Melbourne research Alliance to End Violence against Women and their Children:

Briefing Paper No. 6 on 'Keeping women and children safe at home'

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Keeping women and children safe at home

Relevant to Royal Commission into Family Violence Issues Paper questions: 2, 7, 8, and 11.

Introduction

The development of *Safe at Home* strategies to support more women and their children living in their own homes with the perpetrator excluded is an area of developing practice and policy intervention. Victoria's policy to support women staying safely in their homes following family violence has been a critical feature of the suite of reforms directed toward developing an integrated family violence system since 2002 (Office of Women's Policy, 2002). The public policy approach has resulted in a strengthening of civil protective order legislation and provision of Family Violence Safety Notices in the *Family Violence Protection Act, 2008* (Vic). In addition, Victoria Police's *Code of Practice for the Investigation of Family Violence* specifically directs police to "Support Affected Family Members to stay safely in their own homes where it is their wish to do so" (Victoria Police, 2010). Legislative reform has also led to changes to Victoria's *Residential Tenancies Act 1997* and the *Victorian Civil and Administrative Tribunal Act 1998* that permit a perpetrator of violence to be excluded from the home following the issuing of a Family Violence Safety Notice or an exclusion condition on a family violence intervention order.

By 2010, *Safe at Home* was central in the integrated model of DHS-funded partnerships involving police and outreach specialist family violence and mainstream welfare agencies working across the state. The policy imperative lay in providing a statewide system rather than localised, specialised programs as seen in other states and countries (Edwards, 2004).

Evaluations of *Safe at Home* schemes in Australia and overseas indicate that wrap-around support (that is, integrating a service system around the woman and the children) with a key contact (advocate or case manager) for a woman is the optimal form (Spinney, 2012). These key elements are difficult to implement in the current Victorian economic and political context when sufficient funding is not made available to sustain an integrated service system (Diemer et al, 2015).

The SAFER ARC linkage grant dedicated a strand of work to researching Safe@Home strategies in Victoria (papers forthcoming) and enhanced this research through a process evaluation of the approach to Safe at Home in one of the regions in Melbourne.

Key message: The *Safe at Home* approach is an important and potentially effective strategy for many women and children leaving abusive relationships. However, we need bipartisan commitment to implement and resource a tighter, more coherent, integrated service system than has been possible to date in order to support *Safe at Home* initiatives. This is necessary in order to increase the choice of 'a safe home' available for women and their children in the post-separation context.

Challenges

- Increasing the accessibility of housing stock is an essential aspect of effective Safe@Home strategies. Paradoxically, the shrinkage of available housing (public, social and private), the tightening of income support, and the chronic squeeze on temporary and crisis housing actually reduces choices available for women and their children as to where 'home' is over the short, medium and long-term when leaving an abusive relationship.
- Ensuring women have a safe space within which they can explore their options toward living safely, including information and support from a specialist advocate.

- Addressing problematic parenting orders that demand ongoing contact that provide opportunities for the perpetrator to engage in post-separation violence.
- The ineffectiveness of intervention (protective) orders in excluding perpetrators from the home and the enforcement of legal sanctions for those who breach them.
- Sustaining localised, integrated family violence collaborations between legal, housing and support services.
- The development of a commonly shared risk assessment and management tool that is capable of tracking adult and child victim and perpetrator risks over time (for example, at each point of service) and sharing information about risk across agencies.
- The provision of financial support for women to maintain security of tenure at least in the short term
- Ensuring women have access to financial advisors.
- Investing in a strong message to the community that women and children have a right to be supported to stay safely in their own homes free from violence.
- Meeting demand for crisis response and police referrals.
- Meeting demand for increased requests for intake and case management.
- Addressing issues of diversity in the context of 'safety at home' for women with disabilities, Aboriginal women, women from immigrant and culturally diverse communities.
- Exploring the use of alarm and security technologies as sources of evidence of breaches of intervention orders (Taylor & Mackay, 2011; Nicholson, 2012).
- Support for complex case management to assist women and children over the medium to long-term and limit the risk of returning to unsafe living arrangements.

Evidence

One aspect of our SAFER research explored where women were living when leaving a violent relationship and the role of civil protection orders (Diemer et al, 2013a). Interviews with women trying to live without violence revealed two primary points.

First, obtaining an intervention order was viewed as a positive outcome and validated the victim's experience. The court order reinforced the notion that the abuse experienced was not acceptable. However, breaches of intervention orders were high, especially among women who remained living in a place they had shared with the perpetrator.

Second, leaving a violent relationship is a process and occurs over time. Different forms of accommodation were required at different points in time. Some women needed to leave the home urgently and required temporary accommodation until they secured something more permanent or a legal outcome enabling them to return to the home (e.g. court order excluding the partner from the home). Other women required permanent alternative accommodation either because of ongoing security risks, even with intervention orders in place, or as a choice not to return to the previous location. Some women wanted to start their lives over in a different location, others did not want to live in a home where they were subjected to abuse, or where they fear ongoing surveillance from a former partner, and others found the former location to be part of the abuse experience (e.g. being isolated).

All of the findings support the need for flexible accommodation options during transition in order to support optimal likelihood that victims will not be forced to return to an abusive living situation. Some of the specific findings are summarised below:

- Of 138 women, 26% (n=32) women were living in the original home; 23% (n=28) were in a new place; 52% (n=64) were in temporary accommodation (including refuge, staying with friends or in caravans); 9% (n=13) were living with their partner.
- There was no significant difference in the risk factors for women living at home compared with women living elsewhere, although there was a trend for women staying at home (in the place previously shared with their ex-partner) to have experienced less severe physical and sexual violence and to be older than women living elsewhere.
- Of the 124 women who were separated from their partner, 69% (n=83) had a current intervention order and 77% (n=64) of these intervention orders had an exclusion condition. Women living in their own home had the highest proportion of exclusion orders.
- Breaching of orders was high with 96% of women staying at home self-reporting breaches. The level of breaching was significantly higher for women staying at home as compared with women who had moved to a different location.
- 75% of all women with intervention orders self-reported that they were breached with only 47% (n=27) reporting the breach to the police. 18 women had charges of breaching an order heard in court, 4 were awaiting court. Only 2 women were satisfied with the court outcomes and most were not satisfied with the court hearing overall.
- Most women felt safer with an order in place; however, women living somewhere other than their homes were significantly more likely to find the intervention order helpful. Two thirds of women (64%) reported a decrease in the abuse following the order and one quarter (28%) reported that the abuse ceased.
- During our review of the Victoria Police Code of Practice, members spoke of the need for a FV advocate response at the time of attending an incident. They valued the ability to call a FV advocate to speak with the victim about choices and support networks. This enabled the police to process the perpetrator and establish unbiased communication with the victim (Diemer et al, 2013b).

Another component of the SAFER research involved the analysis of data collected relating to 168 family violence cases over a 6 month period in 2008 by the pilot Northern Crisis and Advocacy Response Service (CARS) (Frere et al, 2008). CARS was established to provide a 24 hour face-to-face crisis response to women experiencing family violence. The multi-agency, crisis intervention allowed women and their children to have access to a safe unit in a residential setting within which women could explore their options, supported by a family violence advocate, whilst children had 'time out' from the precipitating situation.

The strength of the model was that it allowed better and immediate engagement with women at a time of crisis and enabled considerable flexibility in responding to the individual needs of each woman and her children. This was significant given the fact that six in ten of the women had children in their care (with a mean of 2.2 children) and in 23 cases (13%) the woman was pregnant or had recently given birth. We concluded that although it was a crisis response, it nonetheless had ameliorative if not preventative consequences for women and children in the sense that women were better informed about possible options, including the possibility of staying at home and the purpose of intervention orders with exclusion conditions. This was important as many of the women and children were in highly dangerous

situations. Nearly half of the 168 women were assessed as living in circumstances of high danger with 7 or more perpetrator risk factors present; and in 17% of cases, a weapon had been used in the most recent family violence incident and around one-quarter of perpetrators had access to weapons. The evaluation suggests ways to further improve the model so as to address several gaps in the network of agencies working together, attention to improving pathways for children, and improving access for women and children from key diverse population groups.

Opportunities for policy and/or practice

- Support for a CARS-style response in which an advocate enables women and children to explore the possibility of staying safely at home.
- Support multiple forms of refuge and transitional accommodation enabling women to remain in the workforce, bring children (of all ages and gender) with them, and accommodate women and children with disabilities.
- We identified the following practice principles or key elements emerge as central to optimal *Safe at Home* approaches. The challenge is to resource, implement and sustain them.

Practice Principle 1	A flexible policy and practice response in understanding the definition of 'home' (Murray & Powell, 2007).
Practice Principle 2	Strengthened and consistent police and court responses usually underpinned by an Intervention Orders to exclude perpetrators from the home and the enforcement of legal sanctions for those who breach them (McFerran, 2007; Taylor & Mackay, 2011).
Practice Principle 3	Flexibility and choice in safe housing options with availability of brokerage funds to support security.
Practice Principle 4	Organised, localised and integrated family violence intervention which involves legal, housing and support services (Spinney & Blandy, 2011).
Practice Principle 5	Specialist family violence case workers and case coordinators to provide both support and advocacy to bring the service system around the woman and her children (Cant, Meddin, & Penter, 2013)
Practice Principle 6	Common risk assessment and risk management approaches to underpin the integration of the FV justice and service system.
Practice Principle 7	Financial support and interventions to support the security of tenure (Crinall & Hurley, 2014).
Practice Principle 8	Communication of strong messages to the community that women and children need support to stay safely in their own homes free from violence (McFerren, 2007).

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THE UNIVERSITY OF
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Northern Crisis and Advocacy Response Service (CARS)

Evaluation
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Abbreviations

CARS	Crisis Advocacy Response Service
CALD	Culturally and linguistically diverse
DHS	Department of Human Services
IO	Intervention Order
IFVS	Integrated Family Violence System
NFDVS	Northern Family and Domestic Violence Service (Berry Street)
MAFVS	Mary Anderson Family Violence Service (Salvation Army/Crossroads Youth & Family Service Network)
WDVCS	Women's Domestic Violence Crisis Service
VOCAT	Victims of Crime Assistance Tribunal

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Executive Summary

Northern Crisis Advocacy Response Service (CARS)

This report presents the findings of an evaluation of a new crisis response to women who have experienced family violence in the Northern Metropolitan sub-region of Melbourne, which covers the Local Government Areas of: Banyule, Darebin, Moreland, Nillumbik, Whittlesea, Hume and Yarra.

It examines the first six months of a new pilot service, the Crisis Advocacy Response Service (CARS), which was established to provide a 24 hour face-to-face crisis response to women experiencing family violence. The crisis intervention also allows women and their accompanying children to have access to a CARS Unit, a safe, comfortable space in a residential setting within which women can explore their options, supported by a CARS worker, whilst children have 'time out' from the precipitating situation.

CARS was developed by a network of service providers in the region to enhance the integration of the family violence service system and to provide better counselling, information, support and advocacy services. Referred to as the CARS Partnership (in the Service Protocol and Memorandum of Understanding), organisations participating in the pilot include: Victoria Police, the Women's Domestic Violence Crisis Service (WDVCS), and the Northern Integrated Family Violence Service System incorporating:

- Women's Health in the North (WHIN);
- Berry Street, Northern Family & Domestic Violence Service (NFDVS);
- Georgina Collective (incorporating Martina and Georgina Women's Refuges); and
- Mary Anderson Family Violence Service, Salvation Army / Crossroads Youth and Family Services Network (MAFVS).

Importantly, the CARS pilot was established in the context of Statewide reform in Victoria and represents a locally realised example of the implementation of the Integrated Family Violence Service Reform. It is an innovative collaboration across agencies that builds on and extends the Northern Integrated Family Violence Service System. It has been running through the pilot period from within existing service funding allocations, with some funds being made available from the Department of Human Services to develop partnership protocols and to conduct an evaluation of the initial six-month pilot. All of the agencies have made generous contributions to the development of the service.

The research

The aims of the research were, firstly, to document changes in multi-agency working relationships in an integrated crisis response service and gain service providers evaluation of this change. Secondly, the research aimed to identify some of the outcomes for women as a result of the service reorientation.

A number of sources of information were used to inform this research. These included an examination of relevant documents, qualitative data collected from semi-structured interviews involving participants from all participating agencies and quantitative data collected through the CARS Intake and Referral Form.

Key findings on the CARS model

- CARS developed in the context of statewide reform in Victoria and the implementation of the Integrated Family Violence System (IFVS). It provides an innovative example of collaboration across agencies that builds on and extends the local and sub-regional IFVS service delivery mechanisms.

- The strengths of the model are:
    - Better engagement with women at time of crisis
    - Access to the CARS Unit provides a comfortable space for decision-making (for women) and 'time out' (for children)
    - More flexibility of response to women
    - Immediate response satisfies all members of the CARS Partnership
    - Increased awareness of services available by members of the CARS Partnership
    - Enhanced communication and cooperation
    - Better integration of services involved in crisis response
    - Sharing of resources benefits agencies (especially small ones)
    - Improved contact with police
    - Better response to police
    - More follow through, including court action
    - Improved service for culturally and linguistically diverse (CALD) women.

- In documenting changes in multi-agency working relationships in CARS as an integrated crisis response service, the evaluation of the model is summarised according to three, inter-related elements: resources, attitudinal and cultural shifts, and systems development.

Resources

- It is apparent that changes will need to be made to the resources available to support and sustain CARS as it presently operates and certainly if it is to expand its reach. All the costs of running CARS are met from within the existing budgets of participating agencies. This situation was unanimously described as unsustainable by interviewees, particularly as participating agencies are not equally affected.

- Neither VicPol nor WDVCS are negatively impacted by their current participation in CARS as far as allocating resources. The other participating agencies, regardless of size, face significant challenges as far as harnessing the human, financial, material/infrastructural resources to run CARS.

- Seeking ongoing, external funding from Government is logical for the following:
    - Salary support
    - CARS Unit support
    - Investment in new technology that avoids the limitations of fax technology for mobile CARS workers
    - Rapid access to brokerage funds e.g. for changing house locks and/or transport costs for women and children re-locating.

Attitudinal and cultural shifts

- All interviewees commented favourably on the attitudinal and cultural shifts that have occurred in thinking about – and developing – an integrated crisis

response, at least as far as this has occurred at the local and sub-regional levels.

- The development of the Service Protocol and Memorandum of Understanding and the implementation of a shared vision for crisis response in the north has overcome old barriers and taken existing and new relationships between agencies in the region in new and positive directions.

- New, cooperative relationships have developed between the family violence services (WDVCS and CARS agencies) and police. VicPol Family Violence Advisors and Liaison Officers continue to inform and educate members about CARS and encourage CARS workers to introduce themselves when attending women at police stations.

Systems

- Developing adequate systems that will sustain CARS involves not only the management of resources (which will depend on the future funding model, as discussed above) but also building and sustaining alliances and networks both horizontally and vertically.

- To date, the most concerted effort in building systems has related to cross-agency partnerships and the development of protocols and MoUs for CARS operations for the current participating agencies at the local level. The regular CARS forums and fortnightly pilot review meetings have been instrumental in enabling staff from the participating agencies to meet face-to-face, problem-solve (through discussion of Exception Reports and CARS Feedback/Evaluation Forms)[1] and resolve misunderstandings and miscommunication in operational matters. Also critical has been a sustained focus on data collection and effective information sharing. This has led to the development of a significant body of evidence on referral pathways and outcomes (discussed below). Nonetheless, significant improvements in data collection would be beneficial, including improved worker compliance in data entry and improved monitoring of usage of the CARS Unit.

- Further 'horizontal' relationships may need to be developed that can provide secondary consultation and further pathways into the CARS system (such as Child FIRST, disability, Indigenous and CALD services, health services, courts and Men's Behaviour Change Programs). Strengthening 'vertical' relationships and promoting the learnings from the CARS pilot would be highly desirable. Ideal forums in which to do this would include the North and West Metropolitan Region Integrated Family Violence Service Steering Committee, the Family Violence Statewide Advisory Committee, the Family Violence Interdepartmental Committee and the Family Violence Round Table.

Key findings on CARS referrals and outcomes

- A total of 168 cases were analysed for the 6 month evaluation period.

Referrals

- Six in ten referrals were made by Police, and a further one-quarter were self-referrals.

[1] Where a breach of security or of protocol occurs, the on-call CARS worker is responsible for completing a pro forma incident report and providing a copy of it to their team leader as soon as possible. These incident reports were initially called 'exception reports'. As the pilot developed, an additional pro forma was developed, identified as the CARS Feedback/Evaluation form.

- The victims who were referred to CARS ranged in age from 11 years to 81 years, with a mean age of 33.[2] Just over half (91 cases or 54%) gave their country of birth as Australia, with the remainder from 28 different countries. In about two-thirds of cases the language spoken at home was English, but in 26 cases (15% of referrals) an interpreter was required to assist in the referral and assessment process. Five cases identified themselves as Aboriginal or Torres Strait Islander.

- Six in ten of the women had children in their care. The number of children ranged from one to nine, with a mean of 2.2 children. There were 23 cases (14%) where the victim was either pregnant or had recently given birth.

- Around four in ten of the women referred had previously been in contact with a family violence service. Twenty six had prior contact with police, 25 with WDVCS and 19 with a regional family violence service.

Perpetrators

- In over 60% of cases the perpetrator was identified as the woman's partner (104 referrals) with a further one-quarter where the perpetrator was an ex-partner. In 17% of cases a weapon had been used in the most recent event, and around one-quarter of perpetrators had access to weapons.

Risk factors

- Data from the Common Risk Assessment Framework undertaken by WDVCS on CARS clients and perpetrators indicates that nearly half of the 168 clients were assessed as living in circumstances of extreme danger given that 7 or more perpetrator risk factors were present. In the UK, the presence of 6 factors would initiate an intense multi-agency, serious case review (or MARACS).[3]

Intervention Orders

- In thirty percent of referrals (50 cases) an outcome relating to an Intervention Order was recorded. Of these, two-thirds were cases where an Intervention Order was already in place. There were also 22 women who received a referral to legal aid or court support, usually in conjunction with an Intervention Order. We were unable to ascertain from the available data whether these Intervention Orders related to new or existing ones.

- We cannot draw on pre-CARS 'hard data' with which to compare these figures, however, police and CARS workers' perceptions were that the information provided by CARS workers to women invariably led to a greater preparedness on the women's part to follow through in seeking an Intervention Order.

Accommodation

- Of the 168 cases referred to CARS:
    - 123 women returned home (including 45 where no further action was recorded)
    - 26 stayed with family or friends
    - 16 were referred to a housing service
    - 19 were referred to a crisis accommodation service and a further five who were referred directly to a refuge.[4]

[2] Victim age was recorded in 68 cases out of the total number of 168 cases.
[3] See Robinson (2003, 2004).
[4] Numbers add up to more than the total number of women because there was more than one outcome for some women.

- The likelihood that a woman would be referred to an accommodation service was related to whether there was an existing Intervention Orders, and especially if the Order included a sole occupancy condition.[5] Half of the women who returned home with no further action had an existing Intervention Order (IO), although there were four and five women respectively who had an IO but required referral to a refuge or crisis accommodation. There were no referrals to refuges or other housing services where women already had an Intervention Order with a sole occupancy condition and only one referral to crisis accommodation.

Youth and children

- Despite the high proportion of women with children using CARS, there was little evidence of referral to children's services. There was one recorded referral to youth or children's services, and no Child FIRST referrals.

Conclusion and key recommendations

Northern CARS represents a new form of service delivery that is based on principles of holism, timeliness, information-richness and respect. It is an essential crisis intervention service that is working (and continuing to develop) well, particularly considering that CARS workers were engaging with many women and children who were living in or attempting to escape from highly dangerous situations.

There are significant areas in which further development is required if CARS is to be sustainable and integrative of services that need to be involved in providing a timely response to women and children living with violence.

1. That Government contributes funding in order to maintain CARS as it presently operates, which will enable the CARS Pilot Review Group to allocate such funding in a fair, flexible and equitable way for the purposes of: investment in new technology for mobile CARS workers; salary support; and CARS Unit support.

2. That Government either improves access to current brokerage funds or establishes a new fund so that rapid access is guaranteed.

3. That CARS seeks to expand its services by building cooperative relationships, opportunities for secondary consultation and further pathways into the CARS system. This will involve facilitating attitudinal shifts and developing systems within and between services, such as Child FIRST, disability services, health services, courts, Men's Behaviour Change Programs, Indigenous services and CALD services.

4. That CARS strengthens data collection processes, in particular: usage of the CARS Unit (including a review in six months' time); and the identification of women and children with disability (including service implications).

5. That CARS strengthens its 'vertical' relationships throughout the family violence integrated response system; for example, with the North and West Metropolitan Region Integrated Family Violence Service Steering Committee, the Family Violence Statewide Advisory Committee, the Family Violence Interdepartmental Committee, and the Family Violence Round Table.

[5] A sole occupancy order means that the offender is restricted from attendance at the victim's home. This condition allows women to return to their homes with the assistance of CARS changing locks on the doors and ensuring a level of security appropriate in the circumstances.

1. Introduction

This report presents the findings of an evaluation of a new crisis response to women who have experienced family violence in the Northern Metropolitan region of Melbourne, which covers the Local Government Areas of: Banyule, Darebin, Moreland, Nillumbik, Whittlesea, Hume and Yarra.

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The aims of the research were, firstly, to document changes in multi-agency working relationships in an integrated crisis response service and gain service providers' evaluation of this change. Secondly, the research aimed to identify some of the outcomes for women as a result of the service reorientation.

The evaluation was guided by the CARS Pilot Review Group which provided advice on study methodology, served as a forum in which information collected during the course of the evaluation could be presented and discussed, and, read and commented on reports of the research findings.

The evaluation covers the operation of the CARS pilot from February 1st 2008 until July 31st 2008.

2. Background to the research

Aims of the research

The CARS evaluation has two primary aims. Firstly, it aims to document changes in multi-agency working relationships in an integrated crisis response service and gain service providers evaluation of this change. Key research questions were:

- What changes in multi-agency working are required under the CARS model?
- What are the enablers and barriers to implementing the model?

- What does the model tell us about planning service responses into the future?

Secondly, it aims to identify some of the outcomes as a result of the service reorientation. Key research questions were:

- Who was represented in the service user group using CARS? What gaps were evident?
- What were the service outcomes for women who use CARS?
- What do the service outcomes indicate on the nature and level of needs to be responded to?

Approach to the research

A number of sources of information were used to inform this research. These included an examination of relevant documents including Protocols and MoUs, funding submissions and minutes of the Pilot Review Group which met fortnightly during the course of the pilot. It also included data collected from semi-structured interviews involving participants from the CARS Partnership and data collected through the CARS Intake and Referral Form and Exception Reports and Feedback/Evaluation forms. (The pro forma Exception Reports and Feedback/Evaluation forms identify breaches of agreed protocols under which CARS operates as well as ideas for service improvement. They are completed by the CARS worker and relayed to the team leader as soon as possible.)

The interviews were held with 23 current providers of services through CARS, including representatives from all parts of the participating organisations and 3 members of VicPol. Interviews explored the following broad areas:

- Formation of partnerships and networks amongst service providers;
- Forms of information and data sharing amongst agencies;
- Service utilisation and changes to service pathways for users; and
- Perceptions of effectiveness of changes in service orientation by service providers.

The data that was sourced from the CARS Intake and Referral Form is based on a total of 168 women who were referred to CARS over the evaluation period. The intake and referral forms provide information about the characteristics of the victim(s), the nature of the incident(s), the pathway whereby the participant entered CARS and the service responses identified and delivered via CARS. A total of 41 Exception reports and 16 Feedback/Evaluation forms were also received and analysed.

It is important when reading this report to bear in mind that it is primarily concerned with the crisis response provided through CARS. Many women who use CARS also require continuing support, and this may be provided by the agencies participating in CARS. However, information about this continuing service and support resides within these agencies and for the most part is invisible to this evaluation.

3. The establishment of CARS

Integrated Family Violence Service Reform

An important issue to consider in relation to the establishment of CARS is the context of statewide reform in Victoria and the implementation of the Integrated Family Violence System. This context is broadly understood as providing added impetus for the integration of services at local and sub-regional levels. Indeed, on the ground CARS is seen to encapsulate what the IFVS reform is all about.

> *So I knew this would be a new era for the crisis service in terms of how we worked. Everything was aligned I suppose.*

In this context, the CARS pilot was established as an innovative collaboration across agencies that built on and extended the Northern Integrated Family Violence Service System. The establishment of CARS was about using existing resources to provide greater crisis service coverage (for a limited pilot period) and about developing advantages from more co-operative working relationships. CARS has been running through the pilot period from within existing service funding allocations, with some funds being made available from the Department of Human Services to develop partnership protocols and to conduct an evaluation of the initial six-month pilot. All of the agencies involved have made generous contributions to the development of the service.

It is important to note, however, that the context of statewide reform is not without its challenges. In particular, the legacy of the competitive process that shaped the funding allocations (and therefore to some extent the nature of the partnerships) under the Family Violence Service Reforms continues to leave its mark. For some participants in CARS, the need to overcome the historical legacy of the competitive tendering process was an important impetus for participation.

> *I think partnerships work best when relationships are good and you have got a shared vision and you trust each other and that's a personal relationship. Organisations that compete for a tender, it takes a very long time to break that down, to have that kind of corporate partnership idea… We wanted to step over any barriers that might have happened because of the competitive process. I would say that that's a failure of the way partnerships have been created in Victoria. I don't think that a competitive process is a very good way of creating service partnerships.)*

Filling a gap in services

Prior to the establishment of CARS, the crisis response was focussed on re-housing women or providing them with essential emergency relief. During business hours, women from the region who called the Women's Domestic Violence Crisis Line would be assessed and referred directly to a refuge or to the intake and referral service at Northern Family and Domestic Violence Service (Berry Street). Berry Street also took direct calls and calls from other service providers in the region, as did Mary Anderson. After business hours, an outreach service was provided by a shared service arrangement that included Northern Family and Domestic Violence Service (Berry Street), Mary Anderson Family Services (Crossroads Youth and Family Services) and Georgina and Martina Women's Refuges. This service was funded primarily to provide practical assistance in relation to re-housing and material aid.

Whilst Berry Street and MAFVS have been funded to provide outreach services it is the capacity to be able to respond in a consistent and coordinated way 24/7 that was not available within the above funded model of service provision.

The absence of consistency in the business-hours and after-hours response was an important impetus for the establishment of CARS. The need for an enhanced face-to-face response that was available to women 24 hours a day, 7 days a week was seen as essential. The desire to provide such a service was of paramount importance to providers across the region.

Also, service provides were keen to emphasise the advocacy element of the new approach. Described by one interviewee as a "movement and a model" it was a service that aimed to ensure women had the opportunity to explore the full range of options available to them to secure their own and their children's safety following an episode of violence. It aimed to operate from a woman-centred rights/advocacy approach which prioritised safety and offered women information about their rights and options, delivered in accordance with women's informed choices.

One of the key elements of the new approach encompassed by CARS was to provide a crisis response that recognised more fully the criminality of the offence and ensured that the women's options took into account the new options available to her under law with a view to keeping women and children 'safe at home'. This led to a strong emphasis on working effectively with police and courts in the region.

Challenges and opportunities

In the establishment of CARS, the process of developing the Service Protocol and Memorandum of Understanding was key to its success. Through this process, participants could raise the profile of their own work, improve their understanding of the work of other agencies and, together, identify the best way to smooth the inter-relationships and therefore pathways for women.

During the process of these discussions and in the early stages of implementation, the following challenges and opportunities were identified.

Challenges:

- Limited understanding across the sector about the nature and extent of services provided by others
- Different ways of working within and across agencies/sectors
- Historical legacy of competitive tending processes
- Concern about agency resourcing, including a shift away from agency specific objectives to system-wide objectives
- Concern about workload of staff members
- Concern about negative impacts on existing or potential agency-specific clients.

Opportunities:

- Unanimous agreement on service gap and need for 24 hour face-to-face service for women
- Strong desire to provide a better service to women by pooling effort and resources
- Need to respond better to police and hospitals.

4. A new service delivery model

Key elements of the model

Historically, the emphasis in the family violence crisis system has been to assist women with safety plans if they stay in their own homes, re-house them, and/or provide them with essential emergency relief or other assistance, as necessary. The CARS model differs in that it mobilises the family violence service response system (including police and – potentially – others, such as health services) to support the woman in a consistent and coordinated way. Importantly, it also

enables workers to take the time to fully explore the range of legal and other options available to women.

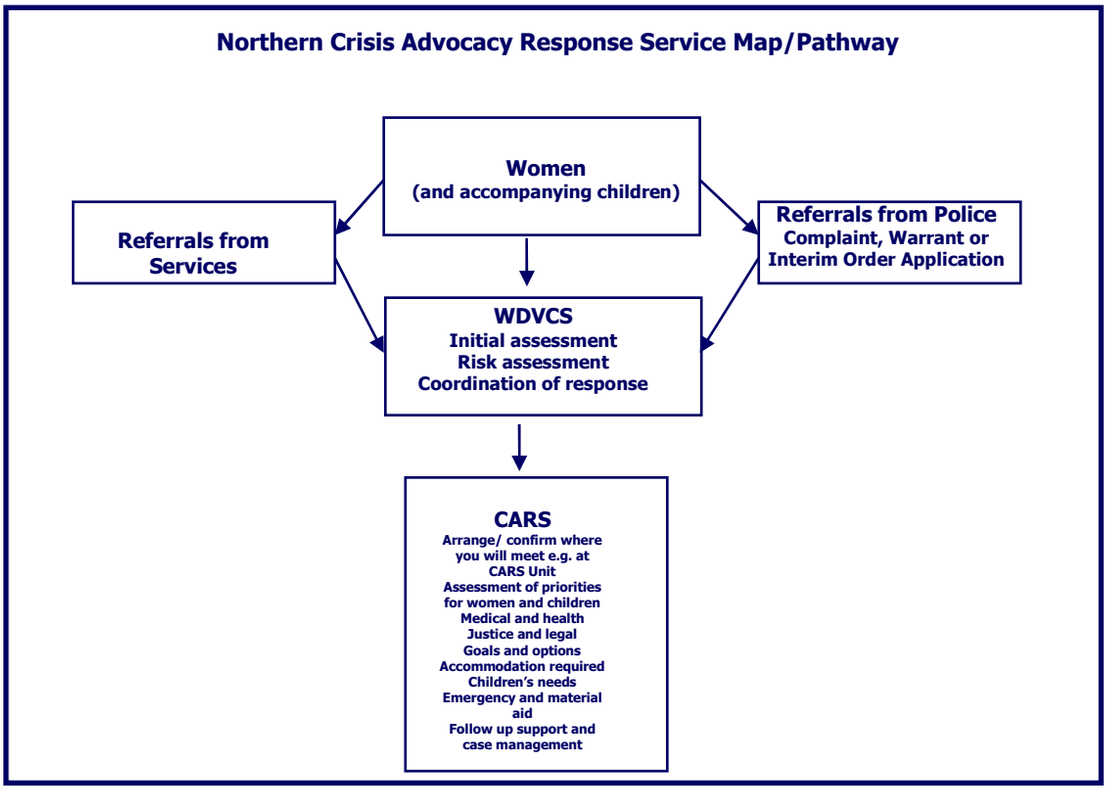
The Northern CARS service pathway aims to provide an alternative option for women that is focussed on an immediate face-to-face response with improved counselling, information, advocacy and support taking place, where appropriate, in a safe and secure space. From the perspective of police and other in-referring services (such as hospitals), CARS provides a clearly defined and coordinated pathway for crisis intervention.

The model is delivered through a shared service arrangement, with three week rosters that include Northern Family and Domestic Violence Service (Berry Street), Mary Anderson Family Services (Crossroads Youth and Family Services) and Georgina and Martina Women's Refuges; a protocol with the Women's Domestic Violence Crisis Line as the central referral point, and agreements with police (and to a lesser extent the major hospitals in the region) for referrals.

The service is targeted at women who live in the Northern sub-region or are seeking to relocate to that area. Referrals (primarily from Police but potentially from other services or women 'self-referring' by telephoning the WDVCS direct) are facilitated through the WDVCS telephone service. WDVCS acts as the central point for the coordination of CARS attendances on a 24/7 basis, receiving the initial referral call and then contacting the on-call CARS worker. The WDVCS CARS worker undertakes an assessment of the woman's eligibility for CARS and further develops the risk assessment that the referring service has begun (and communicated either electronically or verbally to the WDVCS CARS telephone operator). A copy of the risk assessment is faxed to the on-call CARS worker (either to their agency or CARS Unit prior to their departure to meet the woman or to the relevant police station if that is where the CARS worker has arranged to meet the woman).

The on-call CARS workers are employed by their 'home' agency and thus subject to the employment polices and practices of their agency. The CARS protocol prevails over an organisation's program procedures.

The service map/pathway is illustrated below.



Guiding principles and best practice

CARS gives effect to the following elements of best practice in crisis response:

- Holistic and providing continuity of service in a manner that seeks to address at the one time all of the needs of the woman in relation to her experience of family violence
- Timely, gives the women time to make the right decision for them
- Information-rich, to ensure that the decisions of the woman are informed
- Respectful and based on advocacy and support that increases women's ability to act on the decisions that they take
- The CARS Unit offers a comfortable and safe space within which women can make decisions and within which accompanying children can have 'time out'

> *So it's very much about giving a woman time and an environment where she can actually just sit down and go through what she wants to do. It is always about her decision.*

Of particular concern was the capacity of women to remain safely in their homes and to minimise their experience of being dislocated from their home and community.

> *I still think we don't have all the answers to really ensure women get to be safe at home…. When there is more protocol and connection between services my sense is that it becomes safer and becomes a better system.*

Is the model working?

Overall, the model is working well, with effective mechanisms in place to negotiate differences between agency specific interpretations of protocols and to facilitate discussion on system improvement.

The strengths of the model are:

- Better engagement with women at time of crisis

> *…it's a bit of a barrier when the woman is not understanding, or she is distressed, or there are kids in the background and she's not really 100 per cent there with you on the phone. Then you would say, okay, maybe it's time for an CARS worker to come and sit with her and meet with her in a comfortable space, in a safe space where she's not in the police station or at the hospital or wherever she may be, and where there's not that kind of pressure that I have to pick up the next [crisis] phone call as well.)*

- More flexibility of response to women

> *I think the flexibility of what we deliver as a service to women, it's very tailored. Its very client centred. Every woman's different and everyone has different needs. I think the service caters to that.*

- Immediate response satisfies all partners

> *…a lot of outreach services waiting lists were getting longer and longer and longer. So, for a woman to actually get that outreach face to face, the woman had to wait a few weeks...Having [a place] where you could sit with the woman for hours…I think it's the lack of that got the agencies working together, going 'okay, we need something like [CARS].*

- Increased awareness of services available
- Better integration of services involved in crisis response
- Sharing of resources benefits agencies (especially small ones)
- Improved contact with police
- Better response to police
- More follow through, including court action
- Improved service for culturally and linguistically diverse (CALD) women, noting in particular that communication over phone can be difficult for some women and that meeting face to face can help overcome this barrier.

While there is considerable consistency across the system as a whole in relation to referral pathways, the way in which individual agencies manage their own resources varies. This relates to staffing the service, including both filling the CARS position and providing backups. This lack of consistency across the agency response has led to some tensions, with workers employed under significantly different pay and conditions, depending on the status of their employment with their host agency (ie casual or permanent with on-call elements in their employment contract).

> *I know it's a pilot program but it is putting a lot of strain and stress on the services because quite often we're doing our after hours for our own service and doing this, as well, and you're juggling…*

A number of specific challenges to the model are identified as follows:

Challenges at the agency level:

- Differences between agency employment models, including HR issues
- Different structures within agencies for managing this services
- Degree of burden, particularly on small agencies
- Managing the flow on effect to other services provided by participating agencies including intake, outreach and case load.

Challenges for CARS workers:

- Sole worker model, including issues of safety for workers

> *It relies on you to really know what you're doing. It leaves little room for mistake, because if you make a mistake, you find yourself in situations that can be quite dangerous and you could be putting others at risk as well.)*

- Variability of the work and the unpredictability of the workload
- Difficulties in accessing technology (fax)
- Different roles in job for day time and night time provision of service

> *I think the after hours response is different to the response that you would give during the day, just because of kids, the time factor. You know, kids need to go to bed. Even mothers are quite worn down at night time….the last thing they want to be doing is, you know, completing a case plan.*

- High burden of paperwork

Challenges for the crisis line phone team:

- Eligibility criteria
- Understanding what is an appropriate referral
- Extensive paperwork required

> *I guess the one thing is defining what is a woman in crisis is always quite hard. Like that – how do you define whether one woman should get this service and one woman shouldn't?*

Challenges for police:

- Continuing need to improve member's understanding of the system
- Need to improve referral reporting on L17
- Timelineness of referrals (were occasionally happening too late)

Resourcing

All costs associated with the extension of the existing after-hours service to a 24/7 service have been met from within the existing budgets of participating organisations. This situation is identified by small and large organisations across all interviews as unsustainable.

Major direct costs include:

- Salaries, especially weekends, after-hours, on call, and back up
- Material aid cost (eg clothes, plane tickets, locks)
- Infrastructure costs including unit maintenance, property insurance, car, phone and fax

One CARS worker spoke of the difficulty in having access to sufficient funds to cover emergency expenses for a large family:

> *…a woman came… with six children and nothing with them, no clothes…nothing. And they were all under ten…I did the support on the Friday night and I used all our petty cash, which was supposed to last us for the weekend, and that's with [providing] minimal support, with just the nappies and food for the night…the money isn't there to be able to even do the immediate needs. Nothing out of the ordinary…we're talking about nappies and bottles and basic food.)*

Whilst resource issues were not a concern for police operations, as far as their involvement in CARS, they nonetheless saw the need for more resources to be available to the service for its future development, most importantly, aimed at enabling women and children to stay safe at home:

> *I think they need…more resources…I'd probably like to see…another house or two spread out a little more across the suburbs…just so they've actually got more options and people may not have to travel as far to go to the house…more funding where they could get the locks changed at the house so the woman can go back to the house and feel safe, that the perpetrator isn't going to go back there.)*

Major indirect costs include:

- The work of developing partnerships interagency coordination at both operational and strategic levels
- Lost staff time when worker is on CARS duty and therefore not filling core service duties
- Service costs relating to the maintenance of the CARS Unit, including upkeep of property and garden, and cleaning and stocking of Unit essentials
- Management costs
- Administrative support costs, including increased paperwork

> *The weakness is that this is a really small service, already. So it's only a small service and you're spreading it amongst three organisations, which mean you don't have that same sort of consistency. But the other side of it has been a vehicle to get organisations to talk to each other. So there are swings and roundabouts.*

Training and skills

Establishment training was provided to CARS workers through a cross-service training day and through internal organisational training. The focus of training was procedural and included information on the protocols and processes, practice issues involved in delivery and data collection.

For most workers, the skills that were used in CARS were largely consistent with skills used in other aspects of their job. This was particularly the case for those involved in intake and outreach. For others, new skills were required including increased speed of the response (compared to refuge work), increased flexibility of response (need to think creatively about solutions to particular issues) and increased knowledge in particular areas (such as legal and court processes).

It is, however, important to recognise the depth of skills that are required to engage in crisis advocacy work. As one interviewee said:

> *…the workers have to be very multi-skilled, very adaptable, very flexible…a good advocate…a good support…There's a whole range that these workers are expected to do and the knowledge that they're expected to know and absorb… [It]takes time to get that sort of knowledge and information and experience…that's a pretty well skilled worker to be able to do what we're doing.*

Ongoing professional development took place through regular forums, regarded very broadly as extremely successful for information, practice development and networking.

5. Changes to interagency collaboration

Vision, leadership and partnerships

It is clear from all participating organisations and from workers at all levels within these organisations that the level of good will that has been generated in the establishment and development of CARS has been extremely high. While challenges remain in terms of the service model (as outlined in Section 4), the collaboration of effort that has been generated as a result of a singular service delivery-oriented focus has been very significant.

The establishment of the model, including the drive to push existing and developing partnerships into new territory, was largely the result of a shared vision across the leadership of a number of agencies, and the ability of this leadership to "sell" the idea to their organisations. These leaders – in effect, "champions" - had pre-existing personal networks and were well placed at senior levels in influential organisations. This meant that the level of trust was already high, and their ability to influence change significant.

In addition to existing levels of trust, however, the overall vision to deliver an improved service to women had strong meaning for other important organisations in the sector. By framing collaboration with these other organisations within a strong operational focus, organisations without pre-existing personal networks were drawn into playing very significant roles. As a result, the existence of a shared vision and an operational mission enabled new relationships to develop and strengthen, further growing trust and collaboration across the sector.

> *I think we've formed very strong partnership agreements. I can't see these breaking down as long as it continues or even if it doesn't continue. I think that we've already build our bonds.*

> *The weakness is it's based on personalities like anything else. The risk is that we've really got to get it embedded. We've got to get it as a funded service and not just a group of people.*

While a cooperative network of agencies has emerged as a result of the establishment of CARS, there are still gaps, most notably in relation to responding to children and key population groups and referral pathways. These are discussed in more detail in Section 9.

Enhanced communication and co-operation

In addition to information and data flows related to clients (examined in the section below) two important post-establishment mechanisms were set up to

facilitate continuous improvement in both partnership relations and CARS service delivery. These included:

- Fortnightly meetings between agencies, including those responsible for leadership in their organisations, and
- Regular professional development forums for all staff.

The fortnightly Pilot Review Group meetings focussed largely on operational matters were very successful, with ongoing attendance an indication of their usefulness to members. At these meetings, the Exception Reports and Feedback/Evaluation Forms (discussed in detail in Section 8) provided an excellent basis for discussing issues, including the resolution of specific issues and practice improvement.

> *We thought originally, we won't need to keep meeting every two weeks. But we have found something to discuss about the way the service works every one of those meetings…. It's just been amazing and really focussed.*

The Practice Forums were also seen as very important. They provided a vehicle for sharing information, addressing practice issues and getting to know others in the service.

> *Nine times out of ten I've met the person on the other end of the phone, I think if you can put a face to the name people are a lot nicer and they'll go more out of their way to help you. I think women are getting a better response.*

VicPol (involving representatives from all four regions included in the pilot area) were very active members of both the Pilot Review Group and the Practice Forums.

Of key importance in these relationship building and practice development processes was the development of a sense of a shared service, with shared clients (ie the women of the Northern sub-region and their children).

> *Well I suppose the easiest way to describe it is that [we've moved from] "well she's your client, no she's ours"…. To alright, "she's our client, we'll do this bit, can you do this and if you need us to do that, just do this"*

One interviewee described the ease with which referrals can be made and information transferred without the woman needing to repeat it:

> *I was trying to access some counselling and support for the woman and she was actually with me at the time, so we were able to ring [the agency]…able to talk to the intake worker and we were able to…discuss it. I'd already previously discussed it with the woman, I said "Would you like me to call to find out"…and that's what we did. So it was worker to worker…[We found] the most suitable situation for that particular client…[In] another incident…I've rung the intake worker and said look this is a client that you've had previously, moved back into the area, needs outreach support, can you take that on…the woman will ring you when she needs you…this is part of Northern CARS…and all those details were able to be transferred because I got permission off the woman to be able to do that…So, at least when she rings, cause we don't do outreach, you see…the outreach service's ready to be able to take that on board.*

For police on the ground, meeting the CARS worker was an important way of helping them see what would happen to the woman once their part of the process was finished. This was seen as a vast improvement to the experience of just faxing off a form. It assisted the building of relationships at member level (not just management networking)

> *I think from the [police] member's perspective, again it's a positive for them in that it can ultimately help them from not re-attending that address or just knowing that we've done up to here and well she's not just going to get left or whatever, that there is actually that support process in place.*

From a CARS worker perspective, this was also a significant improvement in the nature of the response in the region.

> *I've certainly introduced myself and every time I go to the Reservoir Police Station I make it very clear and I'm very chatty and they're just so great now and give us a room and we can use the telephone interpreters, cup of tea you know, yeah it's a real shift.*

The enhanced communication and cooperation described above illustrates the type of intense work required in order to get an integrated system working well. A positive outcome of such depth of communication and cooperation, whilst time-consuming, is that integration can develop comparatively quickly where there is goodwill. This is an important key finding of the evaluation.

Information and data flows

As we have seen from the service model outlines above, when police attend a family violence incident and the incident results in a Complaint, Warrant or Interim Order Application, women are referred by police to the Women's Domestic Violence Crisis Service (WDVCS). Women can also be referred from another agency or they can self-refer. In the course of a phone conversation with the woman who has been referred to them, WDVCS completes the first half of the CARS Intake and Referral Form which includes the following information: woman's details, children's details; woman's relationship to perpetrator, types of assault, how was the woman referred to the service, has the woman had previous contact with the family violence sector (yes or no). A preliminary assessment is then made, medical assistance and accommodation arranged if necessary and an appointment made with the CARS on-call worker. In the course of a meeting with the woman, the CARS worker develops an agreed action plan and records the outcomes in the second half of the CARS Intake and Referral Form. This includes a record of whether or not the woman returned home, stayed with family/friends, required referral to other services including refuges, and arrangements for follow up.

A significant proportion of the information that is shared across agencies through CARS is recorded on the CARS Intake and Referral forms collated by WDVCS and CARS staff. The information gathered on these forms is discussed below in more detail in Sections 6 and 7. Also of key importance is the role of Fax back, and the opportunity that has been provided by CARS to refine and upscale Fax back procedures with

In addition to information recorded on the Intake and Referral forms, additional significant communication between agencies also takes place over the phone. In particular this happens when police refer to WDVCS, when WDVCS refers to the

CARS worker and when the CARS worker provides outcome information to WDVCS. Also important is the regular communication between the CARS worker and her back-up worker, and the formal handover (via WDVCS) from one agency to another at the end of their rostered week of CARS.

Overall, these data and information processes work well, with workers noting that they have seen improvements in these processes over time. The CARS paperwork presented a few challenges for staff within each of the partner agencies. Based on analysis by WDVCS of all the Intake and Referral Forms, the following items were identified:

- One CARS referral completed for two women
- Two CARS referrals with no referral number assigned
- The top section of the Action Page was not completed for the majority of the CARS referrals
- Outcome page was not completed on majority of referrals
- Consent to share information tick box was not filled for majority of referrals
- Children details information e.g. name, DOB, address was rarely fully completed
- Not enough detailed information on the risk assessment page about the woman
- Incomplete risk assessments after a comprehensive service to woman has been given by all agencies (including completion of an action plan)
- Incomplete CARS referrals as well as corresponding call sheets which made it difficult to cross check and extract information

In light of the analysis by WDVCS, the following recommendations were made to improve the format of the CARS Intake and Referral Form.

- Consent to share information and participating in the CARS evaluation tick box needs to be positioned on top of first page of CARS referral form as it can be easily missed by workers
- Removal or modification to top section of Page 3 (Time and place of CARS meeting) so it is more reflective of actual practice
- Include a category on the outcome page that has legal or court support provided
- Removal of the additional children's information page, but still include information on number of children the woman has and the age group of the children and whether or not woman is pregnant on a shortened form; or
- Provide an optional paper when issues related to children need to be addressed.

One additional issue was the fact that the status of legal and court matters will change over time – sometimes quickly. If this is to be recorded then the source of the information and the date when it was current should probably be recorded. One possibility would be to provide for legal/court info to be recorded at the time of the initial assessment, and then updated at the time of any follow-up meeting.

In addition, there were reports of occasional confusion from clients and external service providers (particularly hospitals) on the correct CARS processes, further compounded for hospital staff who confused 'CARS' with 'CASA'. This was possibly due to the fact that the CARS number was previously used as an after-hours response number (pre-CARS), and a decision not to fully engage hospitals in the pilot CARS processes. In addition, during the early stage of the pilot, potential WDVCS clients had received information that included the CARS-specific telephone number (as opposed to the general-WDVCS crisis telephone number). When the negative implications of direct client usage of the CARS-specific number were discovered, clients were provided with the general-WDVCS crisis telephone number only.

Exception reports and Feedback/Evaluation Forms

The CARS Service Protocol and Memorandum of Understanding outlines the protocol of incident reporting for agency workers. It refers to an incident report as the mechanism for dealing with any issue which related to the breach of the protocol. CARS workers have responsibility for completing incident reports.

To avoid confusion with other incident reporting processes, these breaches were re-named 'exception reports'. A pro forma was made available to all agencies and included in the Resource manual at the CARS Centre. As the pilot developed, an additional pro forma identified as the 'CARS Feedback/Evaluation' was also put in place. This report asked CARS workers to reflect on any challenges with the referral, aspects that worked well, areas for improvement and aspects of the referral that could have improved.

> *It has been helpful because you have got people that actually are willing to say yes, we didn't do that very well, let's look at ways of doing it better. The whole exception report has actually allowed that process to happen. It has been a really good positive process. Where people feel good about writing them up because they know when they write them up change happens.*

Over the period of the pilot, there were a total of 41 'CARS Exception Reports' and 16 'CARS Feedback/Evaluation Forms completed. As discussed in Chapter 4, when significant breaches of protocol occurred, these issues were dealt with between managers of relevant agencies and summarised at CARS review meetings. The following table summarises the issues:

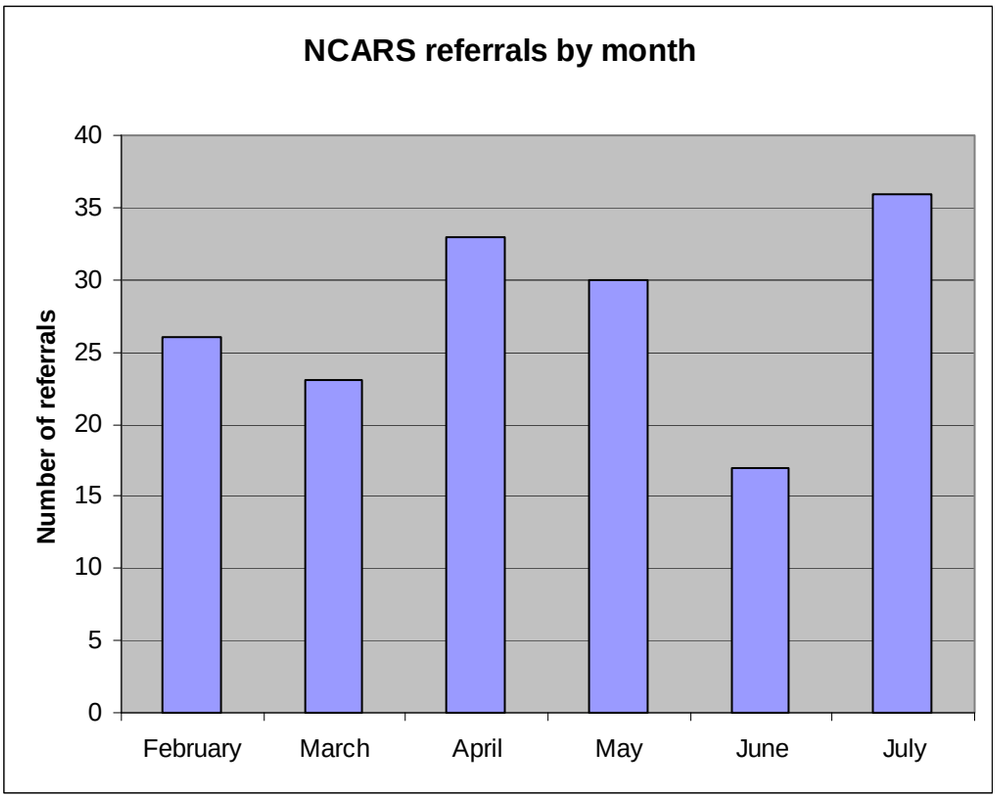
Form of Exception	Number	Issues
Continuity of service	5	Responsibility for completion of emergency assistance/refuge referral assessment paperwork
Handover	7	Delay in 'urgent face to face response' due to handover between business hours and after hours (3) Referrals not handed over amongst CARS workers and between agencies (4)
Roles	3	Confusion about the distinction between role of CARS and the Northern After Hours Outreach Service
Referral	2	CARS referral made outside of central coordination of WDVCS
Fax/phone malfunction at CARS Unit	3	Faxing CARS referrals to agency of CARS worker so worker has woman's details prior to meeting her
Under utilisation of CARS Unit and its facilities	2	For example; faxing CARS referrals to respective CARS agency/worker at their workplace rather than faxing referral to the Unit
Police documentation	1	Distinction between Victoria Police L17 and CARS referrals
Inappropriate CARS referrals	8	Male AFM (2) For women outside Northern region and wanting to stay in their region not the north(2)

		Homeless women with no DV (2) Underage women (under 15) (1) Women already supported at Trish's Place (1)
Delay in faxing back Outcome pages	5	
Lack of awareness of CARS	5	Lack of awareness of CARS as an alternative/additional service by Police and other DV agencies
Inappropriate refuge referral	2	CARS workers encouraging women to access refuge even though women stated she does not want refuge

6. CARS intake and referrals

Women who are referred or who self refer to WDVCS are asked a number of intake questions by WDVCS to determine the source of the referral, nature and severity of the violence, and details of any civil or criminal legal processes. In addition, a preliminary assessment of risks associated with the victim and perpetrator is also conducted. Further information is added to this Intake and Referral form by the WDVCS and CARS workers documenting the elements of the action plan agreed with the woman, and the outcomes of the woman's involvement with CARS.

The following analysis is based on all 168 cases that were recorded by WDVCS between February and July 2008[6] There was an average of 28 referrals recorded per month, although month-to-month variability was substantial. Note that the lowest and highest monthly totals were in June and July respectively.



[6] [6] Two cases did not have a referral date, and one had a date of 2 August.

Over ninety percent of the woman referred to CARS gave their postcode of current address as the northern suburbs of Melbourne or the semi-rural towns on the northern urban fringe. The most common locations were Broadmeadows (13 referrals), Coolaroo (13), Epping (12), Craigieburn (8), Glenroy (8) and Bundoora (7). Six in ten referrals were made by Police, and a further one-quarter were self-referrals. In seven cases the referral was from a Health Service or general practitioner, and in five cases the referral was from another family violence service. In setting up CARS, the intention was that referrals would mainly come from police, and there was no systematic promotion of CARS to other potential referring agencies. The referrals from the courts, health services and GPs do not represent the true level of referral demand that would be present if information about CARS referrals was more widely available.

Source of referral to CARS	Frequency	Percent
Police	100	59.5
Self	40	23.8
Health Service/GP	7	4.2
Another family violence service	5	3.0
Courts	2	1.2
Family/friend	1	.6
Not recorded	2	1.2
Other	11	6.5
Total	168	100.0

All WDVCS referrals were passed on to a CARS worker for further assessment and action. Unfortunately, there are limitations on data collected, which CARS workers felt did not actually reflect face-to-face meetings with clients or usage of the CARS Unit. Trends in data, however, suggest that most face-to-face meetings took place at the CARS Unit, followed by a police station, motel, or hospital with a few taking place at 'other accommodation' sites. In a number of cases, an initial meeting was held at a venue other than the CARS Unit (for example, at a police station) with a follow-up meeting at the CARS Unit. In some cases, a follow-up meeting at the CARS Unit occurred on a day following the initial telephone contact between the CARS worker and client. (It will be important to record all meetings at the CARS Unit, regardless of where the initial face-to-face meeting between the client and the CARS worker took place, in order to satisfactorily assess its usage.)

In three-quarters of all referrals (128 cases) an action plan was agreed with the woman involving some service referral(s) or further follow-up. Where an action plan was not agreed, this was usually because the CARS worker was unable to contact the woman following the initial contact. There were 19 cases where the CARS worker recorded that no subsequent contact was made. Only two cases, where a meeting with a CARS worker was arranged, did not result in a follow-up contact. Of the 40 women for whom no action plan was completed, just over half (i.e. 23 cases) resulted in some service referral or arrangement for follow-up.

In about forty percent of referrals (66 cases), an Intervention Order was already in place, including seven that included a sole occupancy order. In 15 cases it was

recorded that this Intervention Order had been breached and in seven of the 15 cases the perpetrator had been charged with an IO breach. Charges had been laid against the perpetrator in 16 cases, and were in progress in a further 11, and in five cases the perpetrator was in custody. It should be noted that information on Intervention Orders and other legal proceedings recorded by WDVCS applies only to actions taken up to the point of contact with WDVCS and may not reflect actions in train at the time. It also the case that information about Intervention Orders and charges may be incomplete.

Who were the CARS' clients?

Clients who were referred to CARS ranged in age from 11 years to 81 years, with a mean age of 33.[7] Just over half (91 cases or 54%) gave their country of birth as Australia, with the remainder from 28 different countries. In about two-thirds of cases the language spoken at home was English, but in 26 cases (15% of referrals) an interpreter was required to assist in the referral and assessment process. Five cases identified themselves as Aboriginal or Torres Strait Islander, with a further 18 cases where the identification of the victim was unknown or not recorded. Six in ten of the women had children in their care. The number of children ranged from one to nine, with a mean of 2.2 children. There were 23 cases (14%) where the victim was either pregnant or had recently given birth.

The women using CARS therefore appear to be broadly representative of the ethnic diversity of the northern suburbs of Melbourne. The number of Indigenous women using the service may reflect the existence of an alternative referral pathway for Indigenous women via Elizabeth Hoffman House.

Thirteen women reported some form of disability,[8] and about one-third of victims (52 cases) were recorded as having a mental health problem, with depression the most common form of problem.[9] Twenty five victims reported that they had had suicidal thoughts or attempts. In 10% of cases some form of drug or alcohol misuse was identified.

Around four in ten of the women referred had previously been in contact with a family violence service. Twenty six had prior contact with police, 25 with WDVCS and 19 with a regional family violence service.

Some groups of women using CARS were exposed to more risks than others. In particular, women who reported mental health issues or a disability, a perpetrator who was an ex-partner, and being pregnant or having recently given birth were exposed to more risks.

Who were the perpetrators?

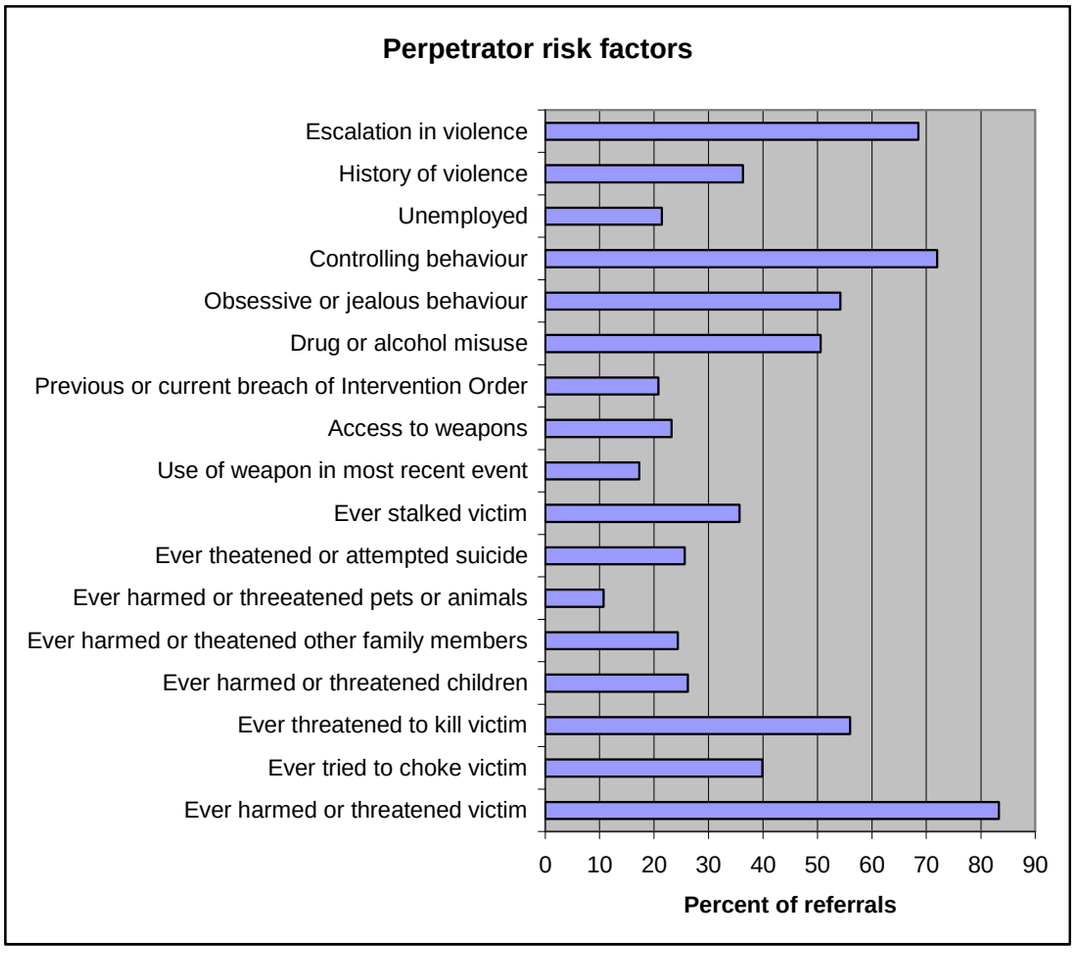
In over 60% of cases the perpetrator was identified as the woman's partner (104 referrals) with a further one-quarter where the perpetrator was an ex-partner. In 95% of cases the perpetrator was male.

Risk factors

In addition to the risks associated with the women as clients (discussed above), the assessment recorded a range of risk factors associated with perpetrators.

[7] Victim age was recorded in 68 cases.
[8] There are a number of issues regarding improvements in data collection on women with disability including self-reporting, worker interpretation, definition and understanding and the likelihood of all women living with violence also experiencing mental health issues, including depression (see Healey, Howe, Humphreys, Jennings & Julian 2008).
[9] Seven women reported both a disability and depression or other mental health issues.

The most commonly identified risk factors were that the perpetrator had harmed or threatened to harm the victim (in over half of cases this included having threatened to kill the victim); showed controlling behaviour; and that there had been an escalation in violence in the period leading up to the referral. Violence or threats of violence frequently extended to children, other family members and pets or animals. Around one third of perpetrators had some history of violence other than family violence. In 17% of cases a weapon had been used in the most recent event, and around one-quarter of perpetrators had access to weapons (bearing in mind that access to weapons is a difficult concept to quantify).



Data from the Common Risk Assessment Framework undertaken by WDVCS on CARS indicates that almost half of the 168 women were living in circumstances in which 7 or more perpetrator risk factors were present (80 women or 47%).

Of the 42 or 25% of women who were living in circumstances in which there were 9 or more perpetrator risk factors present, half reported that the perpetrator was their ex-partner. Data also indicates that women who were pregnant or who had a new baby were more likely to be in this highest risk group (i.e. where there were 9 or more perpetrator risk factors present.[10] This highest risk group also accounted for 40% of all the legal aid or court support referrals, and 41% of all the health and counselling support referrals.

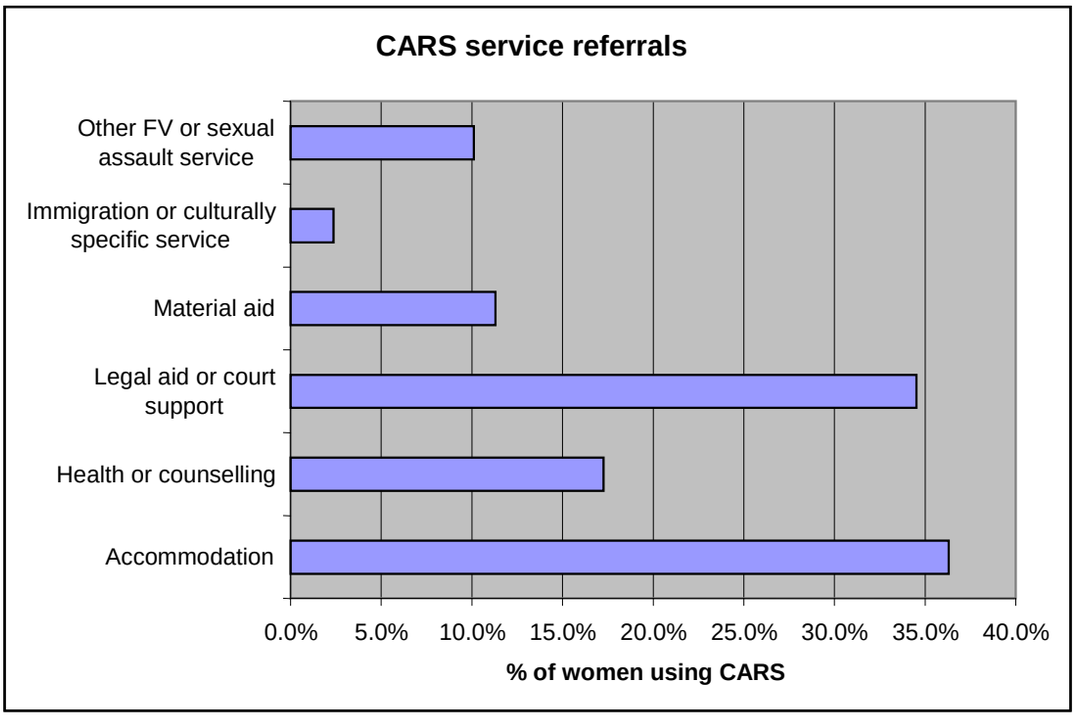
[10] Limitations on data collection processes means that we are unable to verify the presence of other 'victim' risk factors, such as isolation, presence of disability, attempted suicide or presence of suicidal thoughts, misuse or abuse of drugs and/or alcohol.

This data is alarming and indicates that CARS workers were supporting women (and their children) who were living in highly dangerous situations. It is worth noting that in the UK system, the presence of 6 or more perpetrator risk factors would immediately initiate an intense, multi-agency serious case review; the intervention called MARACS or Multi-Agency Risk Assessment Conferences for higher risk domestic violence victims (see Robinson 2003, 2004).

7. CARS service outcomes

The extensive safety planning undertaken by the CARS workers, which was reported by our interviewees, is indicative of the dangerous circumstances faced by women and children. Safety planning may influence outcomes for women. Without it, she may well have chosen to leave her home and seek alternative accommodation. After exploration of all options, however, many women choose to remain at home with a well thought out safety plan in place (see section below titled 'Accommodation').

The CARS referral form records referrals to a range of other services, including accommodation, health, counselling, social support and justice (Intervention Orders and VOCAT). The figure below (titled 'CARS service referrals') shows the proportion of women using CARS who were referred to one or more services within each of six general service types: accommodation, health and counselling, legal aid or court support, material aid, culturally specific services and other family violence or sexual assault services.



Intervention Orders

In thirty percent of referrals (50 cases) an outcome relating to an Intervention Order was recorded. Of these, two-thirds were cases where an Intervention Order was already in place. There were also 22 women who received a referral to legal aid or court support, usually in conjunction with an Intervention Order. As noted earlier, information about IOs only relates to the initial point of contact with

WDVCS and the immediate crisis response. There may have been more women who applied for an IO, or where an amendment or breach action was initiated in relation to an existing IO.

We cannot draw on pre-CARS 'hard data' with which to compare these figures, however, we can report that from the perspective of police, there is a sense that women's access to the information the CARS worker can provide at the time of an incident has invariably led to a greater preparedness on their part to follow through in seeking an Intervention Order.

> *One of the big things that we've found in the introduction of the CARS program is that the victims are actually supporting coppers with their application because somebody with expertise that can talk about a safety program and all the other elements that they need to with their expertise, are supporting the victim, hence the victim is supporting the police.*

This view is shared by workers operating the crisis telephone lines and those engaged in the CARS on-call work:

> *…women who meet the CARS worker are more likely to go through with the court process…are more open and willing to follow through with the process. I don't think it's as daunting having a worker explain it all, rather than the police going well, 'you have to be at court at this day and this is what's going to happen.' I think it gives the power and control back to the woman, that she has a say and she has a decision to make as to how her life from there on is going to proceed.*

Accommodation

Of the 168 cases referred to CARS:

- 123 women returned home (including 45 where no further action was recorded)
- 26 stayed with family or friends
- 16 were referred to a housing service
- 19 were referred to a crisis accommodation service and a further five who were referred directly to a refuge.

Note that there were a number of women who had more than one accommodation outcome, including nine who returned home or stayed with family or friends and were also referred to another housing service or crisis accommodation. Referrals were made to eleven housing services, including St Vincent de Paul, Berry Street, Homeground, MetroWest, and North East Housing & MAFVS and refuges.

The likelihood that a woman would be referred to an accommodation service was related to whether there was an existing Intervention Order, and especially if the Order included a sole occupancy condition. Half of the women who returned home with no further action had an existing Intervention Order, although there were four and five women respectively who had an IO but required referral to a refuge or crisis accommodation. There were no referrals to refuges or other housing services where women already had an Intervention Order with a sole occupancy condition and only one referral to crisis accommodation.

Health, disability and counselling

The most common form of referral to health-related services was for individual counselling (22 referrals), with small numbers of women also referred to a mental

health service (6 cases), health service or GP (6 cases) or drug and alcohol services (2 cases).

Children's services

Despite the high proportion of women with children using CARS, there was little evidence of referral to children's services. There was one recorded referral to youth or children's services, and no Child FIRST referrals. Service responses to children may also take place as part of the continuing outreach support. However, information about these follow-up responses may not be recorded as part of CARS.

Social support

After accommodation, the most frequent form of service referral was to social support services. Seventeen women were referred to Centrelink, and available data indicates that at least 21 women received some form of direct material support (food vouchers, taxi and train fares, and clothing). One woman was assisted with a plane fare to travel to Tasmania. It is evident that there is significant under-recording of material aid provided and it was the unanimous view of respondents providing feedback to the draft report that most women received some element of material aid. (Indeed, the CARS information and resource kit carried by CARS workers, alone, represents a small portion of this material aid. It contains information on contacts and support, cash and vouchers.)

Level of risk and service support

As discussed in Section 6 (in the section titled 'Risk factors'), women in the highest risk group (where 9 or more perpetrator risk factors were present) were more likely to receive legal or court support and referral to a health or counselling service.

8. Next steps for service development

In this section, we discuss the level of unmet need, the gaps in the network of agencies working together and the transferability of the model. The gaps - some of which are discussed in more details below – include:

- Child Protection
- While there has been some engagement of Child FIRST, including in relation to potential protocols, there is still a way to go.
- Major hospitals, including the Austin and Northern were involved in early discussions and are part of the protocol, however service understanding and utilisation is low.
- Courts have not been briefed about CARS
- Local GPs and medical clinics have not been briefed about CARS
- Collaboration with disability, Indigenous and CALD services to enable specialist advice and secondary consultation
- Linkage with Men's Behaviour Change Programs is lacking.

Level of unmet demand

CARS has seen an increase in demand from the time of its establishment. Intentionally, the service was not initially promoted beyond the police. The plan was for a slow start with growth, and this is what eventuated. Increased use is an indicator of success as it shows that knowledge of the existence and effectiveness of the service is available to referring agencies and that they want to use it. While difficult to predict rate of growth, it is anticipated that demand for the service will continue to grow. In particular, there seems considerable potential for promotion of the service at hospitals and GP clinics in the region.

Where are the children?

CARS workers do not necessarily have sufficient time to spend with the children who accompany their mothers; and some may not have the requisite expertise to identify how adversely affected a child is from the violence let alone provide a suitable crisis response. As a result, some interviewees commented on the fact that children's trauma can easily go undetected and that the present service is geared towards supporting the mother. For example:

> *I'm a bit concerned that if they're not looking at the children as well and spending some time with these kids, that this [the violence perpetrated against children will not be] picked up…*

> *But really it's about mum's crisis and options for her which will benefit the children.*

> *We don't really allocate time to work with the family…as best as workers can, they…make a bit of an assessment around the needs of the children at the time when they meet with the parent. But whether or not there's any capacity to do any kind of meaningful work during that short period of time with the children. I doubt that that would happen.*

While accompanying children are included in the CARS documentation, it is clear that the service does not extend to addressing their needs or improving their pathways directly. This is recognised by participating agencies and widely noted as a place in which further service development needs to happen.

Where are women from key population groups?

Further service development is also required in building relationships with specialist services that can provide secondary consultation and advice to CARS workers so they can provide a crisis response to women and children with disabilities; Indigenous women and children; and women and children from culturally and linguistically diverse backgrounds. This could mean developing relationships with disability services, Elizabeth Hoffman House, and Immigrant Women's Domestic Violence Service, respectively. As there are likely to be resource implications for specialist services to meet additional demands on their expertise, an integrated response to family violence would mean that government would need to assist in resourcing non-government organisations to do so.

One interviewee had trouble in assisting a woman whose wheelchair had been removed from her by the perpetrator. The CARS worker attempted to seek advice from a specialist disability source, only to be told that the latter "don't deal with crisis". Many hours and phone calls were spent in trying to locate a wheelchair for the woman when it would have been distressing enough for her, in such a crisis, not to have her own wheelchair. The situation was further compounded by the fact that it occurred on a Friday afternoon, just as the interviewee was supposed to be ending her shift and handing over to the week-end CARS worker who came from another agency.

> *The client eventually got the support she needed, cause she couldn't get food, she couldn't get out…she couldn't lock her door…her mobile ran out of credit…she couldn't get her medication. There were a lot of*

> *issues obviously but her biggest issue was the wheelchair…And then we had to find housing for her...Where could she go? She wasn't suitable for refuge because of her disability and her unsafe areas…the weekend Northern CARS worker supported her in all those issues and then they managed to find her suitable accommodation…*

Whilst some Northern CARS workers speak multiple languages, including those working on the telephone crisis line, one interviewee was concerned that insufficient priority was given by CARS workers to accessing the interpreting services when supporting women from CALD backgrounds. One police interviewee has advocated for a "larger interpreter service to be available", predicting that as immigrant and refugee populations grow in the region and as communities become better informed about family violence services (following community forums held by VicPol), there will be greater demand on the CARS.

> *English speaking people certainly have an added advantage because of the communication barriers and, of course, especially out this way where we've got such a multicultural society out here…what I would like to do is create this awareness…let's not wait until it [the violence] gets to an extreme situation, let's get in at the early stages…I think that the availability of services for these people will need to be increased.*

The low numbers of women with disabilities, from CALD backgrounds and Indigenous women who have entered the CARS system should not be interpreted as women not wanting or needing a crisis response. The issue here is one of pathways into CARS. For example, one interviewee expressed concern that indigenous women are less likely to be in contact with police, which thus narrows the entry point into CARS, as it presently runs. Other entry points for these key population groups could be considered as necessary for future development of the service, especially in relation to Indigenous women and women with disabilities who are at greater risk of domestic violence and sexual assault than other women.

Collaboration with services for men who use violence

At a recent CARS forum, it was noted that there is, at present, no linkage between Northern CARS and Men's Behaviour Change Programs, particularly with the Partner Contact Worker within the latter. This is another area of potential expansion of the integrated family violence response system at the local and sub-regional levels.

Strengthening of linkage with health services

The Pilot Review Group has identified the need to improve relations between CARS and the major hospitals and other health service providers in the region. Areas of improvement in responding to presentation by CARS workers and their clients also continue to be an issue for future attention.

The transferability of the model

The principles that guide the Northern CARS are ones that would be well replicated in other local contexts as a way of ensuring that women in crisis can access a face-to-face service 24 hours a day. These principles relate to both the service that is delivered to women (holistic, timely, information-rich and respectful) and the principles upon which interagency collaboration has been developed (not yet fully articulated by the partnership).

If replicated in other local settings, it is possible that the development of a service based on similar principles may result in a different operational model. This does not in anyway suggest any weakness in the model. Rather it points to the organic

nature of its development and the way in which it recognises and builds upon personal relationships, local networks, knowledge, capacity and geographic proximity.

Indeed, it is important to recognise the significance of the 'champions' of CARS and the personal relationships involved in initially driving the establishment of the Northern CARS and the necessary transformation of such relationships into protocols for systemic cooperation and communication between members of the participating agencies. Participants previously unknown to each other have, in turn, benefited from face-to-face (cross-agency) introductions and discussions at the regular forums and review meetings.

Geographic proximity of participating agencies in Northern CARS is another significant factor in enabling participants to come together to meet each other on a regular basis to iron out service problems. Extending such a model to areas that are beyond metropolitan Melbourne (or are a mixture of metropolitan, interface and rural communities) will present different challenges for the development of a crisis response service, not the least of which would be the ease with which long-distance relationships could be established with the metropolitan-located WDVCS.

As the CARS model remains immersed in local circumstances, it is possible the operations may change as individual participating organisations renew their capacity, or as the partnership as a whole moves towards alternative delivery mechanisms.

9. Conclusion

This evaluation of the establishment of the first six month pilot phase of the Crisis Advocacy Response Service has aimed to document changes in multi-agency working relationships in developing an integrated crisis response service and identify some of the outcomes as a result of the service reorientation.

Overall, the new service delivery model – based on the principles of a service that is holistic, timely, information-rich and respectful - is working well and provides an essential service. At present, it is delivered through a shared service arrangement between Northern Family and Domestic Violence Service (Berry Street), Mary Anderson Family Services (Crossroads Youth and Family Services) and Georgina and Martina Women's Refuges. It includes a protocol with the Women's Domestic Violence Crisis Line as the central referral point, and agreements with police (and to a lesser extent the major hospitals in the region) for referrals.

Early indications suggest that whilst the CARS system is perceived, essentially, as a ***crisis*** intervention, it nonetheless has ***ameliorative*** if not ***preventative consequences*** for women (and – potentially – for children) living with violence, if only in the sense that women are better informed about possible options. This is particularly important considering that the data suggests that CARS workers were engaging with many women and children who were living in or attempting to escape from highly dangerous situations.

There are, however, significant areas in which further development is required if CARS is to be sustainable and integrative of services which need to be involved in providing a response to women and children living with violence.

Some of these will require investment from supra-regional levels of the integrated family violence response system (i.e. vertically, from Government) and some of

these are suggestive of further relationship and systems building (i.e. horizontally, from participating CARS agencies and other non-participating agencies/bodies).

We summarise our evaluation of these according to three, inter-related elements: resources, attitudinal and cultural shifts, and systems development.

Resources

It is apparent that changes will need to be made as far as the availability of resources to support and sustain CARS as it presently operates and certainly if it is to expand its reach. All the costs of running CARS are met from within the existing budgets of participating agencies. This situation was unanimously described as unsustainable by interviewees, particularly as participating agencies are not equally affected. Neither VicPol nor WDVCS are negatively impacted by their current participation in CARS as far as allocating resources. The other participating agencies, regardless of size, however, face significant challenges as far as harnessing the human, financial, material/infrastructural resources to run CARS.

Seeking ongoing, external funding from Government is logical for the following:

- Investment in new technology that avoids the limitations of fax technology for mobile CARS workers
- Rapid access to brokerage funds e.g. for the purposes of changing house locks, transport costs for women and children re-locating
- Salary support (see below)
- CARS Unit support (see below).

There is the significant issue related to the lack of consistency in employment status of CARS workers across the participating agencies. Such inconsistencies are unjust and they have the potential to destabilise the system by undermining the considerable goodwill that has developed during the pilot phase, if they are allowed to continue into the post-pilot phase. How to solve the inconsistencies will not be easy as it goes to the heart of what, precisely, is being shared by agencies and the issue of agency autonomy.

In addition, there is the issue of who should bear the costs of providing and maintaining the unit to which CARS workers take women and children, when necessary, to provide a face-to-face service. At present, Mary Anderson 'donates' usage of one of their properties for this purpose. While we have been unable to establish the extent of unit usage (for example, per client) it is clear that access to a safe, secure place to talk to women where there are no phones and no staff interruptions is key to the success of the service.

Attitudinal and cultural shifts

Interviewees commented favourably on the ***attitudinal and cultural shifts*** that have occurred in thinking about – and developing – an integrated crisis response, at least as far as this has occurred at the local and sub-regional levels. New, cooperative relationships have developed between the family violence services (WDVCS and CARS agencies) and police. VicPol Family Violence Advisors and Liaison Officers continue to inform and educate members about CARS and encourage CARS workers to introduce themselves when attending women at police stations.

A significant challenge, however, concerns the extent to which there is a shared understanding of what a 'crisis response' entails and whether or not it matters if there are different perspectives on how the CARS intervention is perceived and/or carried out in responding to woman and children in need of 'a' service. The main points of concern relate to providing:

- A 'crisis' response as opposed to an 'outreach' response

- A day-time response as opposed to a night-time response
- A week-end response as opposed to 'Monday to Friday' response

They further relate to how the above responses translate into:

- Assessments of eligibility by WDVCS telephone operators, on the one hand, and the on-call CARS worker, on the other
- How the CARS on-call worker decides to provide the services she perceives to be required by the woman and her children (a further telephone service, a face-to-face service, or a mixture)
- Referral to outreach worker within the CARS on-call agency the next day or a continuation of the work by the next CARS on-call worker the next day.

If CARS is to expand its services, as discussed in the previous section, similar cooperative relationships and attitudinal shifts may need to occur within and between services, such as Child FIRST, disability services, health services etc.

Systems

Developing adequate ***systems*** that will monitor and sustain CARS involves not only the management of resources (which will depend on the future funding model, as discussed above) and continuing to improve data collection processes so as to make informed decisions about future development, but also building and sustaining alliances and networks both horizontally and vertically.

To date, the most concerted effort in building systems has related to cross-agency partnerships and the development of protocols and MoUs for CARS operations for the current participating agencies at the local level. The regular CARS forums and fortnightly pilot review meetings have been instrumental in enabling staff from the participating agencies to meet face-to-face, problem-solve (through discussion of Exception Reports) and resolve misunderstandings and miscommunication in operational matters.

Further 'horizontal' relationships may need to be developed that can provide secondary consultation and further pathways into the CARS system (such as Child FIRST, disability, Indigenous and CALD services, health services, courts and Men's Behaviour Change Programs). Strengthening 'vertical' relationships and promoting the learnings from the CARS pilot would be highly desirable. Ideal forums in which to do this would include the North and West Metropolitan Region Integrated Family Violence Service Steering Committee, the Family Violence Statewide Advisory Committee, the Family Violence Interdepartmental Committee and the Family Violence Round Table.

A general issue with this study is that it is essentially a case study of the family violence crisis response in one part of Melbourne. In order to better understand how CARS works it would be useful to examine the same set of issues in another region where more conventional inter-agency service arrangements apply.

Recommendations

1. That Government contributes funding in order to maintain CARS as it presently operates, which will enable the CARS Pilot Review Group to allocate such funding in a fair, flexible and equitable way for the purposes of: investment in new technology for mobile CARS workers; salary support; and CARS Unit support.

2. That Government either improves access to current brokerage funds or establishes a new fund so that <u>rapid</u> access is guaranteed.

3. That CARS seeks to expand its services by building cooperative relationships, opportunities for secondary consultation and further pathways into the CARS system. This will involve facilitating attitudinal shifts and developing systems within and between services, such as Child FIRST, disability services, health services, courts, Men's Behaviour Change Programs, Indigenous services and CALD services.

4. That CARS strengthens data collection processes, in particular: usage of the CARS Unit (including a review in six months' time); and the identification of women and children with disability (including service implications).

5. That CARS strengthens its 'vertical' relationships throughout the family violence integrated response system; for example, with the North and West Metropolitan Region Integrated Family Violence Service Steering Committee, the Family Violence Statewide Advisory Committee, the Family Violence Interdepartmental Committee, and the Family Violence Round Table.

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Melbourne Research Alliance to End Violence Against Women and their Children

Briefing Paper No. Briefing Paper No. 7 on 'Closing the data gaps on family violence'

Authors: Cathy Humphreys, Lucy Healey, Kristin Diemer

Closing the data gaps on family violence

Relevant to Royal Commission into Family Violence Term of Reference number 9

"What we know is a drop, what we don't know is an ocean." Isaac newton

Introduction

When it comes to service delivery, intervention and response to Family Violence (FV)[1], there are things that are known, but much is still unknown. Often policy and service provision is put into place to address FV before 'knowing' the full nature and extent of the problem (Gelles, 2007). In addition, services and response initiatives are often introduced without adequate evaluation strategies in place. Internationally there is some controversy among researchers in regard to the evidence base informing policy and service provision decisions, especially in regard to the nature, extent and aetiology of FV; the effectiveness of prevention campaigns disassociated from actual public perception of FV (Dixon & Graham-Kevan, 2011; Povey, Coleman, Kaiza, Hoare, & Jansson, 2008; Webster et al., 2014), and the theoretical basis of perpetrator treatment programs (Babcock, Green, & Robie, 2004).

In Australia the ABS Personal Safety Survey (Australian Bureau of Statistics, 2013) does answer many of the questions raised about the nature of violence experienced by both women and men. What is missing is the evidence base to understand the impact of FV as well as the effectiveness of prevention, intervention and response initiatives. The data available is piecemeal, inconsistent and incomplete. A long-term and systematic approach to data collection and research is required to fully 'know' the problem, its' impact upon individuals and families, and the impact of current interventions. Without a planned and systematic approach to data collection, research, monitoring and evaluation we are unlikely ever to know, reliably, what we need to know about the current system, what works, what needs to change and the impact of change(Loseke, Gelles, & Cavanaugh, 2005). The flip side of 'not knowing' is the potential unintentional consequences for causing harm and re-victimisation through implementation of unmonitored policy and practice.

I have been responsible for or collaborated in a number of data research projects including the preparation of the trend analysis reports on *Measuring Family Violence in Victoria: Victorian Family Violence Database* (volumes 3, 4 and 5) with the Department of Justice and the National Community Attitudes into Violence Against Women Survey (NCAS). In February 2011, at the request of the Office of Women's Policy, Department of Human Services, I prepared a draft report on the development of a family violence minimum dataset.

Key message: To develop a systematic approach to research, monitoring and evaluation in order to frame FV policy, prevention strategies and service response through known issues and outcomes as opposed to short-term and transient 'quick-fixes'.

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[1] Family Violence is the term used here to be consistent with the language of Victorian policy. However conception and understanding of 'violence' varies widely and is one of the reasons for a lack of data and evidence. The term as used in this paper is expansive and assumes the Victorian legal definition encompassing sexual abuse, threats of violence, power and control as well as witnessing of violence. 'Family' is also expansive in line with the Victorian legal definition including those living in family-like relationships and in the context of Aboriginal and Torres Strait Islander people, in community.

State of data collection in Victoria

Victorian policy makers from all political persuasions have committed to design and deliver innovative and effective strategies addressing FV over the years. However, information to inform decisions has been scant. Most of what we know comes primarily from data systems designed to measure something else, or from short-term 'snap-shot' pieces of research. To date, Victorian service providers have been forward thinking in supporting the use of available service provision data to learn all that we can about FV within the context of those collection tools (Diemer, 2012).

The approach to date has been useful and should be retained. It forms a system of data collection far better than any other known to the authors in Australia or internationally. The current system is the beginning of a long-term monitoring approach required to make strong impact on reducing the problem of FV.

What is missing from the body of evidence is:

- Consistent and reliable data on the way in which the system operates,
- Data on the impact and effectiveness of the system upon victims and perpetrators as well as the nature, extent of and engagement with the system
- Data on the articulation between prevention, service provision and policy, including monitoring data.

Victoria has reached a point where the next logical step is to invest in an overarching and evolving FV data collection system. This short paper proposes three components to improve the current FV data collection system in Victoria, each of which informs the other:

1. A commitment to an integrated, long-term, program of research, monitoring and evaluation. Research is needed to understand the aetiology of problem within Australia more fully, while monitoring and evaluation (M&E) is required to evaluate the effectiveness of programs and services.

As a state, Victoria is making considerable investment into programs and initiatives. Subsequently it makes sense that a robust frame of research, monitoring and evaluation sits around these. Programs need not be delayed, but accompanied by the research and M&E built into each initiative from the beginning. It may also mean that current programs require independent evaluation before decisions are made to change, expand or discontinue them. As outlined at the beginning of this paper, without the evidence base programs are based on anecdotal evidence and advocacy knowledge. None of this is poorly intended, but without a complete research or M&E picture programs risk compounding problems, causing new problems and re-victimising victims.

Some of the items we need to monitor, but currently cannot monitor, include (this list is not exhaustive):

- The way in which the FV system itself operates as a whole
- How the FV system integrates with other more generic services (eg health systems)
- How victims and perpetrators experience systems in terms of timely and effective accountability processes support and response enabling a reduction of the problem
- The multiple entry points and co-occurring service delivery
- Safety planning effectiveness
- The impact of FV upon children
- Information about perpetrators and their involvement with the system of accountability

2. The introduction of a FV minimum dataset (ie the core questions every service in Victoria should include in their data collection system when FV is identified). An outline of suggested data items is appended to this paper.

The intention of a FV minimum dataset is to ensure that when a client discloses the experience or presence of FV that the same questions with the same response choices will be asked. This will ensure that data is comparable across the system and that FV is not minimised in the context of co-occurring and often complex issues. Thus allowing the overall nature and extent of the problem to be better measured and monitored across systems.

3. The introduction of anonymised and confidential data linkage allowing the journey of system delivery to be traced for perpetrators (principally) but also victims. This will enable better understanding of help seeking and service system pathways.

Ethical and anonymised data linkage systems are already being used within primary health networks in Victoria.[2] These are able safely and securely to map the 'whole patient' journey of care in a way which keeps individuals anonymous[3] but allows for health services to monitor changes to health within communities. This form of mapping could be very helpful in monitoring and designing direct services for FV. This system could trace intersecting service systems to identify overlaps and gaps, and in particular, could identify help-seeking behaviours at earlier stages thereby offering valuable information for early intervention strategies.

Challenges to improving data systems

- Inconsistent and incomplete data items across multi-disciplinary systems (eg variation in recording simple demographics such as age)
- Lack of common FV indicators across data systems
- Lack of consistent program delivery standards (perpetrator programs in particular) makes it extremely difficult to monitor effectiveness
- Lack of will to trace the victim or perpetrator journey through the system in order to identify the frequency of entry into the service system and critical gaps inhibiting attempts to stop the cycle of violence
- Lack of validated research among victims who do not actively seek help from formal service systems in order to identify appropriate supports to end their exposure to violence
- Organisational willingness to modify data systems to improve data capture
- Staff training to improve data collection
- Organisation willingness to share data even when anonymised
- Recognition of FV as a primary issue and not only as background issue when collecting information about FV at a non-FV specialist agency.
- Leadership and mentorship among key individuals in relevant Departments with a view to develop staff awareness and appreciation of the value translating to direct service engagement.

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2 The program referenced is run within the University of Melbourne HaBIC Research Information Technology Unit (R2) Health and Biomedical Informatics Centre (HABIC). It is being used for tracking health care provision across some regions in Victoria.

[3] The system applies a confidentially encryption code to the name, address and date of birth of the patient. The code cannot be traced back to individuals.

Evidence

According to the ABS Personal Safety Survey (Australian Bureau of Statistics, 2013) we know the prevalence of the different forms of violence and abuse among the general population of Australians aged 15 years and older. This same survey also provides limited insight into help-seeking behaviours. The National Community Attitudes survey (Webster et al., 2014) provides a clear insight into the way in which Australian's perceive of violence against women, and particularly violence between intimate partners. Together these two surveys provide strong evidence for key messages required to be present in awareness and prevention strategies. These should be designed simultaneous with monitoring and evaluation campaigns.

The Victorian Family Violence Database (Diemer, 2012) identified the amount and nature of service provision among those who actively seek help for FV, and smaller research programs such as the SAFER program of research into the FV system reforms (Ross, Frere, Healey, & Humphreys, 2011) identified that women often wait up to ten years before actively seeking help for the violence they experience (Diemer & Humphreys, 2010). However the co-occurrence of multiple services and the advantages of this is not monitored, nor are the gaps in service provision which leaves victims unsafe from on-going violence.

Other research has identified that many women never seek help from formal support systems (Healey, Howe, Humphreys, Jennings, & Julian, 2008; Howard, Wright, & Borderlands Cooperative, 2007) however only limited research has been undertaken to identify which services would be suitable for these groups of women, or why they do not access the current range of services.

Opportunities for policy and/or practice

The following tables contain recommended minimum and optimum data sets that would constitute an improvement on present data collection if it were to be implemented consistently across services involved in responding to family violence.

Table 1: FV Minimum Data Set (MDS) Version 1.0, data model

FV victim	FV perpetrator	FV incident / matter	pathways
Client information			
• Unique client ID • Statistical linkage Key • Date of Birth • Sex • Aboriginal status • Main language spoken at home • Need for interpreter or other communication assistance • Presence of disability • Presence of depression/mental health issue • Post code of usual residential location • Relationship to the perpetrator • Housing situation (ie tenuous nature?)	• Unique client ID • Statistical linkage Key • Date of Birth • Sex • Aboriginal status • Main language spoken at home • Need for interpreter or other communication assistance • Presence of disability • Presence of depression/mental health issue • Post code of usual residential location • Relationship to the perpetrator • Housing situation (ie tenuous nature?) • Does perpetrator have access to weapons • Does perpetrator have alcohol or drug issues of concern	• Presence of any children and their ages • Children who were not present at the time of incident, but who normally live with the victim and their ages • Have police been involved with this incident • Does the victim require immediate protection? • Has the perpetrator been removed from the place of residence • What police interventions have there been (eg safety notice)?	• Date of service • Service location • How client came to the service • Engagement with active referral agencies (eg feedback mechanisms and ongoing contact) • Other services involved with the client based on this incident • What are the follow-up processes
FV information			
• Presence of risks (derived from CRAF) • Level of fear • Safety plan in place • Will the victim have on-going involvement with the perpetrator (including child contact arrangements) • Will the victim remain living in her usual place of residence	• Is perpetrator currently involved in a MBC program • Is the perpetrator currently subject to an intervention order – if current, what are the restrictions on the order • Has the perpetrator breached an intervention order in this incident	• Severity of the incident • Previous history of abuse • Duration of the violence / abuse • Whether a crime has been committed in relation to this episode • Is there currently an intervention order in place – what is the status of any orders • What are the restrictions on that order	• Risk management strategy undertaken • Referral pathways (agency referred to and follow-up) • Have children been referred for assessment and service

Table 2: FV Optimum Data Set (ODS) Version 1.0, data model (underlined items indicate extra items in the ODS)

FV victim	FV perpetrator	FV incident / matter	pathways
Client information			
• Unique client ID • Statistical linkage Key • Date of Birth • Sex • Aboriginal status • Main language spoken at home • Need for interpreter or other communication assistance • Presence of disability • Post code of usual residential location • Relationship to the perpetrator • Housing situation (ie tenuous nature?)	• Unique client ID • Statistical linkage Key • Date of Birth • Sex • Aboriginal status • Main language spoken at home • Need for interpreter or other communication assistance • Presence of disability • Post code of usual residential location • Relationship to the perpetrator • Housing situation (ie tenuous nature?) • Does perpetrator have access to weapons • Does perpetrator have alcohol or drug issues of concern	• Presence of any children and their ages • Children who were not present at the time of incident, but who normally live with the victim and their ages • Have police been involved with this incident, and previous police involvement • Does the victim require immediate protection? • Has the perpetrator been removed from the place of residence • What police interventions have there been (eg safety notice)?	• Date of service • Date completed service • Reason for completion of service (eg safety risk diminished or need met) • Service location • How client came to the service • Engagement with active referral agencies (eg feedback mechanisms and ongoing contact) • Other services involved with the client based on this incident • Other services involved with the client prior to this incident • What are the follow-up processes • What are the client's unmet needs
FV information			
• Presence of risks (derived from CRAF) • Level of fear • Safety plan in place • Will the victim have on-going involvement with the perpetrator (including child contact arrangements) • Will the victim remain living in her usual place of residence • Short and long-term impact of the violence (eg injury or limitations on employment, health, community and lifestyle)	• Is perpetrator currently involved in a MBC program and his record of attendance • Has perpetrator previously been charged for FV • Is the perpetrator currently or previously been subject to an intervention order – if current, what are the restrictions on the order • Has the perpetrator breached an intervention order in this incident • Any other criminal history	• Severity of the incident • Previous history of abuse • Duration of the violence / abuse • Whether a crime has been committed in relation to this episode • Is there currently an intervention order in place – what is the status of any orders • What are the restrictions on that order	• Risk management strategy undertaken • Referral pathways (agency referred to and follow-up) • Feedback from referral agency subsequent to referral • Number and type of other agencies involved with joint case planning or safety management • Have children been referred for assessment and service and what service have they obtained

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Melbourne Research Alliance to End Violence Against Women and their Children:

Briefing Paper No. 8 on 'Responding to women with disabilities in the context of family violence and disability services'

Authors: Cathy Humphreys, Lucy Healey, Kristin Diemer

Responding to women with disabilities in the context of family violence and disability services

Relevant to Royal Commission into Family Violence Term Issues Paper questions: 8, 9, 17, 18, 19

Introduction

I would like to address the issue of family violence in relation to women with disabilities (WWD) in the context of disability services and the challenges family violence presents for agencies' ability to prevent violence, and to identify and respond to it.

I have developed a particular concern about violence against women with disabilities since2007 when I was engaged by The University of Melbourne, Women with Disabilities Victoria (WDV), and the Domestic Violence Resource Centre (DVRC) to conduct research into the status of policy and practice in responding to violence against women with disabilities in Victoria (the *Building the Evidence* research project, Healey et al, 2008; Healey et al, 2013). I have continued to work closely with WDV in an advisory, advocacy and research capacity. I was invited to contribute to the roundtable with the UN Special Rapporteur into violence against women with disabilities during her 2012 tour; I was a member of the expert advisory group for the national project, *Stop the Violence*, and provided expert feedback relating to disability for the Australian *National Community Attitudes to Violence Against Women Survey*. I was also a member of the team conducting the Victorian research, *Voices Against Violence* (Healey, 2013; Woodcock et al, 2014), a collaboration comprising WDV, DVRCV and The Office of the Public Advocate.

International literature consistently finds that WWD are at greater risk of violence than men with disabilities and experience violence at up to double the rate in comparison with women without disabilities. In addition, it is clear that women with cognitive impairments, mental ill health, severely-limiting impairments, communication impairments, and those living in institutional settings are at greater risk of sexual assault (Hughes et al, 2012; OHCHR, 2012). The risks are further heightened for women who are indigenous, from culturally and linguistically diverse backgrounds, and living in isolated – rural or institutional – communities (Brownridge, 2009; Sobsey, 1994). There is also evidence indicating that some perpetrators specifically target WWD living in the community (Brownridge, 2009) and those living in institutional and residential settings (Sobsey, 1994; Fitzsimmons, 2009). We know, also, that there are considerable barriers to WWD accessing support services, illustrated in the collection of papers undertaken as part of the *Voices Against Violence* project.[1]

Key message: We need to: (1) improve recognition of and response to gendered disability violence as a component of family violence and other forms of violence perpetrated against WWD in the disability sector; (2) strengthen the links between the disability and family violence support services and ensure that (a) a gendered approach informs disability policy, protocols and codes of practice, including the NDIS' Quality and Safeguarding Framework under current development; and (b) that family violence codes of practice, standards and professional guidelines reflect the broad range of violence experienced by WWD, and the range of settings and relationships in which such violence may occur; and (3) strengthen the collection, analysis and availability of robust data that links violence, gender and disability.

[1] Available at www.wdv.org.au

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Challenges

- Disability-related violence and its interplay with family violence (and other forms of gender-based violence) is poorly understood by agencies that work with WWD or who might be expected to support WWD should they disclose violence. This includes disability support workers, specialist family violence workers, police, courts and lawyers (Dowse et al, 2014; Healey et al, 2008).
- Our knowledge and understanding of disability-related violence is hampered by our lack of robust data that links ability, violence and the gender of both victims and perpetrators.
- Harnessing robust data so that it informs and supports evidence-based policy and practice developments in the disability and specialist family violence arenas.

Identifying and responding to family violence experienced by women with disabilities

Victoria recognises that some forms of disability-based violence may constitute family violence as defined in the *Family Violence Protection Act, 2008* (Vic) and has led the way in recognising the possibility that people in 'family like relationships' such as carers providing intimate daily care in an ongoing relationship might be perpetrators of family violence. It would seem that this is still fairly untested ground, particularly the extent to which family violence legislation applies to women abused by disability support workers in private homes or in disability residential settings. Not all violence and abuse that occurs in the privacy of a woman's home will be family violence. But the diverse living circumstances of women with disabilities requiring assistance for the most basic and intimate activities of daily living present challenges for how family violence support workers, police, health professionals, disability support workers and the community understand, identify and respond to violence as experienced by women with disabilities.

An ongoing pattern of coercive control and exercise of power by one person over another in an intimate relationship or previous relationship defines the everyday and legislative understanding of family violence in Victoria. Women with disabilities (WWD) experience family violence (and other kinds of interpersonal violence) just as other women do, but there is often an added dimension to the violence referred to as disability-related or disability-based violence in the literature (McLain, 2011).

The case of Vinod Johnny Kumar is outlined below in order to illustrate the challenge in recognising family violence where WWD are the targets. This is followed by the case of 'Gina' who moved from living in the community where she experienced family violence and sexual assault from different perpetrators to living in a Supported Residential Service in more recent years where she (again) experienced family violence and sexual assault from different perpetrators.

The case of Vinod Johnny Kumar[2]

In November 2013, Vinod Johnny Kumary was found guilty of 12 charges of sexual offences in the County Court of Victoria and sentenced to 18 years jail. He had been employed as a casual disability support worker by Yooralla, often working up to full-time hours, since early 2009. There had been a number of occasions when Kumar had been suspected of inappropriate behaviour towards residents and staff before he was finally sacked and disclosures of violence referred to police for investigation. The subsequent County Court of Victoria case (Director of Public Prosecutions v Vinod Johnny Kumar) concerned offences perpetrated against three

[2] This is an extract from Healey (2015: 5-6, 9). The details are drawn from the County Court of Victoria's transcript of the reasons for sentence in the case *Director of Public Prosecutions v Vinod Johnny Kumar*, Case No. CR-13-00419. The figure in the square brackets denotes the paragraph number of the court transcript. This case was also the subject of an ABC Four Corners program in November 2014.

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women and one man between October 2011 and mid-January 2012. Home, for all four, was a small group home providing 'supported accommodation' around the clock. Three of them lived in the same small group home of six residents in total. To different degrees, all four required assistance for the most basic of daily functions.

- 'Ruth'[3] has cerebral palsy, is vision impaired and has been assessed as having borderline intellectual capacity. She uses a motorised wheelchair, and a communication assistant although she has some vocalisation. Ruth's impairments mean she requires full assistance, involving feeding, manual handling and being hoisted from bed to chair to commode for toileting, showering and other personal care. She was assaulted serially. One rape occurred on the night of the residents' Christmas party whilst Kumar was showering her. As the sentencing judge said: *"You told her to stop moving around, when, as you well knew, her movements were involuntary, the product of the cerebral palsy…You told her to behave herself, accused her of acting like a whore, a tart and a slag…She told you to stop but you did not" [paragraph 20].*[4] She was too afraid to complain about being raped owing to Kumar's threats and did not disclose until well after he had been sacked.

- 'Jacqueline' has cerebral palsy, depression, a history of psychotic episodes, and is confined to a wheelchair. She has a congenital scoliosis of the back and a disease involving acute inflammation and thrombosis of the arteries and veins in her feet. She requires similar full time care as Ruth and was living in the same residence. She was assaulted serially. On one occasion, she was left alone on the toilet for an hour and a half, waiting for the night staff to come on duty rather than buzz for assistance from her abuser. She feared not being believed if she disclosed the assaults to anyone although she did divulge to other staff on a number of occasions that she did not want to be assisted by Kumar.

Gina: multiple perpetrators over a lifetime, multiple forms of violence[5]

- 'Gina' came to Australia from Italy with her parents soon after she had a pregnancy terminated and was diagnosed with schizophrenia. The pregnancy was the result of a rape by a neighbour. She was [redacted] years old. She married at [redacted] years old. Her husband, who was later imprisoned for criminal offences, was also violent towards her and stole her savings. Now in her 60s, Gina lives in a Supported Residential Service. In recent years she was sexually assaulted by a [redacted] and saw her Italian apartment sold by her brother without her consent. He kept the money for himself. Gina wanted to take legal action but had difficulty in remembering the details of her apartment. Gina's Advocate/Guardian was unsuccessful in obtaining information about the apartment but emphasised to Gina that the theft of her property constituted economic abuse by her brother. Although Gina had no legal redress, she felt validated by her Advocate/Guardian's belief in what had happened to her and that it was wrong.

[3] All victims' names are pseudonyms.

[4] The figure in the square brackets denotes the paragraph number of the County Court of Victoria's transcript of the reasons for sentence in the case *Director of Public Prosecutions v Vinod Johnny Kumar*, Case No. CR-13- 00419. This case was also the subject of an *ABC Four Corners* program in 2014.

[5] This is an extract from Healey (2015; 8). Gina's experiences were drawn from one of the hundred, randomly selected, Advocate/Guardian case files involving women that were audited by the Office of the Public Advocate for the *Voices Against Violence* research project (McGuire, 2013).

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In the case of Kumar, the violence and abuse occurred within the context of extreme power inequalities between staff and residents. It occurred in Ruth and Jacqueline's home, where, in the absence of appropriate safeguarding practices and resourcing, it was easy for Kumar to isolate and denigrate them with impunity. Kumar was the only staff member on duty at the time that all of the sexual assaults occurred and it appears that he worked for some time in the house where Ruth and Jacqueline lived. His role was to assist Ruth and Jacqueline in the most intimate of daily functions. Ruth and Jacqueline depended on carers like Kumar, and yet the organisation's practices virtually trapped them in their own home beyond the support and services designed to respond to such violence and abuse. The organisation failed to pursue rumours from other staff about Kumar's questionable behaviour and failed to provide a safe and supported space within which the women could communicate in their own way either to senior staff or independent services what was going on. By virtue of his ability to communicate with ease, Kumar could call into question, as he did, anything the women disclosed and manipulate the veracity of their words.

Kumar's case raises potentially useful questions about how different legislation applies to different settings and how family violence is not necessarily identified in certain contexts, such as a group home, whereas, had the offender regularly been providing care within the victims' private home, it might conceivably have been regarded as a form of family violence. One question is, does it matter? It may matter to the extent that the truth of what is happening to women such as Ruth and Jacqueline is revealed, that there is proper reparation and that practices within disability services are changed to prevent such violence and implement proper safeguards so that a male disability support worker is never working alone with women. What this means in terms of justice and upholding the human rights of WWD is a further question. Would the collection of evidence have been any different if the women lived in a private residence and not a group home? Would the involvement of specialist family violence or sexual assault services been any more likely had the violence occurred in a private home rather than disability supported accommodation?

The case of Gina highlights a number of features that recent research into violence against women with disabilities shows (Healey et al, 2008; McGuire, 2013; Woodlock et al, 2014). First, family violence does occur within disability services: in this instance, the perpetrator was Gina's brother. Second, Gina has experienced violence from multiple perpetrators throughout her life, a fact that aligns with international literature about violence against WWD. It may be that some sexual assaults were opportunistic single incidents (the [redacted] instance) but she also experienced family violence, including theft of property and money, as a young married woman from her husband and more recently by her brother. Third, economic abuse is a particularly egregious form of abuse against women who are isolated within a disability residence. It may be difficult for unskilled disability workers to identify and difficult for reparation to be made. In Gina's case, it took the intervention of the Office of the Public Advocate's Community Visitors to reveal the truth of what had happened and provide validation to Gina.

Gender: the missing component in disability services

Gender is the missing component in identifying and responding to violence against WWD in the disability sector. A gendered understanding of violence is necessary to understand the patterns of perpetration and victimization and therefore to enable us to devise effective responses in terms of prevention and intervention. If we do not pay attention to gender, there is a:

- Failure to recognise its importance in compounding the power imbalance between disability workers and clients
- Failure to involve women's specialist domestic and family violence and sexual assault services in supporting victims of violence
- Potential miscarriage of justice and a failure to uphold the human rights of women and girls with disabilities when police are not involved in a sufficiently timely way for evidence to be gathered that would lead to civil if not criminal proceedings

- Failure to take account of sexist and ablist attitudes which might influence the way workers respond to violence against women and men; for example, the rape of women with disabilities may not be taken as seriously as violence against men with disabilities owing to the practice of not listening to women who disclose. We do not know the impact of gender on this because it is an unexplored area
- Failure to take account of sexist attitudes that might influence disability workers' differential treatment of men and women with disabilities. Again, we do not know without further research whether women with disabilities are more restricted, 'protected' or 'controlled' compared to men with disabilities in institutional and residential settings

Data: the missing component

Most WWD live in the community and not in disability or aged-care settings; for example, one per cent of Victorian people with disabilities live in a non-private dwelling such as a group home or other cared-accommodation (State of Victoria, 2012). The living arrangements of people with disability, disaggregated by ability, age, gender, Aboriginality, cultural and linguistic background, age and state/territory is difficult to access publicly, or it is limited, or perhaps may not exist. For example, the Australian Bureau of Statistics' 2012 *Survey of Disability, Ageing and Carers* does not provide gender-disaggregated data about living arrangements (the number of women and men 'living in households' as opposed to 'living in cared-accommodation'). Further, owing to the fact that those living in group homes of 6 people or less are counted as 'living in households', we must access other sources of state-based data. These are not easily located.

Disaggregated, quantitative data relating to violence against people with disabilities is similarly lacking; for example, neither the Australian Bureau of Statistics' *Personal Safety Survey* (2012) nor the *Survey of Disability, Ageing and Carers (2012)* provides data that would help us understand the nature or a extent of the problem of violence against WWD. We rely, instead, on small-scale studies, often qualitative in nature, or on quantitative data generated in other countries where data disaggregation includes disability status.

Opportunities for policy and practice

Data collection and analysis to inform policy and practice

In addition to improving national data collection and analysis that links violence, ability and gender, there needs to be a systematic analysis of serious incidents of violence against people with disabilities in Victoria. The Victorian Disability Services Commissioner noted the absence and the need for such analysis in a 2012 report (DSC, 2012). This may mean workforce training for disability workers to ensure they record the relationships between perpetrator and victim (for example: staff to resident violence or vice versa; or between co-residents); the gender of both perpetrator and victim; the types of violence and abuse; and the location of where the violence and abuse occurs.

Disability inclusive family violence policy and practice

Family violence codes of practice, professional guidelines and standards need to be inclusive of the types of violence experienced by WWD and thus improve the practice of professionals across a range of agencies – including police, lawyers, and specialist family violence and sexual assault services - in responding to and supporting WWD who have made disclosures of violence and in responding to referrals from disability services or elsewhere (see recommendations from the *Voices Against Violence* summary paper attached). Such professional standards, codes and guidelines can provide a platform from which committed managers and workers can lead, train and shift practice in and across organisations.

A set of standards and a matrix tool to identify minimum standards for inclusive practice with women with disabilities affected by family violence were developed as a result of analysis of 8 family violence codes of

practice, professional guidelines and standards during the *Building the Evidence* project (Healey et al, 2013). These include attention to information about:

1. The meaningful participation of WWD to guide professional practice
2. A definition of family violence that is inclusive of disability-based violence
3. The fact that disability is recognised as heightening risk of violence
4. Collecting data that identifies the presence of disability (preferably in victims and perpetrator) and impairment-related needs e.g. the need for a wheelchair, communication assistant etc.
5. Developing physical and programmatic accessibility for WWD to agency services
6. Cross sector collaboration
7. Legislation, human rights and a gendered approach to violence
8. Workforce development in relation to the above.

These can be used to strengthen the inclusion of women with disabilities within existing family violence sector standards but they are also transferrable to, for example, the disability sector.

Gendered violence inclusive disability policy and practice safeguards

The current work being undertaken by the National Disability Insurance Agency into a National Disability Insurance Scheme Quality Safeguards Framework represents a vital opportunity for the disability sector to ensure that appropriate safeguards, standards and practice guidelines are developed. The framework needs to drive responses to violence against people with disabilities and ensure referral pathways to specialist family violence and sexual assault services, as appropriate. As implied in the previous point about minimum standards, it will mean that the new NDIS workforce must be trained in understanding gendered violence and in applying the principles of good practice in upholding the safety and human rights of people with disabilities.

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Inclusive Domestic Violence Standards: Strategies to Improve Interventions for Women With Disabilities?

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Women with disabilities experience violence at greater rates than other women, yet their access to domestic violence services is more limited. This limitation is mirrored in domestic violence sector standards, which often fail to include the specific issues for women with disabilities. This article has a dual focus: to outline a set of internationally transferrable standards for inclusive practice with women with disabilities affected by domestic violence; and report on the results of a documentary analysis of domestic violence service standards, codes of practice, and practice guidelines. It draws on the *Building the Evidence* (*BtE*) research and advocacy project in Victoria, Australia in which a matrix tool was developed to identify minimum standards to support the inclusion of women with disabilities in existing domestic violence sector standards. This tool is designed to interrogate domestic violence sector standards for their attention to women with disabilities.

Keywords: women with disabilities; domestic violence; intimate partner violence; standards; codes of practice

> *The (police) Code of Practice has had a dramatic effect on significantly improving response for victims of family violence*.—Victorian Government (2010)

The centrality of the Victoria Police's (2004) *Code of Practice for the Investigation of Family Violence* is widely acknowledged as critical in strengthening police responses to domestic violence and as integral, if not a driver, of the domestic violence reforms that have been underway in the state of Victoria, Australia since early 2000 (see Ross, Frere, Healey, & Humphreys, 2011). The aim of this article is to explore the potential for strengthening domestic violence practice standards, guidelines, and codes of practice as a strategy to support organizational change in the domestic violence service system with respect to women with disabilities who experience domestic violence. To this end, we have developed a matrix tool to identify minimum standards to support the inclusion of women with disabilities within existing domestic violence sector standards.

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Although not a change strategy in, and of themselves, standards, codes and guidelines can provide a platform from which dedicated managers and workers can lead, train, and shift practice in and across organizations.

Women with disabilities are particularly targeted by perpetrators of violence because they often live in situations that heighten the risk of experiencing violence owing to poverty, social isolation, lack of economic independence, and dependence on others (Brownridge, 2009b). Acknowledging this group of women within policy and practice documents signifies their visibility and highlights the particularity of their needs and rights to service inclusion.

This article outlines a two-step process through which a set of standards were identified and a matrix was developed. Eight Victorian domestic violence policy documents were then analyzed to interrogate the inclusion of women with disabilities. The structure of this article is not that of a traditional research paper. There is a dual focus to this article: to outline a set of potentially transferrable standards for inclusive practice with women with disabilities affected by domestic violence; and report on the results of a local domestic violence policy documentary analysis. To avoid repetition, a brief outline of the literature and critical thinking, which sits behind each standard, and hence, the rationale for the standard, is incorporated into the discussion and findings. The results of the documentary analysis are then reported briefly within the discussion of each standard.

ISSUES OF LANGUAGE AND TERMINOLOGY

All terminology both includes and excludes. A digression to clarify language recognizes that language is contextual and often requires explanation. In Victoria, “family violence” is the preferred terminology used to respect the preferences of aboriginal people in Victoria who feel strongly that family violence recognizes the wider family relationships in which violence may be perpetrated and not just the intimate partner relationship. However, in writing for an international audience, the term “domestic violence” is more commonly used, particularly by those (including ourselves) who hold a gendered understanding of the patterns of violence in domestic relationships in which hierarchies of power are manifest through intersecting discriminatory attitudes and practices. The exception in this article is when reference is made to documents, which refer to family violence in the Victorian context.

Defining disability and the associated terminology is also a contentious issue. The disability advocacy organizations in Australia (including the organizations involved in this study) adopt a social model of disability that describes disability as the interaction between a person’s impairment and the disabling (negative) social and physical context (Nixon, 2009). Historically, and still evident in some areas, disability has been largely understood in the context of the medical (individual or impairment) model, locating disability as a problem within the person that required intervention to address individual “pathology.” Notwithstanding the impact of individual impairment, the contrasting social model (itself open to numerous interpretations and critique) understands disability as a social construct stemming from disabling social structures, attitudes, and behaviors that create disabling environments in which we are all embedded. Disabling environments prevent people with disabilities from accessing human, health and justice services, transport, housing, employment, education, and social networks (Australian Government, 2009).

Although some advocacy organizations in other countries prefer the terminology of "disabled people" to highlight this disabling social context (Hague, Thiara, & Mullender, 2011a), in Australia, the preference has been to "put the person before" the disability and impairment, using the term "people/women with disability." The intersections of gender, violence, disability, and structural disadvantage create the lens, which informs this discussion (Nixon & Humphreys, 2010).

BACKGROUND TO THE RESEARCH

The first World Health Organization (WHO; 2011) *World Report on Disability* aggregated findings from different sources of research to show that on all measures of social and economic participation, people with disabilities in developed and developing countries are significantly disadvantaged. Furthermore, they demonstrated that the problem was particularly acute for women and girls with disabilities who experience gender discrimination, heightened and coupled by the risks of poverty and violence (Australian Government, 2009; Sykes, 2006; Thompson, Fisher, Purcal, Deeming, & Sawrikar, 2011; WHO, 2011; Women With Disabilities Australia [WWDA], 2011). Despite this, there is still a dearth of awareness and knowledge in Australia and overseas about the nature and prevalence of violence against people and especially women with disabilities. Yet, it is estimated that almost 20% of Australia's total population (of nearly 21 million) live with a disability, approximately half of whom are women and 6% of whom are living with severe disabilities that render them entirely dependent on others for assistance with daily living (Australian Bureau of Statistics [ABS], 2009). This data is of similar proportions to that of the United States where one in five people have a disability, although the proportion of people with severe disabilities (although not all dependent on others for daily assistance) rises to 12% (Brault, 2008). There are significant challenges involved in accurately measuring not only disability but also violence against women with disabilities (Milberger et al., 2003; WHO, 2011). Some studies now suggest that they experience as much as twice the rate of violence as other women (Brownridge, 2009b; Cockram, 2003; Nosek, Hughes, Taylor, & Taylor, 2006, for Canada, Australia, the United Kingdom, and the United States, respectively).

With these challenges in mind, Women with Disabilities Victoria (WDV) committed to addressing violence against women with disabilities as one of its core tasks. WDV is an advocacy organization run by and for women with disabilities to achieve their rights in Victoria. Their advocacy is based on the principle of "nothing about us without us." The organization's agenda was set within the context of a wider domestic violence reform agenda in Victoria, which began with a wave of progressive changes in the early 2000s with a state government committed to reform alongside dynamic leadership in the domestic violence sector.

The development and/or revision of practice standards, guidelines, and codes of practice (such as the Victoria Police's *Code of Practice for the Investigation of Family Violence*) was an aspect of the reforms designed to establish a common philosophical understanding and policy approach to the complex issue of domestic violence. In 2005, when the Victorian Government officially released its report, *Reforming the Family Violence System in Victoria*, codes of practice were seen as one of the core components of the reform's goal of "integration":

> Integration . . . is a whole new service. Co-location of agencies, agreed protocols and **codes of practice** [emphasis added], joint service delivery, agencies reconstituting or realigning their core business to confront the challenges posed by a broadened conception of the problem [of addressing family violence]. . . . (Domestic Violence and Incest Resource Centre, as cited in Office of Women's Policy, 2005, p. 18)

In general, professional standards and protocols are developed to guide the responses of a wide range of professionals including police, community lawyers, homelessness staff, community and social workers supporting families and children, and specialist domestic violence workers involved in working with victims of domestic violence or perpetrators of violence. In Australia, as elsewhere, standards, protocols, and professional guidelines are not legally binding tools or secondary legislation. They are "soft laws" which guide professional conduct and the development of institutional responses across both human services and justice (Campbell & Glass, 2001). Where protocols, codes of practice, and standards are meant to be adhered to by practitioners under all circumstances, guidelines are designed to aid decision-making processes and therefore used to assist professional judgment (Appleton & Cowley, 1997).

The argument in this article for inclusive domestic violence sector standards is informed by the principles of social justice and human rights to develop policy and practice for all populations. This means that the structural inequalities that flow from power differentials—shaped by differences of gender, ability, the long-term impacts of colonization, residency status, ethnicity, sexuality, and socioeconomic status—need to inform key policy and practice standards and thus shape service responses.

RESEARCH METHODOLOGY

In 2007, WDV secured a philanthropic grant with additional funding from the state government, Department of Human Services (DHS), to undertake a research project to "build the evidence" about the status of policy and practice in responding to violence against women with disabilities. The strength of the project, *Building the Evidence* (*BtE*; Healey, Howe, Humphreys, Jennings, & Julian, 2008), was that it was driven in all its stages by women with disabilities who drew on extensive personal and professional experiences of violence against women with disabilities, and whose participation was vital in shaping the research (and employing the researchers), its findings, and recommendations. The perspective of women with disabilities occurred through the very active participation of the WDV executive officer and chair, its board and "ordinary" members, and the participation of others in the project's reference group who were representatives of other disability advocacy agencies, government and nongovernment.

The *BtE* project (Healey et al., 2008) involved a range of research strategies including a national and international literature review; interviews with women with disabilities who had experienced violence (with ethics clearance from the University of Melbourne); consultations with key stakeholders in domestic violence and disability services; an audit of current training programs about violence and disability; gathering information about positive developments in service provision, particularly in relation to cross-sector collaboration; analysis of interviews undertaken prior to the commencement of the *BtE* project, with 15 family violence workers conducted by WDV; and documentary analysis of data, legislation, and professional codes. It is this latter element of documentary analysis that provides the basis for this article.

A limitation of the documentary analysis was that it explored all the policy documents, which applied to the Victorian domestic violence sector and did not search for a parallel analysis of the documents to guide practice about domestic violence in the disability sector. Nor has the research sort to evaluate the extent to which workers use the documents to inform their practice or any changes that have occurred through this project's identification of minimum standards.

The research question that guided the documentary analysis was, "To what extent do Victorian family violence sector documents (service standards, codes of practice, and practice guidelines) construct a framework, which can provide active support for women with disabilities experiencing violence?" This question was devised in keeping with the decision to embed issues facing service provision to women with disabilities within existing documents rather than create a separate policy.

The documentary analysis involved a two-step process. Unlike some other forms of documentary analysis in which themes emerge from a grounded theory analysis of the documents (Bowen, 2009), this content analysis has similarities with the approach of Appleton and Cowley (1997) and their analysis of clinical guidelines for health visitors. In this approach, the research tool needs to be constructed prior to the analysis of the documents.

For the purposes of the *BtE* project, the predetermination of categories involved an analysis drawn from the literature and the interviews with workers and women with disabilities who had experienced violence and the expertise of the WDV advocates who formed a reference group to the research team. An initial set of 14 categories of minimum standards were proposed and "tested," with their veracity confirmed through a process of synthesis and consensus in reference group discussions between the research team and women with disabilities. Through this process, the support needs and issues facing women with disabilities who experience violence were identified and translated into a set of minimum standards against which documents could be analyzed. The research team further distilled the original 14 categories into 8 overarching issues with some subcategories within them (Table 1 indicates the movement from the original 14 minimum standards to the revised 8 minimum standards). Included within the revised categories (Column 2 in Table 1) is one of the key recommendations of the *BtE* report about the need for the "voices of women with disabilities" to be heard and be acted upon in policy and practice. These eight minimum standards were tested through further consultation and refined post the publication of the original *BtE* report (Healey et al., 2008) as part of the iterative consultation process.

Step 2 in the research process involved the development of a matrix in which documents were analyzed against the minimum standards, which had been identified and synthesized by the research team. This initial document analysis was conducted by one researcher. In general, the analysis was straightforward, given that the categories were predetermined; however, where there was ambiguity, checking occurred with the three other researchers examining the data and reaching a consensus. A "tick" or a "cross" against each criteria or minimum standard was made to indicate whether the latter was "explicitly discussed" (✓) or not (✗) or "with limitations" (✗/✓) in each standard, code, or guideline (see Appendix for the full Matrix of Family Violence Sector Documents). The criteria for "explicitly discussed" required that at least some of the major issues facing women with disabilities were not merely identified but were discussed in some detail in relation to the standard. This means that the presence of a tick does not necessarily indicate that all aspects of the criterion are sufficiently elaborated in the document. In instances where an issue was mentioned but neither discussed nor a directive given to a companion document, an equivocal rating was given. There were a few instances in which it was not deemed reasonable to assess a document against our criteria; for example, where another document was explicitly cited as a further reference, where the intention to develop guidelines in relation to women with disabilities was stated, or where the document was written in the language of human rights without citing foundational human rights documents (see Appendix).

TABLE 1. The Original and Revised Minimum Standard Categories

Original 14 Categories	Revised 8 Categories
1. Definition of family violence	1. Voices of women with disabilities (WWD)
2. Presence of disability in risk assessment	2. Inclusive definition
3. Disability data	3. Disability as a risk
4. Disability "needs" data	4. Disability data Identification Needs
5. Physical accessibility 6. Inclusive communication/information 7. Information on WWD/children throughout 8. Dedicated section on WWD/children 9. Dedicated section about other population groups	5. Access Physical Programmatic Information throughout document Dedicated info: disability Dedicated info: other population groups
10. Cross-sector collaboration	6. Cross-sector collaboration
11. Awareness of relevant legislation 12. Human rights/social justice perspective 13. Gender perspective	7. Incorporating human rights Legislation Human rights Gender perspective
14. Workforce development to include disability	8. Workforce development

The matrix developed provides a graphic tool, which makes explicit the strengths and weaknesses of the different codes in relation to their attention to women with disabilities. It is designed to provide a clear feedback to organizations involved in the development of policy and with potential transferability beyond the localized project.

Eight documents comprising all domestic violence codes, standards, and guidelines currently in use in Victoria were identified and analyzed for this research.

As indicated in Table 2, three documents were developed by domestic violence community sector peak bodies; respectively, the peak bodies for services to women and children (Domestic Violence Victoria [DVVic], 2006), workers in men's behavior change programs (No To Violence [NTV], 2005), and for practice lawyers assisting women in applying for Court Based Intervention Order (Federation of Community Legal Centres [FCLC], 2007). In consultations between community sector and government workers, two of the five codes that were developed by government and statutory bodies were drivers of, or integral to, the reform phase. They are the aforementioned Victoria Police's *Code of Practice* (recently revised and into its second edition) and the *Family Violence Risk Assessment and Risk Management Framework* (Department for Victorian Communities [DVC], 2007). The other three were developed by the government's human services department and are relevant to services provided to women and children who have experienced family violence (DHS, 2003, 2006, 2008).

TABLE 2. Domestic Violence Sector Standards in Victoria

Community Sector / Peak Body	Government / Statutory Sector
Men's Behaviour Change Group Work: Minimum Standards and Quality Practice (No To Violence, 2005)	*Towards Collaboration: A Resource Guide for Child Protection and Family Violence Services* (DHS, 2003)
Code of Practice for Specialist Family Violence Services for Women and Children (Domestic Violence Victoria, 2006)	*Code of Practice* (Victoria Police, 2004)
Code of Practice for Family Violence Applicant (Court Based Intervention Order) Programs (Federation of Community Legal Centres [Victoria], 2007)	*Homelessness Assistance Service Standards* (DHS, 2006)
	Family Violence Risk Assessment and Risk Management Framework (DVC, 2007)
	Practice Guidelines: Women and Children Family Violence Counselling and Support Programs (DHS, 2008)

Note. The eight documents analyzed in the *Building the Evidence* project. The police's *Code of Practice* has since been revised and published (Victoria Police, 2010). DHS = Department of Human Services; DVC = Department for Victorian Communities.

In summary, the eight domestic violence standards, codes of practice, and guidelines relate to key areas of professional practice involved in responding to domestic violence and were the subject of analysis.

FINDINGS AND DISCUSSION

This section reflects aspects of the two-step process. First, the rationale for the construction of each standard in relation to supporting intervention with women with disabilities experiencing domestic violence is outlined. Alongside this discussion is placed the findings about the evidence of each standard in the Victorian documents analyzed in the research. Text is placed in italics to highlight the latter findings.

Minimum Standard 1: The Voices of Women With Disabilities

A central tenet of the disability movement and the violence against women movement has been to ensure that those with the lived experience are supported in safe and respectful ways to participate in service development (Hague & Mullender, 2006). The professionalization and the involvement of mainstream organizations such as the police and court services has not always brought with it the inclusion and consultation with survivors, including women with disabilities (FCLC, 2007; Nixon & Humphreys, 2010; Sullivan, 2011).

Ensuring that women with disabilities who have a gendered perspective on violence against women are resourced as advocates and are provided with avenues to actively participate in and be represented on domestic violence decision making, advisory, and planning bodies at all levels of policy formulation is an essential standard derived from both disability and feminist perspectives. This includes their involvement in research processes (Curry et al., 2009) and the development of professional codes of practice. *As indicated in the Matrix of Family Violence Sector Documents, of the eight documents analyzed, only half actively involved participation and feedback from women with disabilities* (see Appendix).

Minimum Standard 2: An Inclusive Definition

Definitions matter, and services in an integrated service system require a common understanding of domestic violence that is inclusive of all population groups. Domestic violence is most commonly understood as violent and abusive actions perpetrated by intimate partners or ex-intimate partners, family in the woman's home, or within the context of community when it is experienced by aboriginal women and their children (the current preferred term for indigenous people in Victoria). However, these understandings are challenged in relation to women with disabilities, particularly those who have different experiences and understandings of intimacy and communication compared to other women (McClain, 2011).

Women with disabilities live in a diverse range of environments, which could be considered domestic. For some, many people may be involved in caring activities, which involve intimate touching and contact. Within any of these settings, there is the potential for carers (whether intimate partners or personal care assistants) to be perpetrators of violence against women with disabilities (Nosek, Foley, Hughes, & Howland, 2001). Indeed, women with disabilities are vulnerable to being abused by carers in diverse domestic and residential arrangements in which unrelated people may be living together in intimate (not necessarily sexual), family, and/or care arrangements. These include private residential homes in which an intimate partner or another carer (paid or voluntary) provides personal assistance and other residential and care settings, such as aged care facilities, psychiatric and mental health institutions, and other group homes or activity day centers (Cockram, 2003; Hague et al., 2011a; Saxton et al., 2001, for Australia, the United Kingdom, and the United States, respectively). A common understanding of domestic violence needs to include the recognition that people with disabilities (especially women) can be targets of violence from a diverse range of potential known perpetrators.

Since the completion of the *BtE* project, the *National Council's Plan for Australia to Reduce Violence Against Women and Their Children* (National Council to Reduce Violence Against Women and Their Children [NCRVWC], 2009) and, indeed, new legislation in Victoria (the Family Violence Protection Act [2008]) has recognized that the definition of domestic and family violence must be broad and allow for the complexity of intimate relationships. The Act now recognizes "carer abuse" in the context of families and familylike arrangements, specifically stating that "A relationship between a person with a disability and the person's carer may over time have come to approximate the type of relationship that would exist between family members . . . " (Family Violence Protection Act [2008]).

Although this understanding neither goes far enough in recognizing the diversity of perpetrators' identity nor the diverse domestic locations of violence used against people with disabilities, it does broaden the definition and signals that people with disabilities have rights to access services regardless of where they live and, therefore, that service

providers may be liable under the Act. Using the new legislation as a baseline, analysis reveals that *four of the eight Victorian family violence sector standards acknowledge the diverse domestic arrangements in which domestic violence occurs.*

Minimum Standard 3: Disability as a Risk Factor

The third standard draws attention to the understanding outlined in the introduction, namely that having a disability may render women at greater risk of experiencing domestic violence. The longitudinal, population study by Brownridge (2009b) found that women with disabilities are two to five times more likely to report experiences of severe violence (choking, hitting, and beating) than other women (p. 252). Women with disabilities are also at risk of experiencing disability-specific violence such as denial or overdosing of medication, denial of food and water, confinement and restraint, alteration or control of assistive equipment, sexual violence, threats to withdraw care, or to institutionalize or remove children (Milberger et al., 2003; WWDA, 2007).

There is a growing evidence that women with disabilities are at increased risk of intimate partner violence relative to other women, and that perpetrator-related characteristics (as opposed to victim-related characteristics or the characteristics of the relationship itself) are instrumental (Brownridge 2009b; Curry et al., 2009). Establishing an ongoing atmosphere of power and control is central to the definition of intimate partner violence. Research suggests that intimate partners' use of controlling behaviors and violence is fuelled by compounding disablist and sexist views (where men with dominating characteristics seek out partners seen by them as submissive and deserving of abuse because of their disability; Brownridge, 2009b; Copel, 2006).

Although intimate partners of women with disability are the most common perpetrators (Cockram, 2003; Martin et al., 2006; Milberger et al., 2003), the recent nationwide U.K. research found that violence from personal assistants was a significant and distressing form of abuse experienced by women with disability (Hague, Thiara, & Mullender, 2011b). U.S. research has long indicated that personal assistants working in both institutional and private residential settings are a significant potential perpetrator group (Oktay & Tompkins, 2004; Saxton et al., 2001; Sobsey, 1994). A Victorian study of survivors of sexual assault who have disabilities affecting their cognitive capacity found women reporting high levels of abuse (Goodfellow & Camilleri, 2003), whereas a recent Victorian investigation into guardianship case files found disturbing levels of violence, some involving years of systematic abuse and sexual violence, against women with cognitive impairments (Dillon, 2010). Such long-term experiences of abuse have been noted elsewhere (Nosek et al., 2001).

Indeed, it would appear that women with disabilities are at greater risk of violence at the hands of a greater number of potential perpetrators than other women—not only family members and personal assistants but also support staff, service providers, medical staff, transportation staff, foster parents, peers, and male residents of shared residential homes—for people with intellectual disabilities (Frantz, Carey, & Bryen, 2006).

In summary, it appears that compared to other women, women with disabilities experience violence not only more frequently but also for longer periods by a greater number of potential perpetrators. While they experience forms of violence similar to that of other women, they also experience unique forms of violence related to their disability. *Yet only one document acknowledges disability as a risk factor which increased the likelihood of experiencing domestic violence, and one other is equivocal.*

Minimum Standard 4: Collecting Disability Data

The fourth minimum standard relates to the data that needs to be collected—data that identifies that a woman seeking support has a disability, and data that identifies, where relevant, her care, mobility, and communication needs in order for workers to support her safely and meaningfully (as illustrated by the subcategories of "identification" and "needs" in this minimum standard in Table 1 and the appended matrix). The requirement for information about women with disabilities affected by domestic violence serves dual, although interrelated purposes of making visible this group of women as well as gathering information for policymakers and policy implementers at all levels about planning, sustaining, and budgeting for flexible, responsive, and universally accessible services.

The significance of data is based on the old adage, "You can't manage what you don't measure" (Reh, 2011). Collecting data that links domestic violence and disability is fraught with challenges, not the least of which is the fact that all forms of violence against women are underreported crimes, and ones which may not be "heard" or believed when reported by women with disabilities (French, 2007; Goodfellow & Camilleri, 2003; Victorian Law Reform Commission [VLRC], 2006). When statistics about disability and violence are collected, the data is not always robust, timely, or disaggregated, making it difficult for women with disabilities to be visible. Data collection can suffer from a lack of consensus about what constitutes "disability" or domestic violence. The reclassification of crimes (euphemistically renamed "misconduct," "neglect," "maltreatment," and "incidents") as they relate to women with disabilities further hides the extent of the "problem" (Sobsey, 1994; WWDA, 2007).

There are many disabilities that are invisible and remain so unless workers specifically ask people to disclose. Many women with disabilities may choose not to answer questions about the disability, particularly if they have previously experienced discrimination or negative responses (Curry et al., 2011). Nevertheless, systematic recording of whether a woman has a disability and about her "accessibility needs" provides an essential avenue for creating a responsive service (Frantz et al., 2006). For instance, it can be critical to the conditions on a protection order application to know if her home has been modified, if she has mobility aids, requires personal assistance or supported decision making, and her communication requirements, including the comprehension of information (e.g., a need for sign language interpretation, agency materials to be available online, in large print, on audiotape, in braille, via teletypewriter [TTY] or relay system, or simply additional time to facilitate comprehension). Such information is central to workers being able to assist with safer outcomes and in supporting women's autonomy and dignity.

It should also be noted that good data collection is vital for furthering knowledge about the complexity and intersection of violence against women with disabilities. For example, not enough is known about the difference between violence perpetrated by intimate partners as opposed to nonintimate partner providers of personal assistance to women with disabilities. Brownridge (2009a) cautions against conflating the two because it is conceivable that if more attention were paid to identifying perpetrators of violence against women and children with disabilities, we might learn more about the characteristics, dynamics of, and thus, responses to carer abuse by intimate partners as opposed to personal care assistants.

Only one of the eight documents indicated that data about a client's disability status were to be collected, and none of the eight documents required the collection of data about the type of impairments clients have or their support needs in relation to their impairments.

Minimum Standard 5: Access

The "access" minimum standard represents a constellation of issues, as illustrated in the subcategories listed under this minimum standard in the matrix (see Appendix) and in the second column of Table 1. Access needs to be understood in the broadest sense of the word—where women with disabilities not only know about services but are also able to make use of them and obtain benefit from them (Cattalini, 1993). First, access means having services and programs that are physically accessible, so that women and children with disabilities can reach, enter, and use essential facilities (such as refuges), taking with them their personal care, whether that means their wheelchair, assistant dog, or personal carer.

Second, it means having services and programs that cater for individuals' information needs. It means providing the quiet space and means with which to communicate information and knowledge in ways that are accessible to all victims regardless of their abilities. It is not yet common practice for services to make information available—and to communicate actively—in alternative formats (such as sign interpreters, braille, audio, plain English, communication assistant, the use of e-mail, and telephone access relay services) that are suitable for women with a range of support needs. The internalization of oppression, shaped by cumulative experiences of discrimination and prejudice, make it difficult for women with disabilities to speak about violence (Sobsey, 1994; WWDA, 2007). For this reason, it can take time to assist women with disabilities to understand that what they are experiencing is violence as well as to understand that they should not have to endure it (Copel, 2006; Curry et al., 2011).

Thirdly, access entails aligning the policy of inclusion with actual practice (or shifting toward an inclusive policy if it has not already been articulated). This requires workforce development and cross-sector collaboration in order for individual staff and agency philosophies to change their attitudes, endorse, and enact a social model of disability to support values of respect, equality, inclusivity, and autonomy. It will also require restructuring of budgets, however long term, to secure universal accessibility and for agencies to become proactive in supporting women with disabilities (McClain, 2011), given that most women with disabilities simply do not know about the existence of services that might be helpful to them in dealing with the violence (Frantz et al., 2006; WWDA, 2007).

These last two issues (of catering to individuals' information and communication needs and embedding an inclusive policy in practice) relate to "programmatic accessibility" (Frantz et al., 2006) in line with relevant antidiscrimination disability legislation (in Australia, this is the Commonwealth's Disability Discrimination Act 1992 and Victoria's Disability Act 2006). They are referred to in the access minimum standard as "programmatic" in the matrix (see Appendix). Access to information is not only important for potential clients but is also important to workers and arguably plays a significant role in reshaping community attitudes to people with disabilities. How information is conveyed in each professional code needs to reflect this shift. Information needs to be provided "throughout" each document as well as provided in a "dedicated" section to this particular population group; that is, in the same way that the support needs of other population groups that are at heightened risk of experiencing domestic violence are highlighted (see Appendix).

Given the previous text, it is of concern that only two of the eight documents contained reference to women and children with disabilities throughout the document, whereas four contained a dedicated section in this population group. In contrast, seven of the eight documents had specific sections on two other key population groups (indigenous and culturally and linguistically diverse [CALD] populations). *Five documents noted, in limited form, the need for communication practice to be tailored to individual women's communication needs*,

such as the use of communication aides or sign language interpreters. And, although some note the importance of providing information in a diverse range of formats—such as plain English, accessible Websites, or audiotapes—to take account of diverse information needs, *only one document identified the need to provide physical access to premises*.

Minimum Standard 6: Cross-Sector Collaboration

The literature on building a coordinated community response indicates that a tight multiagency system is necessary as a counterbalance to perpetrators' actions (Pence & Shepard, 1999). Yet, lack of cross-sector collaboration, notably between domestic violence and disability sectors, has frequently been flagged as a significant barrier in responding adequately to women with disabilities experiencing violence (Chang et al., 2003; Zweig, Schlichter, & Burt, 2002).

The *BtE* project established that domestic workers had minimal or no links with disability services or disability advocacy organizations. As one said, "the disability services don't crop up in the networks" (Healey et al., 2008, p. 66), with another acknowledging that it took her hours to find the resources needed to accommodate a woman with a disability with a personal alarm and arrange transport when a disability services worker would have efficiently and swiftly arranged it. Although there are significant positive developments involving partnerships between disability and domestic violence services in Australia and overseas, such collaborations are hard to sustain (McClain, 2011). Indeed, representatives of agencies involved in the four positive initiatives involving cross-sector collaborations showcased in the *BtE* research were loath to describe their collaborations in terms of "best practice" (Healey et al., 2008).

In responding to complex and multilayered service needs, agencies need expertise in working with many different organizations and across sectors. *Only one of the documents explicitly noted the importance of working with local and regional disability services and advocacy groups*.

Minimum Standard 7: Incorporating Human Rights

This standard (with its subcategories as indicated in the second column of Table 1 and the appended matrix) relates to the importance of reflecting human rights conventions and legislation in the pursuit of gender and disability equity within domestic violence service delivery and reflects the concerns of WDV's advocates and those of its national counterpart, WWDA (WWDA, 2011). Legislation and human rights are important instruments that workers need to be reminded of through their professional codes so they understand not only that violence against people with disabilities is a fundamental ethical and social justice issue but that they may also be held to account for continuing disablist attitudes that devalue, marginalize, and discriminate against people—including women and girls—with disabilities. Disablist attitudes in the community support other attitudes, which consolidate established hierarchies of power and influence manifest in gendered relations, ethnic relations, and homophobic attitudes. Within the disability arena, where the intersection of gender and violence is often not prioritized (McClain, 2011), such attitudes can encourage controlling behaviors and even for carer resentment to become institutionalized and invisible. Such a culture feeds social inertia and lack of awareness about the need to respect the autonomy and dignity of all (Cockram, 2003; VLRC, 2006) and to articulate the social model of disability. The intersections of structured hierarchical attitudes and practices particularly within gender and disability relations combine to damage the

self-esteem of women living in violent circumstances with the consequence being the perpetuation of isolation and powerlessness (Hague et al., 2011a).

It is important to remind domestic violence workers of the relevant instruments (in Australia, this includes the United Nations [UN] Convention on the Elimination of All Forms of Discrimination Against Women [1979], the Convention on the Rights of Persons with Disabilities [2006], and the Victorian Charter of Human Rights and Responsibilities Act 2006) that need to guide their approach to understanding gendered violence in the context of disability. These human rights instruments provide the foundations for empowering marginalized individuals, communities, and groups; developing holistic legislation and public and social policy; promoting respectful, safe, and humane services; and improving social inclusion.

Analysis of current codes demonstrated that *six of the eight are explicitly informed by a gender and human rights perspective on domestic violence and disability, but only two of them note relevant legislation*.

Minimum Standard 8: Workforce Development

Many domestic violence workers in Victoria, as elsewhere, indicate that they have had minimal or no formal training in disability awareness; many also express frustration with this situation (Healey et al., 2008; McClain, 2011). They lack the knowledge to support women with disabilities who experience violence, including information about local disability services, the intersection of domestic violence and disability, and training across sectors to support collaboration (McClain, 2011). There is also a poor understanding of the fact that programmatic accessibility, including awareness of, and attitudes to disability are part of providing an accessible, inclusive, and supportive service to women with a disability who experience violence (Frantz et al., 2006; Hague et al., 2011a; Healey et al., 2008). Other workers such as court staff, judges and lawyers, police, and disability and health workers also need greater awareness about the intersection of domestic violence and disability (Cockram, 2003; Zweig et al., 2002).

Some progress has been made under the Victorian state government's family violence reform initiatives in establishing workforce development programs that have become available to some domestic violence workers and court staff, and it is a key strategy of Victoria's *A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010–2020* (Department for Victorian Communities, 2009). Yet, ***none*** *of the eight codes discusses the specific need for workers to have training in the needs of women and children with disabilities experiencing domestic violence*.

CONCLUSION

The aim of the *BtE* research was to establish the current status of Victoria's policy framework in supporting women with disabilities who experience domestic violence. Eight minimum standards for provision of an inclusive model of practice for these women were developed to influence and guide organizational change in agencies involved in the domestic violence intervention system. The documentary analysis of eight domestic violence codes of practice, standards, and guidelines contributed to the key finding that there are major gaps in knowledge, policy, and processes that will require significant resourcing to improve services to women with disabilities.

The development of codes of practice, standards, and professional guidelines does not ensure that they are "living documents," which actually change policy and practice. It requires senior management endorsement and frontline supervision of the standards at agency levels for this to occur and be sustained. In Victoria, strong cross-sector collaboration and the championing of the police's *Code of Practice* (Victoria Police, 2004) by the female police commissioner have been influential (Ross et al., 2011). They have provided some optimism in the use of standards and guidelines to lift the frontline and strategic response (Deighan & Hitch, 1995) and to create an authorizing environment for reform and continuous improvement. Nevertheless, the extent of their implementation of the document standards outlined in this article is not known and was not an aspect of this research.

In the United Kingdom, United States, Canada, and Australia, significant attempts have been made to address the issue of violence against women with disabilities. This matrix, and the documentary analysis method that sits behind it, form a simple tool for interrogating documents that should and could inform practice when working with women with disabilities who have experienced domestic violence. The minimum standards identified here represent principles that are transferable across service sectors and internationally. They are also supported by the recommendations of the recently released *World Report on Disability*, which provides clear, broad directions as to why, what, and how disabling barriers need to be addressed, naming inadequate policies and standards as just one of the areas requiring attention (WHO, 2011).

The findings of this study indicate several avenues for further research and advocacy. First, the extent to which workers use their professional standards, codes of practice, and guidelines, having undertaken such an analysis as outlined in this study, is an instructive element in improving practice. Second, although there is growing recognition that violence against women and girls with disabilities requires domestic violence services to develop tailored responses that mainstream ability (based on the recognition that women are differentiated according to ability, along with other critical differences such as indigeneity, ethnicity, and sexuality), there is a commensurate lack of commitment to mainstreaming gender within disability services (WWDA, 2011). A parallel analysis of documents that guide the practices of disability support workers across a range of support services, including residential and private care arrangements, is therefore the most important corollary area of research. Third, it is feasible that further research into the difference between violence perpetrated by intimate partners as opposed to nonintimate providers of personal care may indicate the need to revise the minimum standards.

The development of a set of minimum standards is one important means through which women with disabilities are made visible to policymakers, managers, and practitioners through their incorporation into the relevant professional codes. They are potentially a tool for advocacy, a tool for performance management, and thus for funding eligibility. The construction of these standards provides a codification of knowledge from women with disabilities, workers, and research, which we would like to think, can be deployed more generally to guide policy and practice. It is but one of many strategies through which the voices of women with disabilities can be heard.

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APPENDIX. Matrix of Family Violence Sector Documents: Supporting Women and Children With Disabilities Experiencing Family Violence

	Name of Document							
	Child Protection (2003)	Police (2004)	MBCP (2005)	DV Specialist (2006)	Housing (2006)	Risk Assessment Framework (2007)	Court Applicant (2007)	Counselling & Support (2008)
	Type of Document							
Minimum Standard or Criterion	Resource Guide	Code of Practice	Minimum Standards	Code of Practice	Standards	Framework	Code of Practice	Practice Guidelines
1. Voices of WWD	✗	Check	✗	✓	✗	✓	✗/✓	✓
2. Inclusive definition	✗	✗	✗	✓	✗	✓	✓	✓
3. Disability as risk	✗	✗	✗	✓	✗	✗/✓	Refers to CRAF	Refers to DVVic and CRAF
4. Disability data								
Identification	✗	✗	✗	✗	✗	✓	✗	✗
Needs	✗	✗	✗	✗	✗	✗	✗	✗

(*Continued*)

APPENDIX. Matrix of Family Violence Sector Documents: Supporting Women and Children With Disabilities Experiencing Family Violence (Continued)

	Name of Document							
	Child Protection (2003)	Police (2004)	MBCP (2005)	DV Specialist (2006)	Housing (2006)	Risk Assessment Framework (2007)	Court Applicant (2007)	Counselling & Support (2008)
	Type of Document							
Minimum Standard or Criterion	Resource Guide	Code of Practice	Minimum Standards	Code of Practice	Standards	Framework	Code of Practice	Practice Guidelines
5. Access								
Physical	✗	✗	✗	✗/✓	✗/✓	✓	✗	✓
Programmatic	✗	✗/✓	✗	✓	✗	✓	✓	✓
Information	✗	✗	✗	✓	✗	✓	✗	✗
throughout document	✗	✓	✗	✓	✗	✓	✓	✗/✓
Dedicated info: disability	✓	✓	✓	✓	✓	✓	✓	✗/✓
Dedicated info: other population groups								
6. Cross-sector collaboration	✗	✗	✗	✗	✗	✓	✗	✗
7. Incorporating human rights	✗	✗	✗	✓	✗	✗	✓	✗
Legislation	Implicit	Implicit	✓	✓	✓	✓	✓	✓
Human rights	✓	✗	✓	✓	✗	✓	✓	✓
Gender perspective								
8. Workforce development	✗	✗	✗	✗	✗	✗	To be developed	✗

Note. Names of documents abbreviated to fit the table: MBCP = Men's Behaviour Change Programs; DV = Domestic Violence; CRAF = Common Risk Assessment Framework; DVVic = Domestic Violence Victoria; ✓ = the document explicitly discusses the criterion; ✓ = the document does not explicitly discuss the criteria; ✗/✓ = equivocal rating because of limitations or omissions in coverage of issues of concern for WWD.

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Voices Against Violence

Paper One:
Summary Report and Recommendations

Women with disabilities victoria
empowering women

Office of the Public Advocate

GANDEL PHILANTHROPY

Legal Services BOARD
Funded through the Legal Services Board Grants Program

Domestic Violence Resource Centre Victoria
Preventing violence, promoting respect

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CONTENTS

The summary at a glance

The Voices Against Violence Research Project was a cross-sectoral partnership, undertaken between WDV, OPA and DVRCV. The project investigated the circumstances of women with disabilities of any kind (including physical, sensory and cognitive impairments and mental ill-health) who have experienced violence.

The overarching research question for the Voices Against Violence Research Project was to investigate the nature of violence against women with disabilities in Victoria. As part of this investigation, the project explored issues such as:

- the impacts of violence against women with disabilities in Victoria
- the help-seeking behaviour of women with disabilities who have experienced violence
- the legal context and social services responses to women with disabilities who have experienced violence.

The research findings are based on true stories. Each story is the story of a real woman's life. The stories were found in client files, and were told by experienced staff, volunteers and, most importantly, by the women themselves. The stories are compelling. They tell us of the repeated and horrific violence that can be perpetrated on a woman because she is a woman and because she has a disability. They illustrate the profound failure of the service system that is responsible for upholding justice, for supporting people with a disability, and for assisting women to safety when they experience violence.

The stories tell of the impact of the daily grinding chipping away at a woman's sense of self-worth so that she may come to believe that there is no way out. They drive home the urgent need to give every woman and every girl the knowledge of her value, her right to safety, and her right to access to an effective response to any disclosure of abuse. The message to the community must be: 'violence of any kind is not acceptable'. The message to all women must be: 'we are here to support you'.

In crafting the recommendations, the research team has been cognisant of the need for services to work effectively together. We cannot address violence against women with disabilities without the involvement of disability, family violence, sexual assault, mental health and aged services, as well as police and courts. These services must be informed of their responsibilities and equipped with knowledge of the appropriate supports that protect women's rights to safety and justice.

The research shines light on the value of responses that are tailored towards women's needs and identifies effective examples of such supports. It highlights the importance of government

leadership to address significant service gaps and the need for intensified cross sectoral education of professionals working with women with disabilities.

What we learnt about the nature of violence against women with disabilities

- Women with disabilities experience high levels of family and sexual violence.
- Women with disabilities experience the same kinds of violence experienced by other women but also 'disability-based violence'.
- Gender-based and disability-based discrimination intersect and increase the risk of violence for women with disabilities.
- Women with disabilities experience violence from many (usually male) perpetrators.
- Women experience a wide range of violence throughout their lives, in a variety of settings.

What we learnt about the barriers to safety that women with disabilities face

- Stereotypes of 'disability' contribute to the reasons why women with disabilities are targeted for violence and form significant barriers that prevent them from accessing help.
- Women often do not identify that what they are experiencing is violence.
- Women are often fearful of seeking help.
- Social isolation can limit the opportunities for women to seek help.
- Aboriginal women with a disability experience particular barriers to safety.

What we learnt about access to support services

- The service system is difficult to navigate and responses were often poor and inappropriate.
- Women with disabilities do not have adequate access to safe, appropriate and affordable housing.

What we learnt about legislative and legal responses

- Women with disabilities had mixed experiences of police responding to their reports of violence.

What we learnt about useful supports

- Family and friends are key supports.
- When services and organisations tailored their responses to the specific needs of women with disabilities who have experienced violence it led to better outcomes for women.

About the research project team

Women with Disabilities Victoria

Women with Disabilities Victoria (WDV) is an organisation run by women with disabilities for women with disabilities. Its members, board and staff have a range of disabilities, backgrounds, lifestyles and ages. It is united in working towards its vision of a world where all women are respected and can fully experience life. Using a gender perspective allows the organisation to focus on areas of inequity of particular concern to women with disabilities, including women's access to health services, parenting rights and safety from gender-based violence. WDV undertakes research, advocacy and professional education and provides information, leadership and empowerment programs for women with disabilities. It has dedicated particular attention to the issue of male violence against women with disabilities, due to its gravity and high rate of occurrence.

Office of the Public Advocate

The **Office of the Public Advocate (OPA)** is an independent statutory body established by the Victorian State Government. Working within a human rights framework, its mission is to promote and protect the rights and interests of people with disabilities and to work to eliminate abuse, neglect and exploitation. It provides various services that work towards achieving those goals including an Advocate/Guardian Program, a Community Visitors Program, an Independent Third Person Program, and an Advice Service. It also advocates for systemic changes in the lives of people with disabilities by undertaking research, policy advocacy and community education. The Public Advocate is strongly committed to tackling violence against people with disabilities, particularly women, who make up the largest proportion of victims of violence.

Domestic Violence Resource Centre Victoria

The **Domestic Violence Resource Centre Victoria (DVRCV)** aims to prevent violence in intimate and family relationships and promotes non-violent and respectful behaviour. It works within a feminist framework with an understanding of the gendered nature of family violence and in partnership with other organisations with similar aims. DVRCV receives core funding from the Victorian Department of Human Services with additional funding from a variety of government and philanthropic organisations. It provides training, publications, websites, policy advice and advocacy, as well as initial support and referral for women experiencing violence.

The Voices Against Violence Research Project

The Voices Against Violence Research Project was a cross-sectoral partnership, undertaken between WDV, OPA and DVRCV. The project investigated the circumstances of women with disabilities of any kind (including physical, sensory and cognitive impairments and mental ill-health) who have experienced violence.

The need for the project arose when our organisations recognised the lack of available information regarding violence against women with disabilities. We knew that women with disabilities experience higher rates of violence than women in the general community. We also knew that they can encounter significant barriers to accessing appropriate support services and justice outcomes. In spite of this, there was a lack of data about the nature and extent of violence against women with disabilities in Victoria.

There was also a lack of information and knowledge about what we can do to respond to this problem and prevent it from occurring. This project addresses some of these omissions. We have done this by conducting an extensive fact-finding mission relating to violence against women with disabilities, which included:

- a paper outlining current issues in understanding and responding to violence against women with disabilities
- a review of the legislative protections available to women with disabilities in Victoria who have experienced violence
- a review of OPA's records of violence against women with disabilities
- interviews with staff and volunteers from OPA's major program areas
- in-depth interviews with women with disabilities who have experienced violence
- consultations with women with disabilities
- engaging with the disability, family violence, sexual assault, legal and other service sectors.

This data has been used to devise evidence-based recommendations for legal, policy and service sector reform.

This project built on previous work undertaken by the organisations, including *Building the Evidence: a report on the status of policy and practice in responding to violence against women with disabilities in Victoria* by Lucy Healey, Keran Howe, Cathy Humphreys and Felicity Julien for WDV, DVRCV and the University of Melbourne; *Violence Against People with Cognitive Impairments* by Janine Dillon for OPA; and *Getting Safe Against the Odds* by Chris Jennings for the DVRCV.

Reference group

The project benefited from the expert advice of a reference group comprising the following representatives:

- Maree Willis, representative of women with disabilities
- Beverley Williams, representative of women with disabilities
- Chris Jennings, consultant
- Marita Nyhuis, Department of Human Services
- Philippa Bailey, DVRCV
- Chris Atmore, Federation of Community Legal Centres Victoria
- Marg Camilleri, Federation University Australia
- Christine Chong, inTouch Multicultural Centre Against Family Violence
- Patsie Frawley, La Trobe University
- Sarah Fordyce, National Disability Services
- John Chesterman, OPA
- Bianca Truman, Safe Futures Foundation
- Dagmar Jenkins, South Eastern Centre Against Sexual Assault
- Cheryl Sullivan, Women and Mental Health Network
- Lucy Healey, The University of Melbourne
- Jen Hargrave, WDV

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What the project explored

The overarching research question for the Voices Against Violence Research Project was to investigate the nature of violence against women with disabilities in Victoria. As part of this investigation, the project explored issues such as:

- the impacts of violence against women with disabilities in Victoria
- the help-seeking behaviour of women with disabilities who have experienced violence
- the legal context and social services responses to women with disabilities who have experienced violence.

Underlying premises of the project

- Violence is a gendered issue. The majority of victims of violence are women and the greatest numbers of perpetrators are men.
- Violence is about power and control. Perpetrators (who are usually men) use violence in order to intentionally control or dominate other people (usually women).
- Violence against women is a human rights issue. Therefore, a human rights framework needs to inform our understandings of, and responses to, violence.
- Women with disabilities experience multiple and intersecting forms of discrimination. Violence against women with disabilities is the result of the intersection of gender-based discrimination, disability-based discrimination and other forms of subordination.
- Women with disabilities experience violence at a higher rate and for longer periods of time than women in the general population. They also encounter significant barriers to receiving appropriate services and justice responses to their experiences of violence.
- Violence against women is preventable. There is considerable scope for governments and communities to prevent violence before it occurs.
- Disability is created by discriminatory practices and attitudes that have built up over time. Disability is preventable and can be addressed through government policy and regulation.

Working definitions

It was important for this project to be based on an understanding of the terms 'disability' and 'violence against women'. The project team drew on extensive literature to inform its own working definitions.[1]

In defining 'violence against women with disabilities' the project team took account of the numerous ways power and control is exercised and the various forms of violence in which it is manifest.

In defining 'disability' the team took account of the common practice of using 'disability' and 'impairment' interchangeably. However, it was important for the project team to make explicit its understanding of the structural underpinnings of disability (noted in the Underlying premises above).

Below are definitions that will assist the reader to better understand how abuse and violence can and does affect women with disabilities.

Disability is a social construct and stems from the interaction of a person's functional impairment with a disabling environment. Disabling environments create structural, attitudinal and behavioural barriers; for example, by preventing people with functional impairments from accessing housing, education, work opportunities, transport. A specific type of disability arises from the interaction of a specific impairment with an environment that creates barriers. Some barriers are specific to that impairment; for example, a physical or sensory or cognitive disability arises from the interaction of a physical, sensory or cognitive impairment with an environment that creates barriers for the particular impairment. In addition, some barriers develop regardless of the particular impairment; for example, negative stereotyping of 'people with disabilities'.[2]

Violence against women with disabilities is a human rights violation resulting from the interaction of systemic gender-based discrimination against women and disability-based discrimination against people with disabilities. It includes family violence, sexual assault and disability-based violence. A range of behaviours are associated with these forms of violence, including emotional, verbal, social, economic, psychological, spiritual, physical and sexual abuses. These may be perpetrated against women with disabilities by multiple perpetrators, including intimate partners and other family members, and those providing personal and other care in the home or in institutional, public or service settings.

1 See *Voices Against Violence, Paper Two: Current Issues in Understanding and Responding to Violence against Women with Disabilities* for a detailed discussion of these and other relevant terms and problems associated with recognising the complexity of violence against women with disabilities.

2 The social model of disability was first conceptualised by Mike Oliver. For a further exploration of the concept, see for example, Mike Oliver (1983) *Social Work With Disabled People*, London, Macmillan

The research papers[3]

The papers for this project are:

1. *Voices Against Violence Research Project, Paper One: Summary Report and Recommendations*, written by Delanie Woodlock, Lucy Healey, Keran Howe, Magdalena McGuire, Vig Geddes and Sharon Granek

This paper collates the information from the Voices Against Violence Research Project publications and sets out the recommendations arising from the research project.

2. *Voices Against Violence Research Project, Paper Two: Current Issues in Understanding and Responding to Violence against Women with Disabilities*, written by Lucy Healey.

This paper provides a conceptual starting point for the issues raised throughout the series of papers that make up the Voices Against Violence Research Project. Positioned within a human rights feminist approach, it reviews current knowledge about the nature and extent of violence against women with disabilities; the barriers to services faced by women with disabilities who have experienced violence; and outlines promising initiatives currently underway in Victoria that may help repair the harm and prevent the injustice of violence. In doing so, it examines the challenges in defining what we mean by violence against women with disabilities as opposed to violence against people with disabilities, men with disabilities, or women in general, and why this matters. It highlights the importance of examining disability-based violence and its interrelationship with gender-based violence

3. *Voices Against Violence Research Project, Paper Three: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria*, written by Georgina Dimopoulos (with Elanor Fenge)

This paper reviews Victorian and Federal legislation and related literature. It also looks at the practical perspectives provided by stakeholders regarding the adequacy of legal protections and barriers to justice for women with disabilities in Victoria who have experienced violence, and presents a clear pathway for future practice, legislative amendment and research. Legislation reviewed includes the:

- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Family Violence Protection Act 2008 (Vic)
- Personal Safety Intervention Orders Act 2010 (Vic)
- Family Law Act 1975 (Cth)
- Crimes Act 1958 (Vic)

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3 To access the papers, refer to the research partners' websites:
Women with Disabilities Victoria www.wdv.org.au/publications.htm
Office of the Public Advocate www.publicadvocate.vic.gov.au/research/255/
Domestic Violence Resource Centre Victoria www.dvrcv.org.au/publications/books-and-reports/

4. *Voices Against Violence Research Project, Paper Four: An Audit of the Office of the Public Advocate's Records on Violence against Women*, written by Magdalena McGuire

This paper is based on a review of OPA's Advocate/Guardian program files. OPA's Advocate/Guardian program provides guardianship, investigation and individual advocacy services to Victorians with cognitive impairments and/or mental illness. The aim of the file review was to ascertain how many women who are clients of OPA's Advocate/Guardian program have reportedly experienced violence. In order to find this out, the project reviewed the first 100 Advocate/Guardian case files involving women that were allocated to OPA in the 2011–12 financial year.

5. *Voices Against Violence Research Project, Paper Five: Interviews with Staff and Volunteers from the Office of the Public Advocate*, written by Magdalena McGuire

This paper involved interviews with 25 staff and volunteers from OPA's major program areas. The interviews explored participants' experiences in working with women with cognitive impairments and/or mental illnesses who had experienced violence, or who were at risk of experiencing violence. The participants were asked to reflect on the circumstances of the women they had worked with at OPA. They were also asked to talk about the particular challenges for women with disabilities who have experienced violence, and what can be done to address violence and prevent it from reoccurring.

6. *Voices Against Violence Research Project, Paper Six: Raising Our Voices – Hearing from Women with Disabilities*, written by Delanie Woodlock, Deborah Western with Philippa Bailey

This paper involved in-depth, semi-structured interviews with 20 Victorian women with disabilities who have been subject to violence. The interviews explored women's experiences of violence, how their disabilities impacted the violence they experienced, whom they went to for support, and their experiences with violence response services (such as police, family violence and sexual assault services). Women also talked about the changes they felt were required to better support women with disabilities who have experienced violence and their suggestions for preventing violence against women with disabilities.

7. *Voices Against Violence Research Project, Paper Seven: Summary Report and Recommendations in Easy English*

This paper summarises the major findings and recommendations of the Voices Against Violence Research Project in Easy English. The paper uses everyday words, simple sentence structure, and pictorials in order to convey the important findings of the research.

These papers have been written by different authors over a period of time, reflecting different language and definitions. In this period, the complexity of dealing with violence in different contexts – which employ different understandings of disability and different understandings of violence – has become evident. Grappling with this complexity has been a valuable learning and the thinking of the project team has evolved through the life of the project. We have endeavoured to standardise the language across papers as far as possible.

Summary of project findings

The project findings need to be understood within the context of an overall pattern of disadvantage and human rights violations for people with disabilities. This is particularly acute for women with disabilities and even more complex for Aboriginal women with disabilities.

Victoria's population of people with disabilities represents 18 per cent of the state's total population (1 million of 5.4 million), roughly half of whom are female. On all measures of social and economic participation (such as housing security, income, employment and education), women with disabilities are disadvantaged in comparison not only to people without disabilities but also to men with disabilities.

Whilst most women with disabilities live in the community in the privacy of their own homes, we know less about the extent of violence against women living within or attending institutional settings. These include disability residences, day-care services, aged care facilities, detention centres, correctional services and psychiatric inpatient units. It is therefore of particular significance that the Voices Against Violence Research Project involved the OPA which represents, amongst others, women living in aged care, psychiatric and disability accommodation.

What we learnt about the nature of violence against women with disabilities

Women with disabilities experience high levels of family and sexual violence
The current international knowledge base has established that women with disabilities are at greater risk of experiencing family and sexual violence compared with both men with disabilities and women without disabilities. Women with intellectual disabilities are also at a considerably heightened risk of experiencing sexual assault compared with other women with disabilities. The primary research that we conducted confirms a high level of violence and that women with cognitive disabilities are particularly at risk.

Women with disabilities experience the same kinds of violence experienced by other women but also 'disability-based violence'
Women with disabilities experience violence in many of the same ways as other women including violence starting or escalating during pregnancy or separation from a partner. But there are also many kinds of violence that are specific to women with disabilities. Examples of 'disability-based violence' found in our primary research include perpetrators controlling access to medication, mobility and communication supports, threats to withdraw care or institutionalise and abuse of enduring Power of Attorney. Research reviewed in Paper Two shows additional examples such as controlling menstruation and pregnancy termination, and disability 'hate crime'.

Gender-based and disability-based discrimination intersect and increase the risk of violence for women with disabilities

International research indicates that perpetrator characteristics fuelled by interlocking disablist and sexist views may account for an elevated risk of targeting of women with disabilities. This leads perpetrators to seek out partners they view as submissive, easily controlled, or deserving of abuse because of their disability. The research revealed the myriad of ways that women felt that perpetrators exploited their disabilities. The behaviour of these perpetrators reflects common societal attitudes and stereotypes of women with disabilities that contribute to violence.

Women with disabilities experience violence from many (usually male) perpetrators

Women experienced violence from different perpetrators (including intimate partners, children, acquaintances and parents), often over a period of many years. Most of these perpetrators are men. Almost half of the 100 women whose files were reviewed by OPA had experienced violence, and these women experienced violence from 89 perpetrators (see Paper Four). One woman had reportedly had 15 perpetrators in the course of her life. Interviews with 20 women (the focus of Paper Six) indicated abuse by a total of 37 perpetrators. One woman disclosed that she had been sexually assaulted up to 20 times by multiple perpetrators.

This finding is well supported in international and national literature, which indicates that whilst intimate partners are the most common perpetrators of violence against women with disabilities, women with disabilities are also at risk of experiencing violence from personal carers, other support staff, service providers, medical and transport staff (such as taxi drivers), peers and male co-residents.

Whilst men as intimate partners were found to be the most common perpetrators, fathers, brothers, sons, male carers, male acquaintances and strangers were also found to have perpetrated violence against women with disabilities. This aligns with findings from international and national research. However, we cannot be sure if this dominant gendered pattern exists to the same degree in violence perpetrated against women with disabilities in institutional settings, as no large-scale research has included women who are institutionalised.

Women experience a wide range of violence throughout their lives, in a variety of settings

The nature of the violence disclosed during the research included physical, sexual and psychological violence, economic abuse, childhood sexual abuse, institutional violence and disability-based violence. This violence often started in childhood and continued throughout the women's lives. Women also spoke of the abuse of their own children and grandchildren by a number of perpetrators. Women experienced violence in their homes, but also in residential care settings, such as emergency housing, group homes and supported residential services.

The research indicated that economic abuse is a common form of violence experienced by women who come into contact with OPA. Examples of economic abuse included perpetrators controlling women's money, prostituting women and keeping the money for themselves and using Powers of Attorney to facilitate economic abuse (particularly large transactions involving money or property). In contrast, the interview research with women (see Paper Six) found no reported experiences of economic abuse. These differences in findings may have been due to several factors, including a high level of awareness of economic abuse amongst OPA staff and differences in the methodologies used by the research papers.

What we learnt about the barriers to safety that women with disabilities face

Stereotypes of 'disability' contribute to the reasons why women with disabilities are targeted for violence and form significant barriers that prevent them from accessing help
As noted, perpetrators may perceive women with disabilities as being easy targets because of stereotypical attitudes about women with disabilities, for example, women being seen as incompetent and voiceless. These stereotypes often become overwhelming barriers when women attempt to seek help, as they are seen as not being credible witnesses or are not listened to when they make attempts to tell others about the violence. Perpetrators may target women because there are low rates of detection and it might be easier to isolate women with disabilities in the privacy of their homes where they are dependent on them for assistance.

Women often do not identify that what they are experiencing is violence
A lifetime of cumulative discrimination and demeaning experiences can result in some women seeing their experiences of violence as normal and an everyday occurrence. Women then felt that what was happening to them was to be expected, and that they have to live with the violence. Women spoke of perpetrators reinforcing this idea by telling them they deserved the violence they were experiencing. There are also limited options for women to learn about violence and where they should go for help.

Women are often fearful of seeking help
Like many women experiencing violence, women with disabilities are fearful of telling anyone about what is happening to them. Women feared the violence escalating, having their children harmed and being killed if they told anyone about the violence. However, women with disabilities experience fears that are specific to their impairment. A dominant fear for women who had children was that their children would be removed from their care if they told anyone about the violence. These fears were often realised for the women, and some did have their children removed from their care. Children were sometimes placed in the custody of a violent partner without a disability.

Women in the research spoke of being threatened with institutionalisation if they told anyone about what was happening to them. They were also fearful of seeking help as they were scared they would not be believed, particularly if the perpetrator was a care provider. They described being made to feel that they should be grateful to anyone who was providing care for them.

Social isolation can limit the opportunities for women to seek help

Social isolation functioned as both a risk factor for, and a consequence of, violence. The research confirmed that some perpetrators deliberately used social isolation as a form of violence. Women may be further isolated by factors such as cultural background, sexual identity, age, status as citizens and geographic location.

Aboriginal women with a disability experience particular barriers to safety

The combination of disability and cultural background often compounded the experience of violence for Aboriginal women. Aboriginal women with disabilities experience an intersection of discrimination when attempting to leave a violent partner. They reported that there were significant barriers to them seeking help, including inadequate support services, fear of having their children taken from them and being afraid of what might happen to the violent partner in police custody.

What we learnt about access to support services

The service system is difficult to navigate and responses were often poor and inappropriate

Women reported that they were unsure of who they needed to contact for support and were not aware of violence response services (such as family violence and sexual assault services) in their area. Some women spoke of being referred from one agency to another, and it was usually only the persistent efforts of the woman herself that resulted in a positive outcome. Women were referred between disability and violence response services without coordination or collaboration.

Women mentioned that family violence services were not always helpful because of the woman's disabilities, and disability services did not respond well to reports of violence. There is a clear need for the disability sector to better understand the gendered dynamic of violence and for the family violence–sexual assault sector (including criminal justice services) to better understand and take account of the particular needs of women with disabilities.

Even when services did respond to the violence, the support women received from services was often inappropriate, and in some cases, devastating. This was particularly evident for women whose children were removed from their care. Women felt they were being punished for being in a relationship with a violent partner and that their ability to parent their children was questioned because of the partner's violence and also because of their disabilities.

Women with disabilities do not have adequate access to safe, appropriate and affordable housing

Finding suitable housing was difficult for some women, particularly if a woman's disability did not exactly fit into service criteria and requirements. The lack of alternative and appropriate accommodation was problematic for both shorter-term crisis situations and longer-term/ permanent housing. Most Victorian crisis refuges and transitional accommodation are not built according to universal design standards and are therefore inaccessible to some women with disabilities. This highlighted the importance of Safe at Home programs that support women to remain in their own homes.

What we learnt about legislative and legal responses

Women had mixed experiences when they reported violence to the police

The research highlighted the difficulties that many women with disabilities face when reporting violence to the police. Several women felt they were not taken seriously, and that the police dismissed their concerns about violent partners. The most disadvantaged group of women in regards to reporting violence to the police were those who communicate non-verbally. The research also found that women sometimes presented to the police as alleged offenders. In some cases, women's offending behaviour was directly related to the violence they had experienced.

Women who spoke of their experiences with police in more recent years found the police were very supportive and that they were considerate, empathetic and went to an extra effort to minimise any distress they may have felt in reporting violence. The OPA research participants spoke highly of police who worked in Sexual Offences and Child Abuse Investigation Team (SOCIT) units (see Papers Four and Five).

The research identified that the Independent Third Person (ITP) program is in a unique position to provide targeted referrals and support to women with disabilities who present before the police (see Paper Five). Currently, the program does not have the capacity to follow up on clients' needs after the police interview has concluded. The OPA research participants identified that the inability to make referrals was a significant limitation of the ITP program. They felt that clients who used the program – including women who had experienced violence – would benefit from receiving more holistic support from OPA.

Women with disabilities need greater support throughout the court process

The research found there were numerous issues with women accessing court services. One of these issues was the physical accessibility and layout of the court buildings. Women described the humiliation of having to get out of their wheelchair to climb steps up to the witness stand and having to negotiate their wheelchairs around where the perpetrator was sitting. There are also issues with court processes, particularly when women are giving evidence.

Prejudicial assessments are commonly made about the competency, reliability and credibility of women with disabilities, which consequently diminishes the weight of their evidence.

What we learnt about useful supports

Family and friends are key supports
Non-offending family members played significant roles in identifying and drawing attention to the violence that the women had experienced. These family members were crucial for upholding women's rights. Aboriginal women described being supported by other women in their community, particularly Aboriginal Elders.

When services and organisations tailored their responses to the specific needs of women with disabilities who have experienced violence it led to better outcomes for women
The research showed clear examples of the enormous benefits to women when services advocated for and supported women in ways that were meaningful and useful for each woman's diverse needs. For example, when women were able to communicate their experiences in support groups for women with disabilities they were able to not only feel supported by other women, but also these groups served as a conduit to other community services and supports.

Women spoke of the relief of being believed when they called family violence services, and of feeling that there was someone working with them, persistently trying to find them safe and appropriate accommodation and support.

OPA community visitors and Advocate/Guardians showed the importance of having an awareness of the risk of violence for women with disabilities. Staff were able to identify evidence of abuse and were therefore better able to advocate for women's safety. Examples of this were finding women safe accommodation, reporting the violence to the police, restricting perpetrators' access to women, advocating for women's right to access appropriate support services and assisting women to apply for intervention orders against the perpetrators of the violence.

In reviewing the papers and findings from this project it is evident the benefits that can be gained when organisations use a gendered lens to reflect on their responses to violence against women. The OPA research papers in the Voices Against Violence Research Project provide an excellent example of how this approach can inform good practice responses.

Recommendations

These recommendations are drawn together from the findings across all papers in the Voices Against Violence Research Project. Some recommendations relate to broad principles and issues, and some relate to particular areas of service response or support. Recommendations specific to each paper can be found in the individual research papers.

Listening to the voices of women with disabilities

1. That Federal, State and Local Governments ensure that women with disabilities are provided avenues to participate actively in, and be represented on, decision-making, advisory and planning bodies across government and in all portfolio areas relating to violence against women with disabilities.

Primary Prevention

The stark findings of this report highlight the need for recognition of the ways that gender norms and stereotypes can perpetuate and uphold men's entitlement to use violence against women with disabilities. It is easier for men to hurt women when women themselves are considered less than, and easier still when they are viewed by society as less than, who are disregarded, unheard and not valued because they have disabilities. Gender inequality and unjust power relations must be addressed at every level of society, including within the private sphere of intimate and family relationships and the public sphere of communities, workplaces and schools.

Alongside the need for gender equality is the need to address discrimination against people with disabilities and an understanding of how these views contribute to the continuation of violence against women with disabilities. One example of such a program is the Gender and Disability Workforce Development Program currently being piloted by WDV. Human rights of people with disabilities and awareness of the impact of discrimination on people with disabilities must also to be included in school curriculum and awareness programs.

We welcome the creation of the Foundation to Prevent Violence Against Women and their Children and its priority focus on women with disabilities and their children.

2. That the Victorian and Federal Governments, through the National and Victorian plans to reduce violence against women and their children, continue to fund programs preventing violence against women in the following ways:

    - by ensuring universal/general approaches to violence against women are inclusive of the experiences and needs of women with disabilities
    - by designing, implementing and evaluating specific and tailored strategies for preventing violence against people with disabilities, including programs on healthy relationships and gender equality.

Working together

3. That the National Disability Insurance Agency (NDIA) as part of the implementation of the National Disability Insurance Scheme (NDIS) ensures that appropriate safeguards, standards and practice guidelines are developed that prioritise and drive responses to violence against people with disabilities and ensure referral pathways to violence response services. As part of this, the new NDIS workforce must be trained in understanding gendered violence and applying the principles of good practice to uphold the safety of people with disabilities.

4. That the findings and recommendations of the Voices Against Violence Research Project be considered by the Victorian Interdepartmental Committee on Violence Against Women and Children for a whole of government response. It is recommended the Committee consult with women with disabilities and representatives of disability, mental health, aged care, family services, family violence and sexual assault services and statutory and legal bodies as part of their response.

5. That relevant recommendations are referred to the Community Sector Reform Council, to ensure these are considered in the planning for Services Connect and community sector reform.

6. That the Victorian Family Violence Regional Integration Committees, as part of their annual work plan, facilitate one cross-sectoral forum a year on addressing violence against women with disabilities that includes representatives of disability, mental health, aged care, family support, courts, family violence and sexual assault services. Planning for this forum should involve the relevant sectors.

7. That WDV convenes, in conjunction with advocacy organisations and peak industry bodies for family violence, sexual assault, disability, mental health and aged care, a forum to discuss the findings and recommendations of the Voices Against Violence Research Project.

The research highlighted the importance of building links between different service sectors, in particular the disability service sector and violence response services. In the current environment there is an imminent shift from State responsibility for disability service provision to Commonwealth responsibility under the NDIS. Current state-based safeguards for people receiving disability services will transition to a new national safeguards program. These changes present a significant challenge to building stronger inter-sectoral links and highlight the need to create opportunities for working together at national, state and local level.

The introduction of the NDIS is a critical point for violence prevention and response. As the uniform disability service for people with disabilities across Australia, this program has the power to influence good practice in preventing and identifying violence, abuse and exploitation. Cross-sectoral cooperation and referral pathways are essential and it is vital that the new NDIS workforce is well trained in applying the principles of good practice learnt from other sectors. Standards and costing within the NDIA must take account of these gendered concerns in the national implementation process.

At the Victorian level, the Government is currently developing 'joined up' human services that include housing, drug and alcohol, family violence and family support services through Services Connect and community sector reform. Cross-sector collaboration, involving service providers in disability, mental health, aged care, family violence and sexual assault (including justice), is required as part of this process to increase the safety of women with disabilities. The development of consistent service sector standards and guidelines could be utilised to encourage targeted, cross-sectoral strategies promoting safety for women with disabilities and responding to the needs of women with disabilities who experience violence.

The research also highlights the need for access for women with disabilities from diverse cultural and Aboriginal backgrounds. It suggests the need for targeted strategies addressing the additional barriers these women face in accessing prevention and response initiatives. This will require the integration of specialist and generalist services resourced to work effectively together.

In 2008 an analysis of the family violence sector was undertaken and documented in *Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria*. The findings indicate a documentary analysis comparable to this work could usefully be undertaken for sexual assault and disability sectors to make visible the issues of gender- and disability-based violence to practitioners and professionals. This process would assist the development of partnership networks across disability and family violence–sexual assault services (including justice responses).

Workforce development

8. That the Department of Human Services (DHS) review the DHS Standards with a view to ensuring effective access and service response for women with disabilities who experience violence across all DHS funded service areas.

Standards of practice must take account of both gender and disability considerations. A model for inclusive standards for violence response services was developed as part of the *Building the Evidence* project (Healey, Humphreys and Howe, 2013). An analysis of the applicability of this model to the DHS Standards should be undertaken to ensure the standard supports access to services for women with disabilities.

9. That the Victorian Government funds a training program that addresses the issues for women with disabilities who experience violence in the following ways:

    - The development of a specialist training program. This should be developed in consultation with women with disabilities, family violence, sexual assault, justice, police, mental health, aged care and disability organisations and provided to all relevant sectors including through the Judicial College of Victoria.
    - The Victorian government continue funding of training about the Family Violence Risk Assessment and Risk Management Framework (commonly known as the CRAF) and targets training to mental health, aged care and disability services, including the NDIA.

The research indicates the need for both disability and violence response services to improve their understanding of the dynamics of violence against women with disabilities. Services must prioritise workforce development that includes cross-sector training on how to identify with and respond to women with disabilities who experience violence, abuse and exploitation. The expertise of women with disabilities and the disability service sector must be utilised by violence response services including justice agencies. Conversely, the disability, aged care and mental health services require the opportunity to draw on the knowledge base and the practice wisdom built up within the violence response sector.

Access to justice

10. That the findings and recommendations pertaining to legislative reform documented in *Paper Three: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria* be considered and responded to by the Attorney-General in consultation with the Family Violence Stakeholder Reference Group.

11. That Victoria Police consider and respond to the recommendations of this research and the findings and recommendations of the forthcoming report: *The Experiences of People with Disabilities Reporting Crime by the Victorian Equal Opportunity and Human Rights Commission*. This could be done through the Priority Communities Division.

12. That OPA be funded to develop an advocacy and referral scheme for the Independent Third Person program. This scheme should provide holistic support to people who are at risk of having repeat contact with crime, including women with cognitive impairments and mental ill-health who have been victims of violence.

13. That the Victorian courts address the current systemic failures to facilitate justice for people with disabilities in the following ways:

    - Special procedures or alternative arrangements for giving evidence, such as evidence recorded at a pre-trial hearing, should be available for all civil and criminal matters relating to violence against women, including intervention order applications under the *Family Violence Protection Act 2008* (Vic) and the *Personal Safety Intervention Orders Act 2010* (Vic), where the complainant or the witness has a disability.

    - A specialist disability liaison service be established in the Magistrates' Court of Victoria to provide specific advice and referral services to ensure equal access to justice for people with disabilities who experience violence. This service should establish protocols with community agencies and organisations that offer services and support to people with disabilities who have experienced violence.

14. That the Victorian Government fund Family Violence Applicant support workers at all Magistrates' Courts and that these workers be resourced to respond to women from diverse backgrounds and with diverse impairments.

Women with disabilities in Victoria who have experienced violence can face multiple barriers to accessing appropriate avenues of redress through the legal system. The Voices Against Violence Research Project found that there is substantial room for improvement in the Victorian and Federal legislation. It found that there are particular obstacles to justice in the identification and reporting of crime, in police identification of a woman with disability, police capacity to communicate effectively with the woman, and in the exercise of police and prosecutorial discretion to pursue a complaint and lay charges. It also found that there is a lack of tailored responses to women with disabilities who require access to the justice system.

As a result of these systemic issues, many women receive poor responses from the legal system – or indeed, are denied any response at all. Consequently, many women are denied their human right to equality before the law.

Access to information

15. That the Victorian Government through the Office for Disability resource family violence and sexual assault services to produce accessible, for example in Easy English, and widely available information that caters to individuals' diverse information needs. This information should be made available in safe, public places that women are likely to attend.

16. That disability service providers work with violence response services to provide face-to-face education sessions on abuse, violence and exploitation to women with cognitive and communication impairments and mental illnesses.

17. That the Victorian Government continues to fund and expand women's support groups, including disability specific groups, as an important means of providing information and support to women.

Presently, women with disabilities do not have adequate access to information about violence, about the service system, or about their rights. This lack of information can heighten the risk that women will experience violence. It also entrenches the barriers to effective service provision to women with disabilities. Therefore, women with a diverse range of disabilities (including cognitive impairments, sensory impairments and physical disabilities) need access to information that is targeted to their particular communication needs. Depending on women's needs, the delivery of this information can take a variety of forms, including plain English and Easy English written materials, audio materials and face-to-face education sessions

Access to Violence Response Services and Housing

18. That the Victorian Government considers strategies to address the current lack of accessible violence response services for women and children with disabilities who have experienced violence. This should include:

    - specific mechanisms for women with disabilities who experience violence to enable them to remain safely in their homes
    - expansion of intensive case management in family violence services and extended multidisciplinary sexual assault services for women with disabilities such as in the Making Rights Reality program
    - continued funding and expansion of the eligibility criteria to include women with mental ill-health and chronic ill-health for the Disability and Family Violence Crisis Response Initiative
    - strategies to address the current lack of accessible crisis accommodation and suitable housing for women with disabilities who experience violence.

The findings highlight the inadequacies of the current crisis response system and access to housing, generally, for women with disabilities. This includes inaccessibility owing to: lack of support staff, poor building design, and the application of the definition of 'disability' in the Disability Act 2006 (Vic) as the basis of eligibility for a crisis response. The latter excludes women with mental ill-health and chronic ill-health who may require additional support as part of their plan. Where specialist programs for women with disabilities exist, these are limited by either eligibility or geographic criteria.

Women with disabilities who have experienced violence must have the option of remaining in their home and for the perpetrator to be excluded from the premises. Victoria's 'safe at home' family violence policy requires police and courts to be able to respond promptly and effectively to breaches of intervention orders that exclude perpetrators from the home. Disability-specific resources could be provided under the Safe at Home programs funded under the National Partnership Agreement on Homelessness. [4]

Dedicated intensive case management for women with disabilities has been found to be crucial within the family violence sector because of the additional complexities that result from disability. The intensive case management model provides support to women from diverse backgrounds and with diverse impairments for longer periods of time than is feasible within the current crisis response time frame and has been shown to be a supportive initiative that could usefully be extended across all regions.

Clients attending the South East Centre Against Sexual Assault (SECASA) who have a cognitive or speech impairment are able to access a variety of additional supports and resources through the Making Rights Reality program. This model should be extended to all regions of Victoria.

Data collection

19. That the Victorian Government Interdepartmental Committee on Violence against Women consider adopting a consistent and comprehensive approach to the collection of data on women with disabilities who experience violence. This approach should include the collection of data about violence against women with disabilities from OPA and other relevant agencies that have involvement with people with disabilities.

20. That the Australian Bureau of Statistics explore appropriate methods for collecting data on violence experienced by women with disabilities who are not included in the Personal Safety Survey.

4 This requires the Commonwealth Government's re-commitment to the National Partnership Agreement on Homelessness

The Voices Against Violence Research Project again highlights the profound inadequacies in the current data collection systems resulting in a failure to disaggregate data on disability and violence. In particular it fails to include methods for collecting and publishing data on violence experienced by women in residential care.

Research

21. That the *National Centre of Excellence* undertake research to:

- further explore what interventions are effective in preventing and addressing violence against women and girls with disabilities, including best-practice interventions with perpetrators who explicitly target women with disabilities
- examine violence against people with disabilities with a view to comparatively analysing the gendered pattern of violence against women and girls, and men and boys with disabilities. This research needs to explore violence in community and institutional (residential) settings, the nature of the relationships in which the violence occurs, the gender of perpetrators and the diverse range of violent behaviours.
- examine the extent of economic abuse of women with disabilities.

The newly formed National Centre of Excellence is currently exploring its strategic direction in preventing and addressing violence against women and children. The centre will provide a research hub for policy makers, practitioners and researchers to link up evidence-based responses, as well as serve as a meeting point for strategic partnerships with a wide range of organisations, academics and key government and non-government stakeholders. Given the findings of the Voices Against Violence Research Project, it is vital that research undertaken under the auspice of the centre be inclusive of women with disabilities, in particular, that it furthers our understanding of disability-specific violence, economic abuse, institutional violence, perpetrator characteristics and the relationships and settings where violence against women with disabilities occurs.

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This research is the result of the collaboration between Women with Disabilities Victoria, the Office of the Public Advocate and the Domestic Violence Resource Centre Victoria. The project was funded by Gandel Philanthropy and a major research grant through the Legal Services Board Grants Program.

Voices Against Violence

Paper One:
Summary Report and Recommendations

Women with disabilities victoria
empowering women

Office of the Public Advocate

GANDEL PHILANTHROPY

Legal Services BOARD
Funded through the Legal Services Board Grants Program

Domestic Violence Resource Centre Victoria
Preventing violence, promoting respect

Melbourne Research Alliance to End Violence Against Women and their Children

Briefing Paper No. 9 on 'Responding to family violence in Aboriginal communities'

Author: Shawana Andrews

Responding to family violence in Aboriginal communities

Relevant to Royal Commission into Family Violence Issues Paper questions: 17-19

Introduction

Aboriginal communities are particularly vulnerable to violence and to being victims of violence but the evidence clearly establishes that that there is no single defining factor that may be attributed to its occurrence but rather many interconnected factors (Cripps and Davis 2012, Memmot et al 2001, Gordon et al. 2002; Sokoloff 2005). Violence within Aboriginal communities is often broadly defined to include that occurring within families, extended families, kinship networks and community, much of which is placed in the context of disempowerment and oppression as effects of ongoing colonisation (AAV 2008, Memmot et al 2001). Aboriginal communities experience significant marginalisation across Victoria, in both rural and urban areas, with greater levels of socio-economic disadvantage, unemployment, contact with the justice and child protection systems, and homelessness. Aboriginal people are also much more likely to experience loss of identity, comorbid chronic disease, racism, mental health issues, drug and alcohol dependency and intergenerational, collective grief and trauma, all of which are risk factors for family violence, particularly in prevalence with one another (AAV 2008).

Male perpetrated family violence features significantly in the over-representation of Aboriginal babies and children in out of home care in Victoria (expected to rise to 1500 by July 2015) (Jackamos 2015) and in the lives of *Aboriginal women who are 34 times more likely to be hospitalised as a result of domestic violence than their non-Aboriginal counterparts (Boserio 2015).* For Aboriginal men, this escalating situation demands of them healing and behaviour change as much as it does accountability and justice.

Key message: Whilst it is recognised that family violence is adversely affecting Aboriginal communities across Victoria, and nationally, the key message being voiced by Aboriginal people is that violence is not a part of Aboriginal culture and that communities are working hard to find ways to address the issue. Many communities are, however, working against the odds to address the multifaceted nature of family violence.

Challenges

Since family violence was recognised as a major public health issue, the state government has provided some resources to deal with the impact of violence, and to develop programs aimed at preventing family violence. Whilst Aboriginal communities and government agree that family violence is a significant problem with complex factors and requires substantial work, there remains a lack of coordination and consistency in approaches between the sectors (Calma 2006). Considerable gaps exist amidst the current patchwork of programs and the barriers to seeking support services, and the likelihood of receiving inadequate or inappropriate responses, leave Aboriginal women and children increasingly vulnerable.

Whilst the literature maintains a steady stream of government reports that acknowledge Aboriginal women face an increased risk of exposure to family violence (Sokoloff 2005, AAV 2008) many Aboriginal voices highlight this as a result of continued failure of the justice and social welfare systems to keep women and children safe (Boserio 2015, Cripps & Davis 2012). Aboriginal lawyer Josephine Cashman notes that the laws for dealing with family violence are adequate, they are just not being applied to Aboriginal people (Boserio

2015). Combined with a disproportionate level underreporting of violence in Aboriginal communities and a high level of tolerance the situation leaves Aboriginal women at risk. In addition to this the criminal justice system also poses further barriers for women due to its ineffectiveness in addressing the causal factors of the violence as well as its lack of cultural safety and accessibility of legal processes for women experiencing significant, numerous stressors (Cripps & Davis 2012, Cunneen 2002). Both the justice and social welfare systems are bound within a western framework and model their intervention approaches as such which place Aboriginal women experiencing violence at the juncture of gender and Aboriginality (Calma 2006, Burchell & Green 2010). Calma (HREOC 2006) notes that this may lead Aboriginal women to being 'unable or unwilling to fragment their identity by leaving the community, kin, family or partner' to end the violence.

Opportunities

The literature consistently identifies (Memmot et al 2001, HREOC 2006, Cripps and Davis 2012) several common elements for effectively addressing Aboriginal family violence. Firstly, Aboriginal participation, leadership and agency in relation to family violence enables Aboriginal communities to define the problem and contextualise the factors, such as kinship and colonisation and their integral placement in effective family violence frameworks, according to appropriate Aboriginal worldview and standpoint (Calma 2009). Diversity within and between communities, cultural values and decision-making processes are also integrally linked to community ownership of interventions and the outcomes (Cripps and Davis 2012). Enabling Aboriginal communities to be participants in the solutions to family violence, rather than categorised as the 'problem', will empower leaders and Elders to be the drivers of change. Secondly, the multifaceted nature of family violence that is magnified in Aboriginal communities requires bipartisan collaboration and partnership, across all sectors, which is defined in the context of decolonisation, respect, intergenerational healing, cultural and gender equality, and sustainability (HREOC 2006, Cripps and Davis 2012). Finally, programs are required that use an holistic approach to address the causes and the consequences of family violence and which utilise a flexible framework.

Whilst the 'empirical evidence has limited explanatory models as well as definitions of the complex underlying situational factors relating to Indigenous violence in Australian communities' it is clear that that available in relation to the non-Indigenous context is not appropriate or applicable (Memmott 2006). Theoretical frameworks and new ways of understanding the nature of Aboriginal family violence are still emerging but we know that they must be grounded in Aboriginal healing practices; Aboriginal *and* western understandings of justice; traditional social constructs of family, kinship and the place of both women and men; and socio-historical factors (HREOC 2006, Mammott 2006).

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Melbourne research Alliance to End Violence Against Women and their Children:

Briefing Paper No. 10 on 'Working towards integrated governance in addressing violence against women and children'

Authors: Cathy Humphreys, Lucy Healey, Kristin Diemer

Working towards integrated governance in addressing violence against women and children

Relevant to Royal Commission into Family Violence Terms of Reference: 1-4, 6-9

Introduction

The launch of the Victorian Family Violence Reform strategy in 2005 heralded an especially ambitious phase of tackling the insidious problem of violence against women and children. It began with a 'whole of government' approach that sought to integrate statutory and non-statutory, and government and non-government agencies involved in responding to family violence into a highly structured system (Healey et al, 2013; Ross et al, 2011), as illustrated in Figure 1. In more recent years, it has expanded attention on broader understandings of violence against women and children (such as the trafficking of women and children), the development of multi-agency high-risk response initiatives, and violence prevention.

This summary draws on the five-year Australian Research Council Linkages project on the Victorian family violence reforms (2008-2013). This was a multi-disciplinary research project led by Prof Cathy Humphreys. It was conducted in partnership with Melbourne and Monash Universities, Victorian government departments (the Department of Human Services, Department of Justice and in the early years, the Department for Planning and Community Development where the Office of Women's Policy was located until it moved into DHS) and Victoria Police. Our research highlighted the challenges relating to the ongoing need to tighten, improve and sustain 'integrated governance' to support 'system accountability' with the ultimate aim of at least ameliorating if not stopping violence against women and children.

We define 'integrated governance' as the ways in which decision making and its implementation in one area of a service system are linked to decisions and actions elsewhere in the service system in an informed and coordinated way. For example, in a functional and supported integrated service system, when police upscale the issuing of intervention orders at family violence incidents on behalf of victims, family violence specialist services, the courts, and legal services would expect greater demand to be placed on their services and thus need to plan and be resourced accordingly to respond to demand. Any integrated service system has numerous, sometimes competing accountabilities. We define 'system accountability' refers to being accountable to:

- Clients and communities (which, in turn means not contributing to further trauma as a result of failures or inadequate service responses when working with victims and perpetrators and communities)
- Funders and supervisors
- Individual agency goals
- Partner agencies and networks
- Professional standards, codes of practice, guidelines, legislation (and thus to upholding the human right to live in safety and dignity) (Healey et al, 2013).

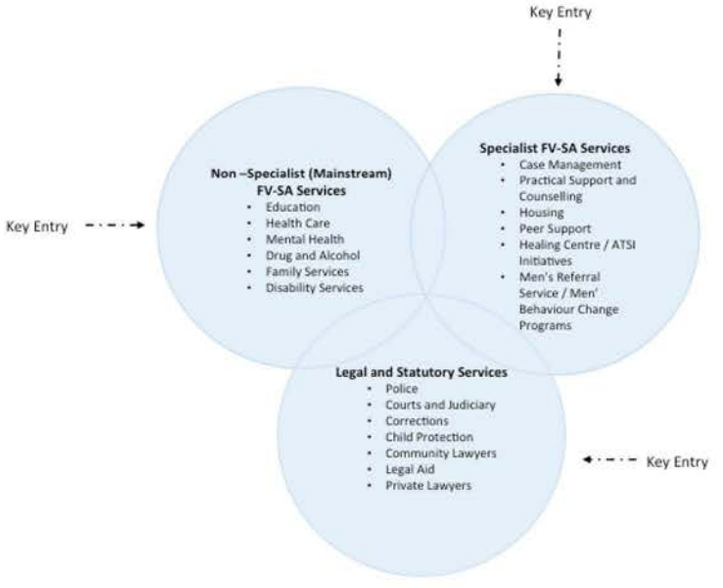

Figure 1: Integrated family violence-sexual assault service system

Key message: If we are to effectively respond to violence against women and children and hold perpetrators to account, effective partnerships across diverse agencies require clearly defined governance processes informed by a shared understanding of system accountability. This is a long and complex process that requires the development of trust, understanding between partners from different parts of the service system, confidence that the ultimate goal to stop violence is possible, and committed, bipartisan leadership.

Challenges include:

- A key challenge for effective service integration of multi-agency services is to establish and maintain effective partnerships that involves representation of key sectors and government and non-government agencies that delivery tangible improvements in service outcomes (Ross et al, under review).

- Whilst multi-agency systems are the preferred model in many jurisdictions in the US, UK, NZ and Australia (for examples, see Allen et al, 2010, CAADA, 2010 and Malik et al, 2008), there is an equally wide variety of governance arrangements and variations in implementation effectiveness (as far as perpetrator attitudes, victims' perceptions of safety or the likelihood of further violence) arising from different governance arrangements (Ross et al, under review).

- Victoria, like other states and territories, is still grappling with the challenges involved in linking three of the four key service systems; those of child protection, criminal justice, and domestic and family violence (involving specialist and non-specialist services, as illustrated in Figure 1), yet a fourth system, that of Commonwealth family law, is equally critical in improving outcomes for victim safety and perpetrator accountability. This fourth system represents a point of "vertical disintegration" (Wilcox, 2010, p.1021). Outcomes of the current Family Law Reference, which will seek to remedy the inadequate alignment of state-territory family violence and related legislation and commonwealth family law are thus eagerly awaited.

- Having a common understanding of what system accountability looks like and how to avoid secondary trauma to victims as a result of failures in system accountability.

- That the work of 'integrated governance' involving diverse multi-agencies requires capacity-building and adequate resourcing, not only from the primary funding agency but contributions from partner agencies.

Evidence from the 2010 SAFER survey (Ross et al, under review)

- Our 2010 SAFER survey into the quality of functioning of Victoria's regional integrated family violence committees showed significant and systematic variations from region to region. This variation was only weakly related to specific aspects of governance, such as leadership, effective conflict resolution, or good information dissemination. We found that well-functioning committees performed well across a wide range of aspects of governance, whilst less effective committees tend to struggle across a similarly wide range of processes. This may be an outcome of the partnerships entering the integration process from different starting points but the development of the partnerships is also important.

- The survey found a generally low level of involvement in the committees by indigenous services, children and family service agencies, and some justice sector agencies (courts, legal services and corrections). All committees reported that improved partnerships with police were one of the important developments from the integration reforms, and stronger legal and justice responses were reported in the two most well functioning regions. However, lack of involvement by other justice and legal agencies was a commonly reported weak element in regional partnerships.

- The survey also found considerable variation in the role of the Department of Human Services as the primary coordinator and manager of the change process. Highlights of the integration process were the work done by the Regional Integration Coordinators, the development and implementation of the Common Risk Assessment Framework, and an authorising environment provided by a state plan for action. However, weaknesses included: the clarity and direction provided about governance; the perceived lack of funding or direct assistance to support integration (including staff training); inconsistencies and confusion about the roles of committee chairs and the RICs; and of the geographic fit of committees.

- Inability to measure service outcomes was another critical weakness in the integration model.

Opportunities for policy and/or practice

In response to the challenges of governance and leadership, the Safety and Accountability in Families: Evidence and Research (SAFER) research team designed a Regional Governance Continuum Matrix of Practice for Partnerships (the Matrix) based on a view of 'system accountability' (Healey et al, 2013).

The Matrix identifies eight 'indicators' as essential to sound 'integrated governance'. It was designed in the context of supporting the development of regional or more localised integrated family violence and sexual assault services, however, the indicators we identify have the potential to be further developed and transferred to larger jurisdictions.

The eight key indicators are:

Indicator 1: Developing an integrated domestic and family violence and sexual assault service system
Indicator 2: Strengthening community partnerships
Indicator 3: Clarifying committee function and diversifying representation on the committee
Indicator 4: Developing domestic and family violence and sexual assault service pathways
Indicator 5: Regularising joint review and planning
Indicator 6: Supporting risk assessment and risk management
Indicator 7: Developing professional practice across the system
Indicator 8: Supporting evaluation and research

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Australian Domestic & Family Violence Clearinghouse

GOVERNANCE AND INTERAGENCY RESPONSES: IMPROVING PRACTICE FOR REGIONAL GOVERNANCE – A CONTINUUM MATRIX

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with an Introduction by

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PART 1: Overview of the national picture of coordinated domestic violence practice: an introduction, Karen Wilcox

PART 2: A *Regional Governance Continuum Matrix of Practice* for domestic and family violence-sexual assault partnerships, Lucy Healey and Cathy Humphreys, University of Melbourne

KEY POINTS

- cross-sectoral coordinated responses to domestic and family violence are evident at some level within all jurisdictions in Australia, driven by practice and by developments in theory
- the governance of multi-agency partnerships is a crucial factor determining partnership effectiveness, along with an adequately resourced complementary administrative 'backbone'
- complexity of governance structures often parallels the complexity of the partnership and where it lies on the 'integration spectrum'
- each state and territory has varying degrees of coordination, and thus varying degrees of governance within the multi-agency partnerships that have developed
- regional governance of coordinated practice can be enhanced by maximising development in the following areas:
    1. Developing an integrated cross-sectoral service system (eg, domestic and family violence and sexual assault service sectors)
    2. Strengthening community partnerships
    3. Clarifying committee function and diversifying representation on committees
    4. Developing cross-sectoral pathways
    5. Regularising joint review and planning
    6. Supporting risk assessment and risk management
    7. Developing professional practice across the system
    8. Supporting evaluation and research

1. This work was prepared as part of the Safety and Accountability in Families: Evidence and Research (SAFER) program, which researched the integrated response to family violence in Victoria in collaboration with industry partners in Department of Human Services, Victoria Police and Department of Justice.

PART 1 – OVERVIEW OF THE NATIONAL PICTURE OF COORDINATED DOMESTIC VIOLENCE PRACTICE: AN INTRODUCTION

KAREN WILCOX, ADFVC

INTRODUCTION

International public policy and human service literature has been concerned with the promotion of collaborative multi-agency partnerships for almost twenty years. Concurrently, at the grassroots level, domestic violence services, child protection services, criminal justice services (in particular, police) and other social service providers developed their own pathways towards more joined-up service provision to meet the needs of those affected by domestic and family violence. More recently, state and territory governments in Australia have investigated and, in many cases, implemented, strategic responses to domestic and family violence that have loosely been labeled 'integrated responses'. These three drivers of service delivery practice change have placed interagency and cross-sectoral responses to domestic and family violence firmly on the Australian policy and practice agenda.

The impetus for partnership service provision has in part resulted from the complexity and intractability of the 'problem' of domestic and family violence. Domestic and family violence clearly fits within what the social innovation and sustainability literature has labelled a 'wicked issue' (Stewart 1996, in Lowndes and Skelcher 1998); 'one that can only be resolved by bringing together the resources of a range of different providers and interests groups' (Lowndes and Skelcher 1998, p. 315).[2] Hence the collaboration dynamic which has underpinned policy change to state-funded domestic violence interventions in Australia has emerged from an assumption that coordination improves outcomes for victims, reduces secondary (system created) victimisation[3] and can assist in the addressing of service gaps (Mulroney 2003).

The fluid use of terminology in this field, however, does create difficulties when assessments of the success of collaborative practice are undertaken. How *much* coordination is required in order to resolve and address complex problems and complex needs? Writers have long relied on the use of spectrum or continuum models in describing the levels of coordination in coordinated responses (Robson 2012), and to make sense of the undifferentiated use of descriptors such as 'interagency', 'multi-agency', 'collaborative', 'integrated' or "coordinated' (Wilcox 2008). Partnerships can range from those with loose networks of interagency update meetings, through streamlined referral systems to more tightly woven, single integrated systems across a range of sub-unit services. Potito *et al.* (2009, p. 371) summarise the truly integrated (or joined-up) system as one with,

> *agencies forming shared arrangements at a strategic level, and intensive case management based on shared protocols and data sharing arrangements at the operational level for front line workers.*

The inconsistent use of terminology in this area is further complicated by the often confusing interchange of descriptions of multi-*agency* partnerships with multi-*sectoral* partnerships (eg. domestic violence, family law, child protection, sexual assault and criminal justice) and multi-*disciplinary* approaches (such as medical, educational, social science, legal and welfare), within the literature as well as in descriptions of practice.

This paper provides an important and invaluable set of indicators to assist in the assessment and improvement of cross-sectoral collaboration. Dr Lucy Healey and Professor Cathy Humphreys have developed a tool which addresses the important issue of governance of collaborative systems of practice. In particular, their work provides impetus for the development of 'good governance practice' where the cross-sectoral system is driven and managed at a regional level. The paper is based on their research of the Victorian model, so reflects the unique governance arrangements of the partnerships rolled out with that state's approach to domestic and family violence reform. Nonetheless, the research's conclusions and the matrix itself are of broader significance, as they summarise key features that can assist with the enhancement of partnership governance, from 'fledgling' practice, to what the authors term the 'optimal phases' in strengthening governance. As a continuum of progress, it contains staged indicators, many of which have relevance beyond assessment of regional governance. Many of the issues and problems that are likely to emerge in 'coordinated' responses, from those that have been driven and are managed by a single agency (such as the police, or a local domestic violence service, as is the case with several NSW referral-focussed responses), to those which are statewide integrated responses (such as the Family Violence Intervention Program in the ACT or 'Safe at Home' in Tasmania) are recognisable within the matrix. A brief survey of the types of coordinated systems across Australia is therefore provided in this paper, in order to contextualise the

2. see also Fahruqi M (2012)
3. whereby engagement with services increases difficulties and enhances risks for victims of domestic and family violence

important learnings and recommendations that Healey and Humphreys have drawn from their Victorian-based research.

GOVERNANCE WITHIN COORDINATED DOMESTIC VIOLENCE STRATEGIES

Hanleybrown, Kania and Kramer conclude from their research into collective impact (multi-agency) programs that 'governance/infrastructure' is one of four critical components for program success (2012, p. 4). Effective governance of multi-agency arrangements has the capacity to provide a framework for accountability and longevity for a multi-agency system, whether it is formally constituted as an integrated response, or more informally and loosely structured. Bryson *et al.* (2006) note that hierarchical governance can sit uncomfortably with looser partnership networks, which focus on horizontal, balanced relationships, however governance 'as a set of coordinating and monitoring activities must occur in order for collaboration to survive' (p. 49). Whether the collaboration is at the level of service delivery, such as client referral agreements, or a system-level planning collaboration (which are more difficult to establish and maintain) (Bryson *et al.* 2006, p. 49), the governance structure and processes remain necessary, at the very least for a 'measurement system and a managing results' system (p. 51).

The absence of appropriate governance arrangements and supporting administrative infrastructure (or 'backbone'), along with inappropriate resourcing of coordinated strategies and the sub-programs within them (Hanleybrown *et al.* 2012), is a significant contributor to what Potito *et al.* (2009, p.376) have labelled the 'implementation gap' in collaborative ventures. They argue that failure of effective implementation results when the 'operationalising of policy and practice plans is constrained by inadequate planning, poor coordination, or limited resources' (Potito *et al.* 2009, p. 375).

As well as providing a bedrock on which implementation of a strategy can be built, effective governance arrangements provide coordinated interventions with a structure through which program goals can be kept at the forefront of service-level activities. One feature of cross-sectoral programs is that they allow

> *the linking or sharing of information, resources, activities and capabilities by organisations in 2 or more sectors to achieve jointly an outcome that could not be achieved by organisations in one sector separately* (Bryson 2006, p. 44). *(emphasis added)*

Hence the achievement of a particular level of partnership or 'coordination' in itself should not be seen as the goal of a multi-agency system (Pence, Mitchell & Aoina 2006). Rather, the main goal of these approaches is the resolution or addressing of the 'wicked issue' on which it focusses. In the case of domestic and family violence, as noted, this remains the safety and recovery of victims, including children. In greater detail, this usually means, as Marcus (2011) suggests:

- Multiple seamless entry points
- Case management with referral starting with service needed most urgently
- Full range of services available for women and children
- Access to criminal justice agencies and support services

In assessing the value of a multi-agency partnership collaboration, Marcus (2011) details the following measures of success that matter in this regard:

- Increased victim safety
- Increased victim access to the range of services she needs at the time she needs them
- Increased victim satisfaction and willingness to use the system again
- Seamless service provision and information exchanges
- Increased accountability for perpetrators (Marcus 2011).

Thus the system requires a 'woman-defined', as opposed to 'service-defined' assessment and response to needs (Laing 2009).

Similarly, multi-agency responses can increase the efficiency and effectiveness of systems through both infrastructural reform and direct service reform, leading to a more equitable distribution of services (Kagan 1995 in Robson 2012). For jurisdictions in Australia where there are significant service system gaps alongside ad hoc program implementation, as long as 'woman-defined' responses are kept in mind, and resources are reallocated appropriately, coordinated responses have the potential to identify and plug the gaps in state-funded interventions.

Hanleybrown, Kania and Kramer (2012) argue that governance requirements may change at different *phases* of a multiagency collaboration, for example, at the stage of planning and setting common goals, a steering committee structure may be appropriate, while implementation phases may require stronger infrastructure or governance. In addition, different *levels* of collaboration, in other words, how far they can be placed along the continuum from loose, streamlined cross-agency referral processes to integrated single systems, require different levels of governance (Bryson 2006).

The Matrix developed by Lucy Healey and Cathy Humphreys as part of the SAFER project[4], addresses key challenges facing those wishing to develop enhanced coordination of domestic violence responses, whilst maintaining locally or regionally driven governance arrangements.

Developing increased systems of accountability enables what Healey and Humphreys note is the 'optimisation' of partnership governance. In doing this, service systems may be better able to address victims' needs for safety, by identifying the barriers to safety-focussed practice that may be evident within agencies. As I have argued earlier (Wilcox 2008),

4. see footnote 1.

one of the main advantages of an integrated response to domestic and family violence is its potential to open up domestic violence work to collegial scrutiny and accountability. This not only leads to the development of systems of continuous improvement but also provides a pathway to enhanced safety for individual victims, because responses which jeopardise safety are detected more readily.

COORDINATED RESPONSES TO DOMESTIC AND FAMILY VIOLENCE: A BRIEF STATE/ TERRITORY OVERVIEW

In Australia, the commitment to coordinated responses to domestic and family violence differs widely across jurisdictions, and this is reflected in design and strategy, structure and governance and resourcing of services and programs. They range from organically developed, ad hoc local attempts to join-up practice, through improved referrals (at times supported by local Memoranda of Understanding), to single service systems, with complex structures of governance and accountability. A brief survey across Australia is outlined below.

ACT

The ACT's Family Violence Intervention Program (FVIP) is a territory-wide, tightly coordinated, unified system, involving ACT Police, Office of the Director of Public Prosecutions, Magistrates Court, ACT Corrective Services, the Domestic Violence Crisis Service, Victims of Crime Coordinator, Legal Aid, and the Office of Family Youth and Children's Services. It is unique in its inclusion of the Territory's judicial system. A Coordinating Committee convened and chaired by the Victims of Crime Coordinator, an independent statutory position, provides the 'backbone' to the system, by overseeing implementation, management and strategic direction for the program. This committee comprises representatives of the key agencies identified above. The program also relies on effective communication and cooperation at an operational level between agencies achieved by the development of protocols and practice principles, weekly meetings to discuss and track cases, and the establishment of data systems to track matters. Information sharing between the police and the domestic violence service is enabled by legislation (Wilcox 2010). The FVIP engages in ongoing processes of review and evaluation.[5]

NSW

NSW does not have a statewide funding system for designated domestic violence organisations (such as crisis, outreach or recovery responses), for either victims or their children. However, some regions have established these from particular regional funding schemes, while in other regions, private practitioners, community health organisations and NGOs may fulfill some of the functions that in other states and territories are undertaken by specialist domestic violence services. Instead, separate systems have developed across NSW for court assistance and advocacy for protection order matters in the local courts (Women's Domestic Violence Court Advocacy Service, through Legal Aid NSW), supported accommodation (refuges), and housing safety and security (Staying Home Leaving Violence and the Homelessness Action Plan). Coordinated case management has also been piloted in the justice system, through the Domestic Violence Intervention Court Model (DVICM) and streamlined referral processes (known as yellow cards) have been introduced across many police commands. In the area of child protection, the 'Keep Them Safe' strategy, and concurrent law reform, has facilitated information sharing and case management meetings in many Department of Human Service (previously DoCS) regions. A peak organisation, DV NSW has recently been formed, based on a women's refuges peak, in order to focus networking across some of the varying service systems dealing with domestic and family violence.

The NSW government has proposed to introduce a hybrid system to better coordinate the services that are available and this will be accompanied by law reform to assist with information sharing. The 'It Stops Here' approach to domestic and family violence will establish Central Referral Points[6] to assess risk and process referrals from other agencies, and provide administrative and coordinated support for proposed Safety Action Meetings, which will coordinate responses for high risk matters. Regional Domestic Violence committees will be established to oversee implementation of these initiatives. Existing networks of Local Domestic Violence committees will coordinate prevention activities and community engagement, and report to the regional committees on local priorities. The government will establish a Ministerial Group of key ministers to provide leadership, and a Domestic and Family Violence Council of experts and departmental officers to provide advice to this group.

Without details of the strategic management, infrastructure resourcing and governance, it is too early to determine whether 'It Stops Here' will address the siloing and duplication which has arisen historically from departmentally driven program development (NSW Auditor General 2011).

Northern Territory

The Northern Territory is currently piloting the South Australian Family Safety Framework model (see below) in the Alice Springs police district. This pilot has been led by Northern Territory Police Force, through the Alice Springs Domestic Violence Unit of the NTPF. Both government and non-government agencies are involved in the high risk case management meetings.

5. See ADFV Clearinghouse Good Practice database at www.adfvc.unsw.edu.au
6. The details have not yet been finalised, but early proposals suggest that this function will be added to those of the Women's Domestic Violence Court Advocacy Program (WDVCAP), in which case, they would be managed through local court geographical boundaries.

Queensland

There is no statewide multi-agency response to domestic and family violence in Queensland. Local communities in some places have developed agency partnerships, which range from loose interagency exchanges to the Gold Coast response, which provides for coordinated referrals from the police, hospitals and supported accommodation to the domestic violence service, and manages a men's behaviour change program, co-facilitated by the domestic violence service and Probation and Parole.

South Australia

South Australia has introduced the Family Safety Framework (FSF), which brings together government and non-government service systems at local level to case manage high risk cases, which are identified using a common risk assessment tool. Information sharing protocols bolster the identification and management of risk at the Family Safety Meetings (FSMs). SA Police are the lead agency at the FSMs, and involved services include the non-government domestic violence services, Aboriginal health services, mental health, education, child protection, drug and alcohol services, community corrections and housing services. The SA Victim Support Service provides the administrative and organisational 'backbone' to the meetings and The SA Office for Women provide the strategic direction and planning. There is no system-wide structure for governance of the FSF, with the local meetings themselves providing across-service reporting, monitoring and accountability in relation to actions arising from the identified high risk cases.

Tasmania

The Tasmanian Safe At Home whole of government program is led by the Department of Justice, and involves government agencies in a three-tiered system governing information exchange, case management, policy and practice troubleshooting and strategic management. It is arguably the most tightly governed system in the country, pivoting around a clearly articulated criminal justice, 'risk and safety' focussed goal.

Government services providing crisis support, policing, counselling for both adults and children, court support, offender rehabilitation and child protection are integrated within the program. Consistent policies and protocols and shared training were also introduced across the Departments of Health & Human Services, Justice, and Police & Emergency Management, to ensure that responses to family violence supported the program's aims. A shared database has streamlined the operation of the program and enables monitoring across the services involved in the system. Information sharing across the system is enabled by legislation. Every service accessed by a victim of family and domestic violence triggers engagement with the system and cross-referral in accordance with needs; thus there is 'no wrong door'..

Coordination of the program is achieved through a system of governance and accountability structured across local (operational), regional, and state (senior officer) levels, through which cases, safety issues, management problems and policies are addressed. Committees meet regularly at each of these levels to enable the governance of the system. Unique to 'Safe At Home' is this two-way coordination structure which provides for direction from the top, down to local levels of service delivery, whilst allowing for problems and issues which emerge at a local level to drive policy development and fine-tuning of the program through to executive level. In this way, the work of the three departments remains focused on the common goals and strategies of the program (Wilcox 2006).

Victoria

The Victorian government has introduced a system of regional and sub-regional 'service partnerships', which provide a more coordinated range of services and processes. These include outreach, after hours services, intensive case management, counselling, housing and accommodation security, men's behaviour change programs and specialist support services for children and young people living with family violence. The government is also piloting a coordinated case management response to risk in two sites, and have recently funded the disability and family violence crisis response.

The regional partnerships in Victoria are supported by funded regional coordinators. As described in greater detail in this paper, below, the Victorian response is governed by a system of regional level committees, which link with parallel Indigenous Family Violence Action Groups. A small Addressing Violence against Women and Children Advisory Group, of ministers and experts, provides advice to the government on the partnership approach and other issues related to domestic and family violence and sexual assault.

Western Australia

The Armadale Domestic Violence Intervention Program was one of the first locally driven coordinated responses in Australia, focusing in particular on joining up child protection and domestic violence practice. This year, Western Australia introduced regionally based risk assessment and case management teams, the Family and Domestic Violence Response Teams (FDVRTs), across nine regions. These teams are the result of partnership arrangements between the Department for Child Protection and Family Support (formerly the DCP), WA Police and non-government (NGO) services (coordinated by the Women's Council of WA). The FDVRTs engage in the risk assessment and triaging of all police domestic violence incidents, in order to provide early, risk-focussed intervention promoting the safety of children and adult victims of family and domestic violence. In many districts, the police, child protection and NGO domestic violence service (known as the Coordinated Response Service) are co-located.

The FDVRT partnership released Operating Procedures in July 2013 and a shared database is in development to supplement information exchange. The response will be monitored and evaluated in accordance with the FDVRT Monitoring and Evaluation Framework, also released in July this year. The Department of Child Protection and Family Support will coordinate the evaluation and reporting of the FDVRTs.

CROSS-SECTORAL PARTNERSHIPS: A NOTE ON JOINED-UP DOMESTIC AND FAMILY VIOLENCE AND SEXUAL ASSAULT SERVICES

Some regions in Victoria have established co-located domestic violence and sexual assault services for victims, and cross-sectoral services can also be found in CALD and Indigenous-specific organisations in other jurisdictions. In addition, the National Plan to Reduce Violence Against Women and Their Children (Australia 2010) conceptually integrates these two issues. However, in most states and territories, these service sectors remain separate at the coalface, although they often share common philosophies and understandings of gendered violence. This in part reflects the varying departmental funding streams under which service systems have developed, such as health, child protection, family support and housing, but also arises from the range of different needs of domestic and family violence victims and non-partner sexual assault victims.

The Continuum Matrix for Regional Governance, in reflecting current political thinking in Victoria, promotes partnerships across organisations which deal with sexual assault as well as domestic and family violence. However, arguably, the findings of the SAFER team apply equally to the development of coordinated practice between domestic and family violence services and other service sectors, such as family relationship and mediation services, or the child protection sector.

PART 2 – *A REGIONAL GOVERNANCE CONTINUUM MATRIX OF PRACTICE* FOR DOMESTIC AND FAMILY VIOLENCE-SEXUAL ASSAULT PARTNERSHIPS

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BACKGROUND TO THE PRACTICE TOOL

Introduction

Developing and sustaining effective partnerships across the diverse agencies that are involved in responding to violence against women and children presents significant challenges of governance and leadership. Drawing on a program of research investigating the development and effectiveness of Victoria's integrated family violence system[7] at local, regional and state levels, the SAFER Research team developed a Regional Governance Continuum Matrix of Practice for Partnerships (the Matrix), which identifies eight 'indicators' as essential to sound 'integrated governance' in order to support regional or more localised integrated domestic and family violence and sexual assault services.[8]

We define 'integrated governance' as the ways in which decision making and the implementation of decisions in one area of a service system (such as decisions about allocating resources, devising communication systems, and aligning policies and practice models) are linked to decisions and actions elsewhere in the service system in an informed and coordinated way. Both processes (decision making and the means by which decisions are implemented) are contained in the indicators identified in the Matrix.

This section of the paper is a companion to the Regional Governance Continuum Matrix practice tool itself, which can be found below. This paper describes how, why, and for whom we developed the Matrix as a tool for partnerships from evidence gathered during a five-year period of research into the Victorian family violence reforms from 2008 to 2013. Whilst this tool was developed in the context of the state of Victoria, the indicators identified in it represent elements that are transferable to other states and territories in Australia.

The indicators of the Regional Governance Continuum Matrix for Partnerships

The indicators are designed to be a comprehensive, yet understandable guide for practitioners and managers involved in developing partnerships to improve and strengthen regional and sub-regional domestic and family

7. The Victorian Family Violence Reforms (FVR) are unique in Australia and an example of innovation in the public sector in dealing with a complex and multi-sectoral problem. For further detail: http://www.dpc.vic.gov.au/index.php/featured/innovation/case-study-victorian-family-violence-reforms

8. This research is part of a wider Australian Research Council Linkage Project with industry partners in the Departments of Human Services, Justice, and Victoria Police. The program of research examined a number of aspects of integrated family violence reform (see SAFER Research Team, 2012).

violence-sexual assault service delivery. The indicators are intended to be used in their entirety for planning and monitoring progress in the development of integrated governance processes. The eight key indicators[9] are:

INDICATOR 1: Developing an integrated domestic and family violence and sexual assault service system

INDICATOR 2: Strengthening community partnerships

INDICATOR 3: Clarifying committee function and diversifying representation on the committee

INDICATOR 4: Developing domestic and family violence and sexual assault service pathways

INDICATOR 5: Regularising joint review and planning

INDICATOR 6: Supporting risk assessment and risk management

INDICATOR 7: Developing professional practice across the system

INDICATOR 8: Supporting evaluation and research

The aim of the Matrix: system accountability

In any integrated service system there are numerous, sometimes competing, accountabilities (Bryant 2007; and Ebrahim 2007). Collectively, they are about 'system accountability':

1. to clients and communities;
2. funders and supervisors;
3. their agency's goals;
4. partner agencies and networks; and
5. professional standards, codes of practice, guidelines and legislation.

The Matrix provides indicators of success for the practice of domestic and family violence and sexual assault integrated governance within the parameters of this understanding of 'system accountability'. The details of this system accountability are encapsulated in the comments provided in the optimal column for each indicator or sub-indicator. That said, we acknowledge that there will always be a need for development and continuous improvement.

The intended audience

The indicators described in the Matrix are intended to guide professionals, the individual agencies, and the multi-agency committees in which they work, to develop effective partnerships based on sound governance processes, leadership and system accountability.

These professionals will represent services from systems across the spectrum: from specialist domestic and family violence and sexual assault services, to non-specialist or mainstream services, to legal and statutory services.[10] Members of local governance committees may previously have had limited connections between their respective services, may have widely different capacity and competency levels, and even approach their service delivery from very different goals, philosophies and practice models.

For example, in moving from the initial to optimal stages of developing an integrated domestic and family violence and sexual assault service system (see Indicator 1 in the Matrix tool), the first sub-indicator pertains to the importance of the governance body having definitions of domestic and family violence and sexual assault. This requires each governance committee, notwithstanding the diverse agencies represented on it, to negotiate and adopt a shared understanding of the different types of abuse (physical, emotional, sexual, financial etc), that recognises the diverse experiences and particular risks of violence (eg. children, women with disabilities, Aboriginal women, GLBTI and CALD women, rural women), and acknowledges the gendered basis of violence. Reaching a shared understanding about these core matters takes time and presents challenges to developing partnerships and the integrated governance processes that support them. The Matrix is thus a tool that local governance bodies can use as a basis for setting priorities for action that will strengthen their partnerships and, in the process, assist in the development of an integrated domestic and family violence and sexual assault service system.

The Matrix is also useful to those who support regional and sub-regional governance bodies. In Victoria, the State Government funds regional or sub-regional consortia to oversee the provision of integrated service delivery in a defined geographic area. Consortia agencies are central members of local governance bodies but other agencies may also be represented on such committees with varying degrees of involvement. The Matrix allows funders, such as government, to have a more nuanced approach to monitoring the progress of locally developing integrated service systems by requesting that their governance bodies report against the indicators they have prioritised in joint strategic planning (for example, see sub-indicators 5.2 and 5.3). Using the Matrix as a performance indicator may strengthen government funders' commitment to resourcing partnership work, which, in turn, may make this work more efficient (Stanley & Humphreys 2006, p. 47).

Why develop the Matrix?

Within each of the Australian states and territories there are varying levels of partnership between agencies responding to sexual assault and domestic and family violence (The National Council to Reduce Violence against Women and their Children 2009). To date, these partnership approaches have only been in a position to focus on enhanced integration within states and territories. One of the principal aims of such work has been to link the three key service systems of child protection, criminal justice, and domestic and family violence, all of which come under state and territory legislative purview. However, a fourth system, that of the family law system within the

9. Further 'sub-indicators' can be found in the Matrix itself.
10. See diagram of integrated service system in the Matrix tool.

Commonwealth's jurisdiction, is equally critical in improving outcomes for victim safety and perpetrator accountability. The disjunction between federal and state and territory laws in Australia has been described as 'vertical dis-integration' (Wilcox 2010, p. 1021).

Arguably, Victoria's aim to integrate statutory and non-statutory, and government and non-government agencies into a highly structured system at statewide level and replicate this at more proximal levels of service delivery at regional or local levels across the entire state, is one of the most ambitious examples of reform in the violence prevention and response arena (Ross, Frere, Healey and Humphreys 2011). It has involved horizontal integration within Government (a whole-of-government policy and program development); horizontal integration across local agencies (with different local models of service delivery occurring across the state); and vertical integration between central and regional-local policy and practice measures (with fluctuating degrees of reciprocity given divergent capacity issues).

Whilst the end results of developing an integrated service system are to ensure safety and accountability so that those experiencing domestic and family violence or sexual assault, or perpetrating it, get consistent, standardised, timely and effective responses from agencies working together, it is difficult to sustain regional or localised partnerships. This is particularly the case where participating agencies are yet to fully understand each others' values and operating models and where values of mutual trust, egalitarianism and reciprocity, the bedrock of partnerships, are yet to emerge.

Not surprisingly, the variety of approaches to integrating service delivery is matched by an equally wide variety of governance arrangements, which are also variable in their geographic and jurisdictional scale and goals. The most well-known example lies with the single-city focussed, 'coordinated community response' model of the Duluth Domestic Abuse Intervention Project (Shephard, Falk and Elliott 2002). Since then there have developed a range of different models including: agency-to-agency partnering (Burt, Zweig *et al*. 2001); the establishment of 'coordinating councils' (Allen 2006; Javdani, Allen, Todd and Anderson 2011); 'family violence networks' (Murphy and Fanslow 2012); systems-wide task forces involving child protection, domestic violence services, juvenile and family courts (Malik, Silverman and Wang, 2008); whole-of-government approaches across a state (Ross, Frere, Healey and Humphreys 2011); or information-sharing, planning and high-risk management undertaken by more than 200 Multi-Agency Risk Assessment Conferences operating across England and Wales (Steel, Blakeborough *et al.* 2011).

To take the example of Victoria, when the Victorian Family Violence Reform strategy was launched in 2005, regional Steering Committees were established in each of the (then eight) Department of Human Services regions of the state with the goal of driving an integrated or coordinated, multi-agency response to violence. Comprised of representatives of government and non-government services responding to violence against women and children, each region's committee was supported by a government-funded, dedicated Regional Integration Coordinator with responsibility for developing cross-sector, cross-agency partnerships. As our research found, there were substantial differences between the regions. Differences included: the extent of community partnerships, the functions of committees, and the extent to which the requisite statutory, justice and human services were permanently represented on committees. Even within regions, there were inconsistencies about their geographic scope. Some found it impractical to function at a vast region-wide, governance level (as intended initially) and, instead, operated as two sub-regions, thereby occasioning the need for two sub-regional committees and, following successful advocacy, the securement of a second, funded Regional Integration Coordinator.

Further, Victoria provides a good example of a constituency in which there is authorisation at policy and legislative levels and in which there is overall consensus as to the worth of progressing towards an integrated system at state, regional and local levels (Ross *et al*. 2011). As the implementation developed, what was required was a specific, comprehensive governance framework to guide and make 'doable' the development of regional and local level integrated governance.[11] In this absence, a variety of governance arrangements for multi-agency partnerships emerged across Victoria. This led the SAFER research team to develop the basic parameters, within a matrix format, that need to be taken into account to enable positive and continuous improvement in integrated governance.

Update of the Regional Governance Project

Work has progressed to improve clarity about the roles and responsibilities of Family Violence Integration Committees, committee members (including chairs), Regional Integration Coordinators and auspice agencies. Further work is imminent to develop a 'strategic framework' to guide the work plans of the Regional Committees.

A practice tool derived from research

The Matrix was developed as a practice tool that provides the detail of how to progress through a 'continuum of integration' (Fine, Pancharatnam and Thomson 2000, pp. 4-5); moving from agencies acting autonomously regardless of their impact on each other, to agencies establishing cooperative links (working together on some initiatives), to coordinating initiatives (requiring shared protocols), toward integrating services and eventually toward systems-wide integration potentially operating at several levels (from the national, through to state, regional and local levels of policy and service delivery).

11 Winkworth and White draw on prominent Harvard academic Mark H. Moore's 'public value model' for success in any collaborative endeavour which "has to be valuable, able to be authorized and doable" in their framework for strengthening state and Commonwealth service systems for Australia's vulnerable children (Winkworth and White 2010, p 8).

The Matrix is an evidence-based tool that developed out of an iterative, participatory action research process between the SAFER Research Team, key stakeholders involved in developing and implementing Victoria's integrated family violence system at local, regional and state levels, and evaluative literature about other practice tools. The Matrix was initially developed through stakeholder consultation to inform the development of an online survey of members of 18 regional and sub-regional integrated family violence committees in Victoria. Feedback from government and community sector stakeholders indicated that there was great interest in further development of the Matrix as a practice tool. Although it developed in the Victorian context, it may also have application in other states and territories.

The Matrix development included progressive formal and informal interviews with regional and community representatives, focus groups and fora from 2009, with key members of regional and sub-regional integrated family violence committees, representatives from statewide peak and resource bodies (such as Domestic Violence Victoria, the Domestic Violence and Resource Centre, the Federation of Community Legal Centres), key government stakeholders involved in the implementation of the reforms and in monitoring the progress of the regional and sub-regional integrated family violence committees (notably, the Office of Women's Policy and Department of Human Services).

We undertook an extensive review of national and international literature relating to partnership approaches to service delivery and network governance, which informed the development of the Matrix. We searched for specific domestic violence literature into 'multi-agency', 'inter-agency', and 'coordinated community' or 'integrated' service systems or responses, as well as literature on partnership approaches to service delivery, more broadly.

Several sources were especially important and worth mentioning. Parmar and Sampson's (2007) discussion of the transferability of 'practice principles' (as opposed to actual domestic violence projects) and the notion of a 'practice model of integration' based on 'ways of knowing' as opposed to 'what works' provided important insights. Geddes' (2006) notion of 'virtuous and vicious circles' that highlight the factors involved in building successful or unsuccessful multi-agency partnerships provided a conceptual bedrock for the Matrix development.

We drew on principles contained in existing practice tools and multi-agency evaluations, incorporating and distilling, to arrive at the essential indicators that were relevant to working towards a tight system of integration in the domestic and family violence and sexual assault arena. There were several particularly noteworthy sources that influenced the development of the Matrix.

The first of these was the United States Greenbook National Evaluation Team's evaluation and recommendations as to how child welfare agencies, domestic violence service providers, and the dependency courts should respond to families experiencing domestic violence and child abuse (The Greenbook National Evaluation Team 2008). The evaluation survey instruments themselves (included in the Appendices) were extremely useful in the early phase of developing indicators in the Matrix (even if they were converted into more generalisable indicators in subsequent drafts). They also informed the development of our own survey tool, responses to which, in turn, further advanced the Matrix (Humphreys, Frere, Ross and Healey 2011).

The second was Praxis International's eight safety and accountability audit tools for identifying, assessing, and standardising the methods used to coordinate workers' responses across a service system. The practical application of this tool was demonstrated in Western Australia (Pence, Mitchell and Aoina 2007). All eight of the Audit Trails' elements - mission, concepts and theories, rules and regulations, administrative practices, resources, linkages, accountability, and education and training - were incorporated into the Matrix, though many were merged alongside criteria drawn from our discussants and other research.

Thirdly, we drew from the principles of the *Continuum matrix of structures, processes and practices developing integrated responses to domestic violence for 'Moving Good Practice Forward'* (O'Leary, Chung and Zannettino 2004), which, in turn informed the SAFER Research Team's *Continuum Matrix of Practice in Men's Behaviour Change Programs* (Diemer, Humphreys, Laming and Smith 2013). The use of a continuum matrix proved to be a good evaluative practice tool in the context of benchmarking for situation improvement in Men's Behaviour Change Programs. This led us to apply the idea of a continuum matrix to the sphere of multi-agency partnership work, as a parallel, developmental tool for benchmarking and progressing integrated governance processes from initial to optimal phases. As with the perpetrator program continuum matrix, first developed by O'Leary *et al.*, the principles contained in the governance Matrix have consistency across time even if local configurations change.

Conclusion

The SAFER team's research into the implementation of the Victorian Family Violence Reforms indicate that systemic, structural change requires sustained effort at numerous levels of partnership work (ideally, between the national level, and state, regional and local levels). It also requires persistent commitment to working together to solve cross-sectoral issues and significant resources, including time, expertise and funding. These elements are borne out by research conducted both here and overseas and has been captured, where practicable, in the Regional Governance Matrix.

CONTINUUM MATRIX OF PRACTICE FOR FAMILY VIOLENCE-SEXUAL ASSAULT PARTNERSHIPS[12]

SAFER
Victorian Family Violence Reform Research Program

with

Practice indicators for Victoria's integrated family violence-sexual assault service system at regional and sub-regional levels

The intended audience for the Continuum Matrix and Practice Indicators

The Continuum Matrix is intended for use by those involved in regional and local level integrated family violence-sexual assault governance bodies.

Why – and how to – use the Continuum Matrix and Practice Indicators

In any service system there are numerous, sometimes competing, accountabilities. Collectively, they are about 'system accountability' and involve stakeholders being accountable (1) first and foremost to clients and communities; (2) to funders and supervisors; (3) to their agency's goals; (4) to partner agencies and networks; and (5) to professional standards, codes of practice, guidelines and legislation. The Continuum Matrix provides indicators of success for the practice of family violence-sexual assault partnerships always within the parameters of this understanding of 'system accountability', the details of which are commented on in the optimal column. The 'indicators' described below are intended to guide professionals, the agencies they work in, and the committee members to develop effective partnerships based on sound governance processes, leadership and system accountability.

Helping people understand where they may sit on a continuum of practice is useful for committees' and partnerships' annual reflections on progress and future planning. They provide a springboard for newcomers to committees - particularly those in leadership positions - who, whilst bringing new perspectives to their work, should not have to re-invent the wheel in the process.

The continuum scale does not prescribe how to move from cooperation to collaboration to integration between agencies. Instead, it mirrors the movement and improvement from autonomously functioning service-delivering agencies to a fully-developed, statewide integrated family violence-sexual assault system. This is a long and complex process that requires the development of trust, understanding between partners from different parts of the family violence-sexual assault sector, and a stable political climate, to name but a few elements.

Victoria's Integrated Family Violence and Sexual Assault Service System

The figure below represents the entry points to the Victorian integrated family violence and sexual assault service system. In a fully developed integrated service system, there are

(a) multiple entry points; that is, 'no wrong door' and

(b) the service system encompasses prevention, early intervention, and response.

In moving toward a model of an integrated service system throughout the state, agencies might move from operating autonomously with little capacity to engage in prevention work; to increasingly developed multi-agency networks of specialist (family violence and sexual assault programs and agencies) and non-specialist agencies (mainstream) services and legal and statutory services.

Diagram 1: Entry Points to the Victorian service system for family violence and sexual assault

12 Copyright 2013. Lucy Healey and Cathy Humphreys. The Continuum Matrix was developed by Lucy Healey and Cathy Humphreys from the SAFER project team during a 5-year program of research from 2008 to 2013. Working closely with the ARC Linkage Partners, particularly those from the Office of Women's Policy and the Department of Human Services, it draws on an international literature review, focus groups, fora, formal and informal interviews, and a survey of members of regional and sub-regional integrated family violence committees.

The 8 Indicators

Indicator 1:	**Developing an Integrated FV-SA Service System**
Indicator 2:	**Strengthening Community Partnerships**
Indicator 3:	**Clarifying Committee Function and Diversifying Representation on Committee**
Indicator 4:	**Developing Family Violence-Sexual Assault (FV-SA) Service Pathways**
Indicator 5:	**Regularising Joint Review and Planning**
Indicator 6:	**Supporting Risk Assessment and Risk Management**
Indicator 7:	**Developing Professional Practice Across the System**
Indicator 8:	**Supporting Evaluation and Research**

Indicator 1: Developing an Integrated FV-SA Service System[13]

INITIAL				**OPTIMAL**
	1- Not in place	**2 - Minimal**	**3 - Progressing**	**4 - Fully developed**
1.1 Definition of FV-SA	No shared understanding of FV-SA; conflict over gendered definition; not inclusive of different types of abuse; does not include diversity of experience	Acknowledgement of children in the definition Common understanding of gendered nature of FV and SA	Acknowledgement of diverse experiences and particular risks of violence (eg. women with disabilities, Aboriginal women, GLBTI and CALD women, rural women)	Shared gendered understanding of FV and SA that is inclusive of all forms and acknowledges diversity of experience
1.2 Aims and Planning	No shared aim and planning for intervening at either strategic or operational level across agencies	Specialist women's, children's and men's service share the aims for and development of a FV-SA plan for the region	Legal and statutory services and specialist services and sexual assault services plan for the region	Shared aim of achieving safety of women and children, accountability of men using violence, and accountability of service responsiveness
1.3 Survivor voices	Little attention given to the voices and needs of women and children survivors within and across programs	Programs (including perpetrator programs) prioritise survivor' views of 'success'	Survivor voices represented within regional forums and provide direction for whole-of-system/community improvements	Women's and children's voices and needs are routinely prioritized in regular monitoring and evaluation processes across the service system

FV-SA = Family Violence and Sexual Assault; GLBTI = Gay, Lesbian, Bisexual, Transgendered, Intersexed; CALD = Culturally and Linguistically Diverse

13 There are numerous examples that could exemplify indicator columns marked 'minimal' and 'progressing' but for brevity's sake, only occasional examples are provided. These are taken from different parts of the services involved in responding to family violence-sexual assault.

Indicator 2: Strengthening Community Partnerships

INITIAL				OPTIMAL
	1- Not in place	**2 - Minimal**	**3 - Progressing**	**4 - Fully developed**
2.1 Linkages	No partnerships in place at regional level	Specialist FV-SA services and police initiate cooperative strategies to improve safety and accountability at regional level	Information sharing, referrals, prevention and intervention strategies are developed across all key players in an integrated system Inconsistencies in operationalization of linkages across all key stakeholders(eg. police may consistently pursue appropriate referral, civil and/or criminal options but courts are inconsistent in prosecuting breaches)	Partnerships in place for all key stakeholders including links with Indigenous Regional Action Group[14]. Partnership agencies share administrative processes efficiently and transparently supported by Memoranda of Understanding for multi-agency partnerships

14 Indigenous Family Violence Regional Action Groups (RAGs) were established across Victoria, supported by Indigenous Family Violence Support Workers, in 2003. When Regional Integrated Family Violence Committees were established across the state to oversee the reform process in 2006, they were required to develop links with Aboriginal Victorians through the RAGs (see Victoria's *Indigenous Family Violence 10 Year Plan – Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities*, 2008).

Indicator 3: Clarifying Committee Function and Diversifying Representation on Committee

INITIAL	1- Not in place	2 - Minimal	3 - Progressing	OPTIMAL 4 - Fully developed
3.1 Committee support	Voluntary participation in committee	Regional Integration Coordinator supports committee and partnerships	Resourcing for the committee is on-going rather than short-term	A paid secretariat supports the work of (sub)regional committees
3.2 Members' roles and responsibilities	Roles and responsibilities unclear; members do not bring relevant information to regional committee and do not disseminate information to their agency	Clarity about roles and responsibilities of key committee positions (eg. Chairs, Regional Integration Coordinator)	Clarity of member roles and responsibilities eg. via development of Terms of Reference	Clarity of: roles and responsibilities, committee processes, budget accountability; information disseminated appropriately
3.3 Decision-making and authority	No consistent, agreed means of making decisions; decisions and actions in one agency have unintended consequences in another agency or part of the service system	Members do not have decision-making authority with which to make decisions on behalf of their agency within the committee; no process for handling conflict of interest	Members have the authority and requisite knowledge and influence to make decisions on behalf of their agency within the committee	Decision-making processes are informed, transparent and consistently applied
3.4 Local champions	No 'local champion' committee members			Public figures are committee member 'champions' able to provide links to different stakeholders
3.5 Agency representation	Core services from the FV-SA service system are not routinely represented within the committee	Development of partnerships between police and FV-SA agencies but core justice and statutory agencies still unrepresented	Reciprocal engagement between Aboriginal and non-Aboriginal regional committees Diversity evident in committee representation	There is permanent representation of the requisite statutory, justice and human services bodies on the committee with other services co-opted to it as are deemed necessary

Indicator 4: Developing FV-SA Service Pathways

INITIAL	1- Not in place	2 - Minimal	3 - Progressing	OPTIMAL 4 - Fully developed
4.1 Referral pathways: (a) extent and (b) strength	(a) Minimal referrals across the service system (b) no agreement on risk assessment and risk management weakens referrals	(a) Referrals underway in some parts of the system but non-existent elsewhere (b) Referrals between key agencies are inconsistent eg. referrals between police men's and women's services; children's pathway unclear	(a) Clear referral pathways, including for high risk clients exist (b) Development of clear risk assessment and risk management protocols for referral pathways	(a)Active referrals across the FV-SA service system exist for all clients and at all levels of risk (b) Referral pathways based on agreed risk assessment and risk management embedded in practice
4.2 Client tracking	No shared common aim and understanding of the need to track clients through the service system	Technical and / or ethical barriers prevent the tracking of clients across and through the service system	Policy developed in order to overcome the technical and ethical barriers to sharing client information; tracking service users through the service system is used for long term planning	Agencies share and engage in in tracking clients through the service system and provide feedback to each other on outcomes
4.3 Supporting diversity	Minimal or no access to services for key population groups; diversity of population poorly reflected across the system's employment profile	Beginning referral development for one service group (eg. women with disabilities at regional level)	Specialist agencies are accessible and respond to clients from specific population groups (eg. Aboriginal agencies are resourced to provide FV-SA services)	Strong referral pathways support and are accessible to diverse population groups; diversity reflected in employment profile
4.4 Secondary consultation, collaboration, and co-case management	Minimal or no secondary consultation, collaboration, and co-case management; no resources for specialist secondary consultation	In some areas (eg. children's and women's services) co-case management is developing	Mechanisms for secondary consultation are progressing and recognized as an alternative to referral	Well-developed mechanisms and clarity about thresholds for secondary consultation, co-case management and collaboration between services and sectors; secondary consultation is resourced as part of the service system

Indicator 5: Regularising Joint Review and Planning

INITIAL	1- Not in place	2 - Minimal	3 - Progressing	OPTIMAL 4 - Fully developed
5.1 Data collection, analysis and monitoring	Data collection is designed for administrative purposes only; no trend data available for joint planning purposes	Some agencies begin to share data on client referral numbers; trend data from at least one partner-agency (eg. police in a region) is available for planning	Data collection informs, guides and improves professional practice and planning; data analysis and monitoring within and across agencies is supported by training and supervision	Coordinated data collection provides the foundations for regional planning; data is disaggregated in meaningful ways; data is shared in ways that are systematic, timely and meaningful
5.2 Joint strategic planning	No joint planning and development of a FV-SA action plan at a regional or sub-regional level either operationally or strategically and no linkage to other planning processes (eg. justice forums, family services, early years' catchment planning, Indigenous Regional Action Groups)	Minimal alignment between regional, state and national strategic plans to prevent and respond to FV-SA	Joint strategic planning occurs but not all key stakeholders are involved (eg. human service agencies are involved but no justice agencies such as community legal, legal aid, courts or corrections); reporting back from each region to state level occurs	There is regular, joint, data-informed strategic planning involving all key stakeholders which informs the development of FV-SA initiatives and priorities across the region and includes linkage to other planning processes; planning documents available on public (sub)regional committee website
5.3 Annual review should cover the work of (sub)regional committees and multi-agency networks	Annual reviews only occur internally within agencies	Occasional joint reviews of local multi-agency networks occur but mechanisms to support a process for reviewing the efficacy of FV-SA responses across the region are limited	Multi-agency committees instigate regular joint reviews of their work	There is annual joint review of the work of the (sub)regional committees; and data is available in a timely way to support the multiagency annual review

Indicator 6: Supporting Risk Assessment and Risk Management

INITIAL				OPTIMAL
	1- Not in place	**2 - Minimal**	**3 - Progressing**	**4 - Fully developed**
6.1 Risk assessment and management (RA and RM)	Client screening and safety planning is fragmented; no differentiated response according to risk and no development of a high risk response; RA for women and RA for children is not aligned	Development of protocols which specify risk assessment and risk management within the regional response to FV-SA	Contentious issues which create barriers to shared risk assessment and risk management (eg. relating to confidentiality, permission and agreement from women) are resolved	A consistent state-wide, model for assessing risk and managing different risk levels is in place; regional RA-RM align with the statewide model; RA for women and children are aligned; ongoing training in RA and RM
6.2 System and process in place to instigate appropriate multi-agency response to risk	Minimal or no multi-agency RA & RM mechanism and protocols in place (eg. no information-sharing protocols; no process for clients to participate in case planning; no shared multi-agency case planning)	Occasional or limited multi-agency RM (eg. on high risk cases occurs between police and women's agencies but not children's agencies)	Mechanisms for developing multi-agency RA & RM (eg. mechanism in place but not used or embedded in practice)	Mechanisms and appropriate threshold in place for participation of multi-agency response and case conferencing; includes regular meeting of key agencies to discuss service integration, information sharing, client participation, RM
6.3 Finite resources (financial, time, expertise, infrastructure) deployed appropriately and safely	Mechanisms to deploy finite resources inadequate to support system accountability (eg. unresponsive to survivor needs; workers have to compromise safety of women and children, their own safety and perpetrator accountability; integration coordinator and multi-agency partnerships within region is unsupported)	Demand for service in excess of resources available and impacting on effective deployment of available resources within region (eg. some types of agencies in the integrated FV-SA system unable to respond to demand (eg. child protection, housing, courts, police)	Funding to support multi-agency partnerships and committee members' participation in (sub) regional committees emerges	Mechanisms to deploy finite resources maximize regional system accountability (eg. support survivor needs; enable workers to undertake their jobs without compromising victims' or their own safety or perpetrator accountability; and support the integrated governance of the service system including continuous funding for (sub) regional integration coordinators)

Indicator 7: Developing Professional Practice Across the Service System

INITIAL	1- Not in place	2 - Minimal	3 - Progressing	OPTIMAL 4 - Fully developed
7.1 Regulation of professional standards	Professional practice is not guided by sector specific FV-SA codes of practice, protocols, service standards and privacy policy	The (sub)regional committee begins to promote FV-SA-specific professional and organisational learning in line with protocols, service standards and privacy policy	Members' knowledge of relevant FV-SA legislation, sector standards, codes of practice and professional guidelines is supported by education and training	Professional practice is aligned and consistent with codes of practice, protocols, service standards and privacy policy; monitoring for improvement is in place; skills audit embedded in regulation mechanisms
7.2 Education and training	No strategic development of accessible multi-agency FV-SA training at regional levels; education and training in FV-SA are not included in agency job descriptions	Some agencies make education and training in FV-SA available	The development of a rolling program of education and training to support FV-SA professional practice and multi-agency work Ongoing education and training for workers in the IFVSS relating to supporting diverse population groups	Accessible multi-agency education and training in FV & SA is supported and ongoing; there is continuous funding for regional training initiatives; linkages exist between the skills review of staff and training plan
7.3 Risk assessment and risk management	There is no common risk assessment and risk management training	The development of risk assessment training for specific professional groups	The consolidation of risk assessment training and development of risk management training throughout the service system	Common risk assessment and risk management training is funded, ongoing and accessible to rural and metropolitan regions

Indicator 8: Supporting Evaluation and Research

INITIAL	1- Not in place	2 - Minimal	3 - Progressing	OPTIMAL 4 - Fully developed
8.1 Evaluation of regional initiatives	No evaluation built into new / pilot regional initiatives	Evaluations occur in specialist programs but not shared with regional partners	Local evaluation is used to drive local innovation and planning	The (sub)regional committee (a) instigates program evaluations (b) acts on evaluation findings locally and (c) supports wider (statewide) dissemination
8.2 Development of research culture	No mechanisms in place to support a research culture across the partnership agencies and no use of regional trend data	Development of the parameters for regional research	Partnership agencies engages with research in the family violence and sexual assault areas	Research is ongoing and informs annual joint review based on data analysis across the region

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RESEARCH AND EVALUATION

A Whole of Government Strategy for Family Violence Reform

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The Family Violence Reform strategy in Victoria is one of a number of contemporary government initiatives that have been framed within a whole of government model of policy reform. This article shows how the principles and processes of the whole of government approach were applied to the social problem of family violence. We examine the reasoning behind the adoption of this approach, what it was intended to achieve, the processes and activities that took place and stakeholders' views about the outcomes and impact of this approach. The choice of a whole of government strategy reflected the need to address philosophical and organisational cultural differences about family violence and responses to it. Key elements were: the demonstrated commitment to reform and leadership provided by ministers, agency heads and senior managers; the involvement of community sector representatives; and the role of the Department of Planning and Community Development (DPCD).

Key Words: *whole of government, family violence, integrated reform*

Family violence is a long-standing, serious and complex public policy issue. It affects large numbers of women, children and men, and is a primary cause of illness, poverty, homelessness, and death for those affected by it. In 2002–03 it was estimated that family violence affected over 400,000 women and 250,000 children (Access Economics 2004), and in 2009 the aggregate annual cost to the Australian community was estimated at $13.6 billion (National Council to Reduce Violence Against Women and Their Children 2009). In the last few years, all Australian states and territories have developed and implemented, or are in the process of implementing, cross-departmental and inter-agency strategies aimed at reducing the prevalence and impact of family violence (National Council to Reduce Violence Against Women and Their Children 2009). One of the most ambitious and far-reaching of these initiatives is the Victorian Family Violence Reform (VFVR) strategy. Launched in 2005, the VFVR strategy was described as a 'whole of government' approach, involving Victoria Police, and the Departments of Human Services, Justice, and Planning and Community Development, and was intended to 'significantly reduce the incidence and impact of family violence' (Department for Victorian Communities 2005).[1] The significance of the VFVR strategy was acknowledged in 2009 by the Institute of Public Administration Australia (IPAA) in the form of an Innovation in Service Delivery Award.

Whole of government approaches are seen as appropriate and effective ways to address a range of public health, social disadvantage and crime issues and the VFVR strategy is one of a number of contemporary government initiatives that have been framed within this model of policy reform. Other examples include the Victorian government's Women's Safety Strategy (Office of Women's Policy 2002), the Australian government's Illicit Drugs Strategy (Ministerial Council on Drug Strategy 2004), and the United Kingdom government's Crime Reduction Program (Homel et al. 2004). Overall, the term 'whole of government' and its

synonym 'joined up government' encompass a wide variety of meanings, processes and goals, and there is uncertainty about how these processes should work, under what circumstances they are appropriate and useful, and what can be expected from them (Pollitt 2003; Christensen and Laegreid 2007). To date there has been limited critical scrutiny of either specific whole of government programs or the concepts and theories that underpin them. Much of the material that exists is in the form of case studies, usually produced by or under the auspices of government agencies (IPAA 2002; MACAPSC 2004). Where there have been critical studies, the results indicate that whole of government approaches are by no means a guarantee of success (Homel et al. 2004; Foster 2005; Davies 2009).

The aim of this article is to show how the principles and processes of the whole of government approach to collaborative and cooperative service delivery were applied to the serious social issue of family violence. The article critically examines the idea of whole of government reform, and asks how this approach might bear on the particular attributes of family violence which result from and reflect intractable gender based structural inequalities. Based on interviews with a wide range of central government agency stakeholders in the reform process, we examine the reasoning behind the adoption of the whole of government approach, what it was intended to achieve, the processes and activities that took place and stakeholders' views about the outcomes and impact of this approach.

The analysis reported here takes an interpretative approach that understands the process of reform in terms of the beliefs, traditions, constructions and practices of central agency actors (Bevir, Rhodes and Weller 2003). While the perspective this group provides is not the only way to understand reform, it is particularly relevant when considering the kind of structural change in priorities, responsibilities and relationships that characterises the VFVR strategy. We interviewed 27 government department heads, senior managers and other participants in the policy development process that gave rise to the VFVR. Our interviewees were primarily concerned about the 'high-level' issues associated with integrated responses: political and agency leadership; coordination of policy settings and priorities; the establishment of interagency communication networks and accountability systems; and the allocation of financial and human resources. However it is vital to recognise that there are other, equally important perspectives on these issues. Our concern in this article is to understand how the whole of government approach bears on the processes of policy and program development and coordination. There are also important questions regarding how these processes translate into integrated governance and service delivery. This research is part of a wider Australian Research Council Linkage Project examining a number of aspects of integrated family violence reform,[2] and subsequent components of the research will examine the experiences of regional and service agency participants in regard to processes of local governance and integrated service delivery.

Integrated Responses to Family Violence

A key idea in addressing family violence is that effective responses require inter- or multi-agency strategies (Pence and Shepard 1999). In the last decade there has been increasing emphasis on the adoption of complementary micro- and macro-level strategies intended to address family violence at an individual, community and societal level. One example of a 'joined up' or integrated approach to policy-making has been the state-wide Victorian Family Violence Reform Initiative. In the 2005 report of the Statewide Steering Committee to Reduce Family Violence, integration was seen as requiring:

> . . . agencies to decide on and articulate common goals and agree on ways to pursue those goals. Integration of services is more than co-ordinated service delivery – it is a whole new service. Co-location of agencies, agreed protocols and codes of practice, joint service delivery, agencies re-constituting or realigning their core business to confront the challenges posed by a broadened conception of the problem: these are the key

indicators of an integrated response (DVIRC cited in Office of Women's Policy 2005:18).

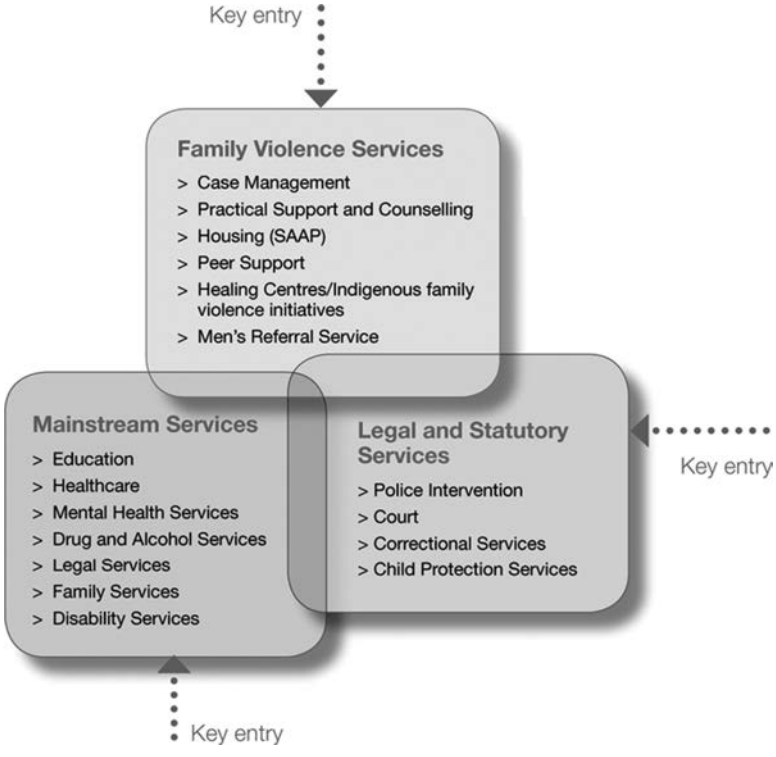
A whole of government approach was adopted within the Victorian government, whereby the different levels and agencies of government were brought together in new horizontal and vertical structures, as well as efforts to bring government and non-government agencies together at state and regional levels. A central feature of the new approach has been to develop an integrated system that involves better coordination of the three main entry points into it: family violence services; legal and statutory bodies; and mainstream services (see Figure 1). These key structures involve:

- The Family Violence Ministers Group;
- The Family Violence Interdepartmental Committee (FV IDC);
- The Family Violence Statewide Advisory Committee;
- The Family Violence Reform Coordination Unit with oversight for whole of government coordination;
- Integrated Family Violence Committees at regional and sub-regional levels, with links to the Regional Indigenous Family Violence Action Group;
- Regional or Sub-Regional Integrated Family Violence Coordination (or Leadership) Positions; and
- Regional and sub-regional service agency consortia or partnerships.

Family Violence as a Public Policy Issue

In order to understand why a whole of government approach might be relevant to family violence reform, we need to begin by considering what it is about family violence that makes it problematic as a public policy issue. Family violence exhibits a number of features that inhibit

Figure 1. Entry Points to Victoria's Integrated Family Violence Service System



Source: Department for Victorian Communities 2007:9.

the development of appropriate policy and program responses. These include the multiple and interacting impacts of family violence (Access Economics 2004), low reporting rates to police and low rates of service use by victims (Barnett 2000; Mulroney 2003), and the fragmented nature of service responses (Bagshaw and Chung 2000). An issue that is particularly relevant to understanding family violence policy from the perspective of central agencies is the diversity of theoretical perspectives. There are many theories about what causes family violence, variously focusing on individual pathology, culture, gender and power. A fundamental split is between perspectives that emphasise the gendered nature of family violence and those that locate family violence in more generalised systems of family problems (Bagshaw and Chung 2000). In the Victorian public policy context, understandings of gender based structural inequality have played a key role in shaping the family violence reform efforts. In particular, work by VicHealth, Victoria's health promotion agency, on a framework to prevent violence has been very influential (Victorian Health Promotion Foundation 2007). Indigenous perspectives represent another distinctive set of ideas about the nature, causes and appropriate responses to family violence (Cripps and McGlade 2008).

Theorising Whole of Government Approaches to Policy Reform

Whole of government refers to policy development, program management or service delivery approaches that emphasise shared goals, collaborative decision-making and priority-setting, information sharing and cooperative or partnership-based operations. It was first introduced in the UK (under the term 'joined-up government') in the early 1990s as part of the 'Third Way' project of social democratic modernisation and renewal (Lee and Woodward 2002). The goals of whole of government include eliminating inconsistent or conflicting policies, making better use of resources, creating synergies between stakeholders and offering citizens seamless service delivery regardless of entry point (Pollitt 2003; MACAPSC 2004). Whole of government can operate at a variety of levels of government, may involve groups outside government, and may include public-private partnerships.

While there is general agreement about the goals and intended outcomes of whole of government policy, it is less clear what processes comprise this approach. Various attempts have been made to identify the principles that exemplify or support good practice in whole of government policy (IPAA 2002; MACAPSC 2004; Australian Public Service Commission 2007). A common feature of the approach is the creation of new organisational units (ministerial or cabinet committees, interagency collaborative units, intergovernmental councils, lead agency approaches) that have responsibility for creating and maintaining collaborative and cooperative processes. Other important conditions or resources necessary to support whole of government include a supportive management culture, the development of skills in communication and relationship management, common financial, information and communications technologies and appropriate accountability frameworks.

Whole of government can also be understood in terms of the processes and conditions that it is intended to rectify. It has been argued that whole of government is a reaction to the structural devolution, fragmentation, lack of coordination and emphasis on output-based performance associated with New Public Management (NPM) (Richards 2001; Lee and Woodward 2002; Christensen and Laegreid 2007). Whole of government seeks to rectify these deficiencies by engaging agencies in the pursuit of broad-based goals, collaborative decision-making and integrated service delivery processes. Certainly, whole of government is most evident in those countries where NPM was strongly adopted – the United Kingdom, Canada, Australia and New Zealand.

A Critical View of Whole of Government

In parallel with the widespread adoption of whole of government solutions there has been a growing appreciation of their limitations and deficiencies. A fundamental issue is the lack of

clarity about what exactly constitutes a whole of government approach. Richards (2001:61) has noted that there is 'glibness about the term [joined up government] which disguises the significance of the fundamental system design questions' it is intended to solve. The great variety in the scope, complexity and goals of whole of government projects, and the absence of any core set of principles and methods is another basis of criticism, with Christensen and Laegreid observing that whole of government 'does not represent a coherent set of ideas and tools . . . and can best be seen as an umbrella term describing a group of responses to the problem of increased fragmentation in the public sector' (Christensen and Laegreid 2007:1060).

In an attempt to make sense of the diversity of approaches, Richards (2001) has proposed a four-fold typology of whole of government projects. These four types are: traditional professional services; dealing with intractable problems often associated with social exclusion; cross-boundary solutions to problems where solutions are known or can readily be found; and business process re-engineering to improve service efficiency. Family violence reform clearly belongs in the 'intractable problems' group. Richards notes that the distinguishing features of intractable problems include the importance of structural inequality in society as a cause, the inappropriateness of solutions based on values of universalism (and the consequent lack of recognition of special needs) and the importance of the redevelopment or strengthening of community capacity, networks between people to ensure community safety, mutual support for well-being, better health and quality of life in order to increase social control and reduce anti-social behaviour.

In addition to issues about definition and scope, a number of practical problems have been identified as inherent in the whole of government approach. The first is that whole of government programs create significant difficulties in accountability, and that monitoring and feedback processes may be more problematic. Complex lines of accountability are a feature of whole of government projects. Barrett (2003:4) notes that 'joined-up government inevitably involves at least dual accountability of participants both for their individual organisations and for the joined-up arrangements'. As a result, there is potential for competition for resources and priority between whole of government activities and agency specific programs. Monitoring progress and outcomes may also pose great problems in regard to confidentiality, data standards and information sharing (Barrett 2003).

A second intrinsic problem is that whole of government is antithetical to the heterogeneity in structures, roles, functions and interests within the public sector. The specialisation of function that lies at the basis of contemporary public sector organisation has important advantages (for example, the development of skills, and delineation of responsibilities), and also provides the foundation for the distinctive professional cultures within the public sector (Pollitt 2003). For whole of government to be effective, it is necessary for those involved to find ways of working collaboratively that do not negate or disrupt the beneficial aspects of functional specialisation. A third problem with whole of government approaches is the difficulty in translating coordinated high-level policy into effective action. Christensen and Legreid (2007:1063) note that for some whole of government projects the administrative apparatus they create is 'far too complex and ineffective, not to mention the difficulties of getting the participating subordinate administrative units to cooperate'.

Research Goals and Methods

While whole of government holds out the promise of greater policy coordination and more consistent, accessible and seamless service delivery, there are important areas of uncertainty around how these outcomes can be achieved. Part of the analytical problem is that whole of government is likely to mean different things depending on where in the system the process is observed. The central concern in this research was to examine the VFVR at its 'point of origin' and ask how the processes and strategies associated with the whole of government approach were applied to the problem of

family violence reform. Our research questions were:

- What do senior officials mean by integration and how was the integrated family violence service system informed by the processes which underpin whole of government strategies?
- What were the enablers and barriers to policy-making across ministerial portfolios and departments?
- What do senior officials understand to be the enablers and barriers in developing new forms of partnership governance (between and within the government and non-government sectors)?

We conducted semi-structured interviews with 27 senior officials (past and present) from four Victorian government departments with carriage of the Family Violence Reform Initiative (the Departments of Planning and Community Development, Justice, Education and Early Childhood Development, and Human Services) and the Victoria Police. Interviews took approximately one hour and were generally done at the workplaces of our informants. Each interview was recorded and transcribed and then returned to the informant for confirmation. Themes for analysis were developed from a review of Australian and international literature focussing on the development of family or domestic violence 'multi-agency', 'inter-agency', 'coordinated community', or 'integrated' service systems or responses (notably Parmar and Sampson 2007; Pence, Mitchell and Aoina 2007; The Greenbook National Evaluation Team 2008) and the public policy literature dealing with 'whole of government', 'joined-up government', 'horizontal management', 'network government', and 'participatory government'. Our analytical schema also drew upon the research team's evaluation of multi-agency working relationships in an integrated crisis response service (Frere et al. 2008). The transcripts were loaded into NVivo and encoded according to a hierarchical coding schema that included primary nodes for: definitions of family violence; leadership; inter-agency, central-regional and government-community integration; family violence services and safety and accountability outcomes. Consistent with undertakings given to informants, the interview material reported here is not attributed to any individual or agency. Ethics approval was gained through the University of Melbourne.

Adopting a Whole of Government Approach to Family Violence Reform

A whole of government response to reform represents a policy choice that involves significant additional costs (in the form of additional planning, coordinating and monitoring activities) and risks (that these additional activities will not work effectively). These are not trivial concerns. Common themes in our interviews were the large commitment of time required of ministers and senior officials who participated in the process, uncertainty about how the reform process should work and the tension inherent in allocating scarce resources to coordinating activities and structures rather than direct service delivery. Interviewees also had a clear appreciation of the risks associated with the complexity of the integrated reform process, the need to establish and maintain commitment across a wide range of agencies and interests, and that the independence or autonomy of agencies or services would be compromised. Informants who were involved in the early stages of the policy development process noted that there had been extensive debates about whether a whole of government approach was necessary, or whether a less formal approach based on coordination and cooperation would be appropriate. Thus, the first question to be addressed is why this course of action was chosen over other more conventional response strategies.

It was noted earlier that whole of government reforms can be understood in terms of the problems or conditions they are intended to address. One of the strongest themes in interviewees' accounts of the establishment of the reform process was that existing service responses were fragmented and uncoordinated, with the result that victims of family violence were unable to access the services they needed:

> We had a lot of service providers but no service system . . . It was as far away from what you could call a system as it could be.

Service gaps were particularly problematic across justice and human services (that is, between police and the courts on the one hand, and housing, income support and family and children's services on the other) and there were few mechanisms to assist victims entering the system at one point to access services provided by other sectors. The three primary service delivery agencies (Victoria Police, Department of Human Services and Department of Justice) 'didn't talk together and basically looked at the world through their own lens rather than from the lens of the service system'. One of the central goals in the reform process was to replace a network of service provision arrangements operating more or less independently from one another with an integrated service system so that:

> when a family violence incident is reported it's reported to one system rather than an agency or a worker or any particular organisational program. It's reported to a system and that system is trying to be strong enough to use all of its might to support that report and to prevent anything from occurring again.

A simple analysis of the decision to choose a whole of government approach might therefore be that the problems of system fragmentation and lack of coordination were seen as sufficiently serious and intractable that only the kind of comprehensive reform associated with a whole of government strategy was likely to be effective. However, it would be naïve to see the whole of government process simply as a rationalist response to the inefficiencies of conventional bureaucratic governmental processes. The choice of a whole of government strategy reflected two key features of the family violence service system that participants thought the reform process had to address and these are discussed in more detail below. The first was that the inefficiencies of the existing service system were also reflected in deep-seated philosophical and organisational cultural differences about the nature of family violence and the appropriate ways to respond to it, and that serious system reform required the establishment of a common philosophical and policy framework, and the resolution of organisational cultural incompatibilities. The second was that integrated service delivery required a fundamental restructuring of organisational relationships that in turn required the kind of high level political engagement in the reform process generated by a whole of government process.

Establishing a Common Philosophical and Policy Framework

One of the features of complex social problems that constrains the development and application of solutions is that 'there is often disagreement about the causes of the problems and the best way to tackle them' (APSC 2007:1). The structural fragmentation in the family violence sector also involves a great deal of philosophical and organisational cultural variation in the way that family violence is understood, and the way that responses to it are framed within organisational cultures. Family violence services lack the kind of central ideology that characterises more established service areas like health (Lewis 2006) or policing (Reiner 1999:1003). Agencies and services understand family violence from a variety of philosophical perspectives (feminist, welfarist, clinical or legal). These perspectives both inform and are supported by the values, norms, beliefs and expectations that guide employees' behaviour in the course of their work (Huczynski and Buchanan 2001). Police, refuge workers and counsellors in programs for men who use violence tend to hold divergent views about what causes family violence and what actions are the most appropriate ways to respond to it. This diversity of approaches was acknowledged by many of our informants – agencies were described as 'tribes with different cultures' and as speaking different languages:

> . . . there's a sort of culture and philosophy that sits behind the language you use, . . . people think they're talking about the same thing but they're not at all.

If one of the starting points for systems integration is that agencies 'decide on and articulate common goals and agree on ways to pursue these goals' (DVIRC 2004:11) then the reform process must incorporate ways to establish a common set of philosophical and bureaucratic values on which these goals can be based. These were described by our informants as 'philosophical threshold issues' and 'critical debates' about definitions, the roles of the institutions and the way that reform should address the needs of victims who are Aboriginal, from culturally and linguistically diverse (CALD) backgrounds and/or with disabilities.

The whole of government approach to reform provided a basis for addressing these philosophical and cultural differences by engaging participants in a collaborative process that requires the development of common goals and approaches in an environment where there is a clear political and organisational commitment to reform (see below). Our informants had all been intimately involved in developing the integrated service mechanisms and identified a number of ways that the whole of government process contributed to the development of a common philosophical framework for reform. Two features of this process that were noted by our informants were the extent to which discussions about the reform process involved negotiations around terminology, values and goals, and the way that participants' understanding of how reform should proceed was informed by detailed accounts and critical analysis of existing responses to family violence. A critical part of the reform process in this respect was the involvement of representatives from the service sector who were able to contribute knowledge based on direct experience with service delivery.

An important element in this process of negotiating values and goals is that it involves change at both an organisational and a personal level. In the words of one informant this meant 'un-attaching them from how they think the system should look so you can then co-create and build a new system'. This un-attaching involved changing both 'the way they operate professionally' and 'their personal values system'. In this sense, one of the key features of the whole of government process was that it was a social process in which participants worked together over an extended period and:

> become committed not only to what they're trying to achieve but also to each other in terms of finding solutions across government.

The personal and social processes involved in negotiating values and goals were acknowledged by many of our informants. The reform process was understood as a shared enterprise where trust and strong personal relationships were important in resolving philosophical and policy differences. A number reflected on how the process of negotiating reform was also a process of building personal relationships:

> . . . they had to come from very different places and its actually a really good model; that they spent time together and actually became, numbers of them, confirmed friends really around trying to . . . understand each other's perspective on the world.

Mobilising Political Capital

The second important attribute of a whole of government approach is that it provides a basis for mobilising what might be described as 'political capital' and thereby generating and supporting structural and cultural change in the family violence sector. By 'political capital' we mean the capacity to act politically through participation in the reform processes (Sorensen and Torfing 2003). Whole of government was described as a 'useful message for people within government, whether that is ministers or bureaucrats' that demonstrated political ownership and consensus and provided a basis for establishing the coordinated resource allocation service delivery and accountability processes necessary to make integrated reform work. The demonstration of political consensus was particularly valued by officers within agencies:

> The way the Ministers worked was a good message to all of us. That was the point . . . It was really important how that group of Ministers worked and that commitment – it was a government priority, not just a Ministerial priority.

The direct engagement of ministers and departmental heads in the policy coordination process demonstrated that the project had broad-based support and counteracted the potential for conflict or competition from other issues. In the case of family violence reform, there was a need for both 'horizontal' integration (bringing the actions and priorities of different service areas into alignment) and 'vertical' integration (coordinating the actions and priorities of government departments and local services and agencies up and down the lines of accountability) (Matheson 2000). As noted earlier, the family violence sector is historically decentralised and many service agencies exercise a substantial degree of local autonomy. A fundamental element in the reform model was the establishment of a greater degree of centrally-directed organisation and control. One of the key elements in the whole of government approach to family violence reform was the engagement of non-governmental organisations' (NGO) service agencies in the reform process. We discuss how this process of vertical engagement worked below, but the key point here is that an effective reform process needed to use political capital to bring about horizontal and vertical structural reform in the way the family violence sector was organised.

Our informants identified four processes that were central to the creation and application of political capital. These were the commitment to reform by the government and ministers involved, the leadership provided by agency heads and senior managers, the involvement of community sector representatives in the reform, and the role of the Department for Victorian Communities (DVC) (subsequently the Department of Planning and Community Development (DPCD)) as a lead agency for the reform process. Leadership was seen as particularly important in generating and maintaining change within agencies. The role of DVC/DPCD was seen as central because it had a clear mandate to drive the reform process unencumbered by pre-existing interests or agency connections as a direct service provider on the issue of family violence. This meant that is was able to be an 'honest broker' with 'no agenda other than to get a good whole of government outcome' as well as taking a 'helicopter view' of the process.

Another factor bearing on political capital is the capacity for participants to perceive themselves as political actors. The personal dimension of taking part in whole of government reform is an aspect of the process that has received relatively little attention, but was clearly important to many of our informants. A distinctive element of participation in the whole of government process was the sense of involvement in a genuinely transformative process of change in the company of others who also exhibited a strong and sustained commitment:

> Yes, it's been a very large commitment of my time, there's no doubt about that. It's probably one of the most worthwhile things that I've been involved with in government.

However, it is important to acknowledge the limitations of this process. The whole of government strategy did not inevitably involve every agency and group with interests or responsibilities in family violence in the reform process. Informants nominated a number of sectors as having been omitted from or only peripherally involved in the reform process, including women's refuges, the adult corrections system, child protection services, and mental health and drug and alcohol services. One possible explanation is that these sectors represent specialised areas of service delivery that fall outside the scope of the integrated reform process.

Conclusions

The aim of this research was to show how the whole of government approach was applied to the problem of family violence reform. The key processes of establishing common values and understandings, and mobilising political capital that our informants identified appear to be firmly located in Christensen and Laegreid's (2007:1062) 'cultural-institutional' interpretation of whole of government as a means of establishing a 'unified sense of values' based on team building, engagement of

participating organisations and common ethical and cultural values. While the whole of government reform process generated a host of organisational and administrative changes in pursuit of instrumental goals, for our informants these structural reforms were made viable and effective by being embedded in a values-based framework that was able to engage a wide variety of stakeholders.

It seems likely that the primacy given to the cultural-institutional aspects of the whole of government process is partly a reflection of the organisational roles of our informants. Senior executives and policy staff are well placed to understand that effective policy-making is constrained by the capacity to generate consensus about goals and values, and that policy implementation is constrained by the capacity to transmit these goals and values to service delivery areas. It is interesting to compare the whole of government attributes that were identified by our informants with the requirements for change *within* organisations. These include providing clear strategic vision and values, demonstrating top management commitment, modelling cultural change at senior organisational levels, and identifying and resolving ethical and legal problems (Cummings and Worley 2005). Thus, one way to view the whole of government approach is as a cross-agency methodology for organisational and cultural change.

It has been argued that whole of government approaches to reform represent a response to the fragmentation in government arising from NPM. In the case of family violence services, this fragmentation is probably the result of historical and structural forces rather than the product of previous waves of performance-oriented reform. The cultural-institutional attributes of the whole of government process are particularly important because of the generally weak identity and influence exercised by family violence services within government. While there is general agreement that the ultimate goal of family violence reform is to provide victims and perpetrators with a suite of integrated services to prevent further violence and ameliorate its effects, up to now there has been little capacity to achieve these goals in an environment where 'family violence services' have had little support from institutional structures. We have previously noted the absence of a central ideology in family violence services and the emphasis of the VFVR in seeking to create a common philosophical framework. In addition (and in contrast to more established areas of service delivery like health or justice services) the VFVR has had to undertake its work in a context of absent or under-developed professional structures, intervention practices and standards and physical institutions in family violence services.

If one of the key problems in establishing effective responses to family violence is that of competition with other justice and human services activities, then one of the critical attributes of the whole of government process in relation to family violence in Victoria may be that it provides a basis for the development of values and networks of influence that stands outside these existing institutional structures. Indeed, it could be argued that whole of government processes are likely to be most effective where they involve the development of new values systems or the development of networks and partnerships that cross existing agency and service boundaries, allowing the development of political influence and policy consistency across what was previously a decentralised, autonomous but politically marginal and uncoordinated service sector.

Endnotes

1. The change of government in Victoria in November 2010 has resulted in some changes in departmental responsibilities. The analysis presented here reflects agency policy and administrative responsibilities in the period from late 2007 to late 2010.
2. See http://research.cwav.asn.au/AFRP/FamilyViolence/SAFER/default.aspx for more details of this project.

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