health. E-mail health-ethics@deakin.edu.au. Please note that the letter should be signed by the applicants.

Submitted information and clarifications will be considered by HEAG-H as soon as it is received. This correspondence DOES NOT provide researchers with authority to commence their project. Formal written notification to commence the research/sampling will be provided, once all issues have been addressed to the satisfaction of the HEAG-H.

CRICOS Provider Code: 001138

Human Ethics Advisory Group, Faculty of Health,
Melbourne Burwood Campus, 221 Burwood Highway, Burwood, VIC 3125
Tel 03 9251 7174, email health-ethics@deakin.edu.au www.deakin.edu.au



Steven Sawyer

Secretary
HEAG-H

CRICOS Provider Code: 00113B

Human Ethics Advisory Group, Faculty of Health,
Melbourne Burwood Campus, 221 Burwood Highway, Burwood, VIC 3125
Tel 03 9251 7174, email health-ethics@deakin.edu.au www.deakin.edu.au

HSW456 & HSW457 Honours Research Project in Social Work A & B

HEAG-H 56_2013: Researcher response to Faculty Review of Honours Project HEAG Ethics Application

Project title: After the Crisis: Domestic Violence service workers' perceptions of client outcomes

Principal Researcher: Ann Carrington

Student Researcher: Jennifer Farey

The HEAG review has been consulted and each point has been addressed below with relevant changes made to the corresponding documentation.

Procedure:

I have clarified the demographic requirements of the research for inclusion in the HEAG Application Part C Project, Section: 2. Research Design and Methods (for inclusion in paragraph 3) as seen below:

(i) Although more focus will be given to descriptive rich data provided by participants on the research topic, the project will benefit from the inclusion of limited demographic data related to gender, age and relevant education of the participants. Minimal organisational demographic data will be sought in this project relying on freely available data provided on the organisation website or in annual reports. However, the inclusion of data about organisation staff numbers and location of service catchment (rural/regional/metropolitan) will provide a context for the participant workplace and service operations.

Plain Language Statement

I have acknowledged that some of the interview content may include sensitive matters. See changes below:

- (i) Although no personal information is sought within the interview process it is acknowledged that some of the content covered may be of a sensitive nature.

The counselling service name and details have been included in the PLS, as seen below:

- (ii) If you experience any emotional or psychological discomfort during the interview, the interview can be stopped and you will be encouraged to seek support from Lifeline (131114) 24/7 crisis counselling service.

The storage period of research data at Deakin University has been changed from 6 years to 5 years, as seen below:

- (iii) Research data will be stored at Deakin for 5 years following the completion of research project(s).

APPENDIX G – Topic Guide

HSW456 & HSW457 Topic guide

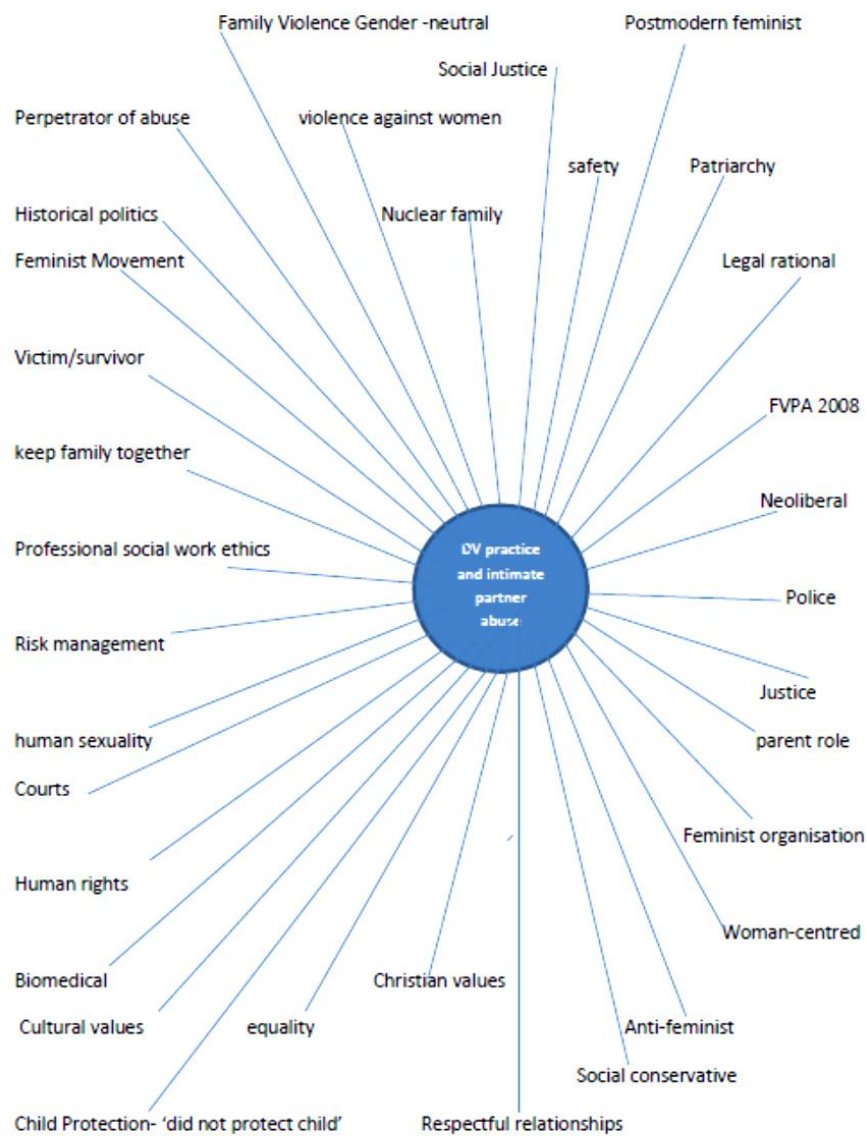
Note: As per the semi-structured interview process and overarching feminist research principles (Hesse-Biber 2012, p. 212) the following questions are a guide only, and will emerge naturally through the interview process.

Topic Guide

1. Tell me about your history of working with women affected by intimate partner abuse?
2. What outcomes do you hope to achieve with women affected by intimate partner abuse?
3. What informs what you hope to achieve with clients?
4. Does the organisational environment influence the outcomes you hope to achieve with clients? If so, explain how?
5. Do you think that what you hope to achieve aligns with the organisation goals?
6. How much flexibility do you have as a frontline domestic violence worker (within your organisation) in relation to how you work to achieve client outcomes?
7. Are there any suggestions you would make to improve outcomes for women affected by intimate partner abuse, in relation to service delivery?
8. Concluding questions... Is there anything else you would like to add to any of our discussions today?

APPENDIX H – Relational Discourse Analysis Situational Map

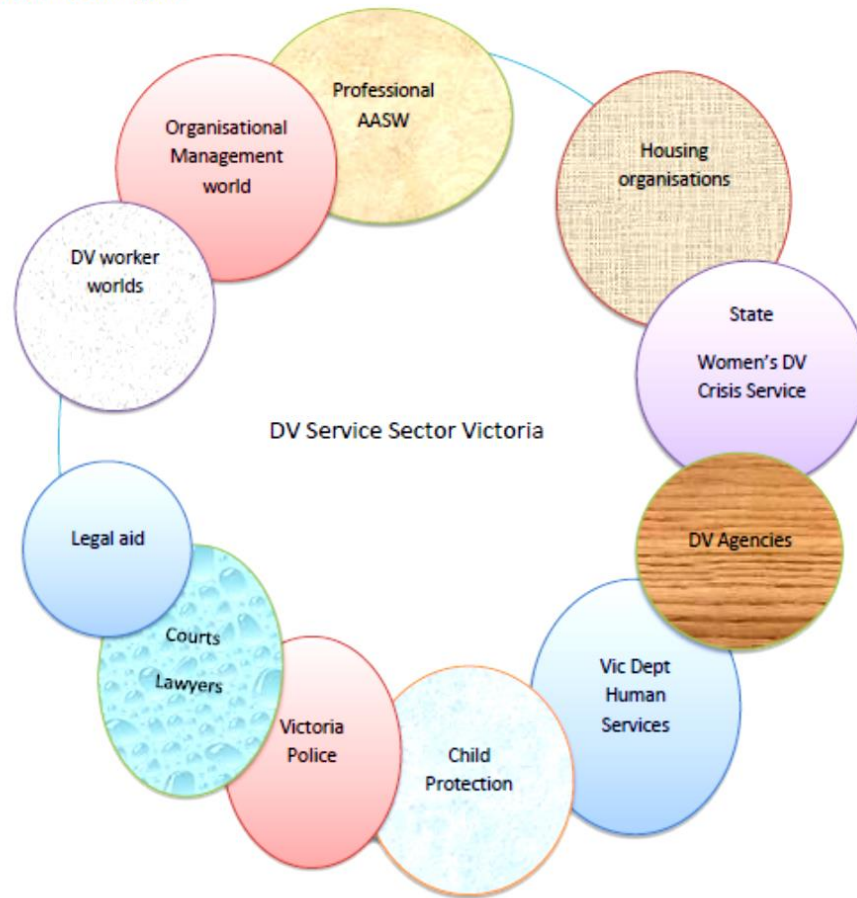
Mapping Discourses – Relational Analysis Using Situational Map: Focus on DV practice and intimate partner abuse



APPENDIX I – Social World/Arenas Map

Social Worlds/Arenas Maps – Domestic Violence Services – Victoria–

Meso level analysis.



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DSM – 5 - see American Psychiatric Association

DSS – see Department of Social Services

DVRCV – See Domestic Violence Resource Centre Victoria

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