

Evaluation of the Green Valley Liverpool Domestic Violence Service (GVLDVS)

Walking with women on their
journey away from violence



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Acknowledgments

The researchers thank the women who were generous in sharing their stories and experiences of the GVL DVS which was core to this evaluation. We would also like to thank all of the interagency partners who participated in an interview and the key workers who were involved in the documentation of the Green Valley Police/GVL DVS partnership.

Thank you to Senior Project Officers at the Integrated Domestic and Family Violence Services Program, Department of Family & Community Services, Community Services for their assistance with the quantitative data and ARTD Consultants who developed the data collection system.

Thank you to Linda Tan, Helen Stefanic and the team at the Green Valley Liverpool Domestic Violence Service.

Published by:

School of Social Work and Policy Studies

Faculty of Education and Social Work

University of Sydney

Design: www.anthouse.com.au

ISBN: 978-1-74210-285-6

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Executive summary

THE Green Valley Liverpool Domestic Violence Service (GVL DVS) is one of six specialist domestic violence services funded under the Integrated Domestic and Family Violence Services Program (ID&FVSP). Originally providing a service only to women and children in Green Valley, the service was expanded under the ID&FVSP program to comprise six staff and extended to cover the Liverpool LGA. The GVL DVS is auspiced by the South Western Sydney Local Health District, and is one of only two specialist domestic violence services located within the NSW Health sector. The brief of the service extends beyond the provision of direct services to women and children experiencing domestic violence to include an explicit focus on the promotion of a coordinated interagency response to domestic violence.

Expanding the service beyond the Green Valley post code area was a recommendation of the evaluation of the original Green Valley service. This established common service boundaries with other agencies in the Liverpool area, overcoming barriers to referral and coordination that had limited the availability of this specialist service to many women and children. Whereas the GVDVS was the sole, specialist domestic violence service in Green Valley, the expanded GVL DVS is one of a number of services providing support to women experiencing domestic violence in the wider Liverpool area. These other services include a number of long-established women's services and two new domestic violence services: Staying Home Leaving Violence (SHLV), which works to enable women to remain in their homes, where it is safe to do so and the Domestic Violence Support Western Sydney Service (DVSWS) which was established in response to the NSW Government's Homelessness Action Plan. This more complex service delivery context calls for attention to collaboration to ensure the best use of domestic violence resources, to avoid duplication and service delivery 'gaps' that can jeopardize the safety of women and children.

This evaluation **aimed** to explore:

- The impact the GVL DVS has on women and children living in the Liverpool LGA who have experienced domestic violence;
- Awareness and understanding of the GVL DVS by interagency partners in Liverpool;
- The impact the GVL DVS has on interagency collaboration and coordination, looking particularly at developing partnerships in the context of the GVL DVS expansion into the wider Liverpool area;
- The impact the GVL DVS has on education, training and community development around the issue of domestic violence in the Liverpool area.

The evaluation also examines the ways in which the GVL DVS fulfils its **objectives** to:

- Enhance the safety of women and children;
- Assist women and children to overcome the effects of domestic violence on their lives and relationships;
- Promote coordinated responses to domestic violence by a range of services including police, courts, health, child protection, housing and non-government agencies.

A mixed **methodology** involving the collection of both quantitative and qualitative data was used to evaluate this program, consistent with evaluations carried out in complex service delivery contexts (Keys Young, 2000). Including the voices of service users, those delivering the service and interagency partners, is essential in domestic violence service evaluation (Sullivan, 2001). Data was collected from multiple sources:

- Women who have used the service (where their safe participation could be organised);
- Staff of the GVL DVS;
- Interagency partners;
- Data collected under the ID&FVSP evaluation strategy on referrals to and from the GVL DVS, types of services provided and client demographics;
- Documentation of interagency partnerships; education, training and preventive initiatives; and therapeutic and support groups;
- Documentation of the reinvigorated partnership between the GVL DVS and the Green Valley police.

Overview of the evaluation

Chapter 1 sets the context for the evaluation and outlines the methodology used.

Chapter 2 draws on data from interviews with GVL DVS staff and interagency partners to paint a picture of the current context of service delivery to women and children experiencing domestic violence in Liverpool. It provides a context for the findings from interviews with women clients and interagency partners about the operations of the GVL DVS which are presented in the following chapters. While there is considerable consistency in the issues raised by both groups of respondents, each also identified particular challenges for coordinated service delivery. The GVL DVS participants identified the particular issues faced by women with children who find themselves at the intersection of the domestic violence, Family Law and child protection systems.

Chapter 3 places the voices of women who have used the GVL DVS at the centre of the evaluation. They talk about the impact of the service on their and their children's safety and well-being and on the ways in which the GVL DVS 'walks with them' on a journey away from violence. Some data from the interviews with GVL DVS staff is presented at the end of this chapter, to illustrate the consistency between the ways in which the staff approach service delivery and the ways in which this is experienced by women.

Chapter 4 provides the perspectives of interagency partners about the role of the GVL DVS in direct service delivery to women and children, promoting collaborative partnerships and a wide range of awareness-raising and education activities.

Chapter 5 provides data about the scope of the work of the GVL DVS in direct service delivery, community development, prevention, education and training, and partnership improvements. Read with the qualitative data in the preceding 2 chapters, this provides information on the variety and depth of the work of the GVL DVS team.

Chapter 6 documents the efforts undertaken during the period of the evaluation to strengthen the partnership with Green Valley Police, which has been integral to the service since its pilot stage. In line with best practice directions, a coordinated case management response is being developed, aimed at identifying high risk cases and developing a coordinated approach to reducing identified risks.

Chapter 7 brings together the key findings and discusses them against the current research literature about service provision to victim/survivors of domestic violence in the context of interagency collaboration and makes some recommendations for the future development of the GVL DVS.

Key findings

1. The GVL DVS provides a *unique approach* to domestic violence service delivery to women who have experienced domestic violence. It is the only specialist domestic violence service in the Liverpool area with a mandate to work with women across all stages of living with domestic violence, including women who are living with the perpetrator and for as long as the women need to use the service. This approach is consistent with what is termed 'woman-defined advocacy' (Davies, Lyon, & Monti-Catania, 1998) or, more recently, 'Relationship Centred Advocacy' (Goodman, Fels Smyth, Borges, & Singer, 2009) and requires domestic violence advocates: '... to reach across silos and systems, crossing organizational cultures to respond to the survivor and her needs *as she frames them*.' (2009, p. 320). (Emphasis added.) Rather than referring women to a series of services with defined eligibility criteria (termed 'service-defined advocacy'), this approach partners with women around their goals, reducing the risk that women will 'fall through the gaps' of narrowly defined service provision.
2. The GVL DVS provides both indirect (via supporting women) and direct services to children to assist them to overcome the traumatic effects of living with domestic violence. It avoids compartmentalizing the needs of women and children, responding to both and working to rebuild the mother/child relationship that is very often a target of the perpetrator's abuse. The service for children was highly valued by both women and GVL DVS partner agencies.
3. The practices identified by women clients and observed by interagency partners reflect the high standards of domestic violence service delivery that were identified in the previous evaluation of the GVDVS. The clients reported receiving assistance that was client-centred, as staff partnered with them, developing a relationship of trust, listening to them, validating their concerns and 'walking with women on their journey away from violence.' Staff responded with flexibility, based on women's needs and provided interventions that ranged from crisis intervention and practical support, to counselling, therapy, information provision, referral, support and advocacy – consistent with Relationship Centred Advocacy described above.
4. The women who were interviewed reported that the assistance they received was effective in assisting them and their children to overcome the effects of living with domestic violence and to rebuild lives that were safe and that moved beyond surviving to 'thriving' in ways that were unimaginable when they were living with the violence.
5. Helpful referrals and advocacy, particularly around the use of the law and access to housing, were a hallmark of the women's experiences of the service. The GVL DVS workers were able to assist women to navigate the maze of complex services because of the strong partnerships that the GVL DVS has built with interagency partners. The interagency respondents clearly saw the GVL DVS as an essential and integrally connected service within the Liverpool area. The formal service agreements and referral protocols provide an authorizing context for the collaborative practice.
6. The GVL DVS is active and visible in educational and awareness-raising activities and innovative domestic violence projects in the Liverpool area, often in concert with partner agencies. In this way, it provides leadership and support to preventive and community development activities.



7. The efforts to strengthen the existing partnership with the Green Valley police are consistent with the proactive approach of the GVL DVS to innovation and to strengthening partnerships. The approach adopted is consistent with best practice that builds interagency coordination around a common risk assessment framework and a joint commitment to reducing risk and safety planning with women (Howarth, Stimpson, Barran, & Robinson, 2009; Robinson, 2006).
8. The GVL DVS has worked on developing a strong collaboration with the other new specialist domestic violence services in the Liverpool Area. This is exemplified by the inclusion of the Staying Home Leaving Violence program in the partnership with Green Valley Police and the development of the innovative 'handywoman' project with Domestic Violence Support Western Sydney Service (DVSWS)
9. The limitations of the GVL DVS reported by respondents were in the main associated with resource issues and insecure ongoing funding.

CHAPTER 1

Introduction and methodology

Introduction

The Green Valley Domestic Violence Service (GVDVS)

The GVDVS was initially established as a pilot project, one of a number of Integrated Case Management (ICM) projects within the (then) NSW Government's Community Solutions and Crime Prevention Strategy. It was initially funded for two years to October 2004, and subsequently extended to December 2005. The GVDVS was an innovative model based in a partnership approach which included NSW Health, Department of Community Services (now Community Services, Department of Human Services), Police, and Housing and Non-Government organisations in the coordinated response. The aims of the GVDVS were to:

- Improve the service system's capacity to respond to domestic violence in Green Valley
- Improve the well-being of women, children, young persons and families
- Promote community awareness about domestic violence

An evaluation of the Green Valley Domestic Violence Service, conducted by Dr Lesley Laing and Associate Professor Jude Irwin from the University of Sydney (2005) found that the GVDVS was:

- a catalyst for improving interagency responses to domestic violence in Green Valley, particularly at the service delivery level, enhancing interagency collaboration and,
- developing a model of service delivery to women and children that was consistent with the evidence base about good practice with women, i.e. practice that was woman-directed, flexible, focused on system-wide advocacy, and calibrated to the woman's stage of dealing with the violence (Laing, et al., 2005, p. 8)

An expanded service: Green Valley Liverpool Domestic Violence Service (GVL DVS)

The Green Valley Domestic Violence Service (GVDVS) was re-funded by the Communities and Early Years Division within the Department of Family and Community Services, Community Services, as part of the Integrated Domestic and Family Violence Services Program (ID&FVSP). The expanded Green Valley Liverpool Domestic Violence Service (GVL DVS) is one of six projects funded under the program, which are providing coordinated services to women and children experiencing domestic violence. Under the ID&FVSP, the multi-agency responses to domestic and family violence aim to improve outcomes for those affected by violence through:

- Increased and more co-ordinated services to victims and children;
- More proactive, intentional and co-ordinated criminal justice responses;
- Coordination and integration of service systems;
- Increased priority and effort dedicated by the key partner agencies;
- Preventative action through community education (Family and Community Services, 2011)

The auspice agency for the funding is the South Western Sydney Local Health District which manages the day-to-day running of the GVL DVS. The expectation of the ID&FVSP is that the GVL DVS operates as a formal partnership between Community Services, NSW Police, Health and other local Non-

Government agencies. The following changes accompanied the expanded service:

- 1. Expansion of service delivery** from the 2168 post code (Green Valley) to include the Liverpool Local Area Command catchment, changing the name of the service to the Green Valley Liverpool Domestic Violence Service (GVL DVS). Suburbs now serviced are: Ashcroft, Austral, Badgerys Creek, Bringelly, Busby, Cartright, Casula, Cecil Hills, Cecil Park, Chipping Norton, Denham Court, Edmonson Park, Green Valley, Greendale, Hammondville, Heckenberg, Hinchinbrook, Holsworthy, Horningsea Park, Hoxton Park, Kepms Creek, Leppington, Liverpool, Luddenham, Lurnea, Middleton Grange, Miller, Mount Pritchard, Moorebank, Pleasure Point, Prestons, Sadlier, Voyager Point, Wallacia, Warwick Farm, and West Hoxton. This expanded service delivery area now includes two Police local area commands: Green Valley and Liverpool.
- 2. Increased Staffing** to cover the wider geographical area now served, as recommended in the initial evaluation of the GVDVS. The GVL DVS team now comprises 6 full-time staff, all of whom are DV Counsellors, with one staff member also in the role of team leader. There are no longer specific Community Services or Drug and Alcohol positions located with the GVL DVS team, as outlined in the first evaluation. During the time of this evaluation, two of the DV Counsellor positions became vacant.
- 3. Governance** – Governance is now provided through a Case Management Model. Members of this group involve the key players in local domestic violence services which include: Staying Home Leave Violence (SHLV), South West Sydney Women's Domestic Violence Court Advocacy Service (WDVCAS), Green Valley and Liverpool Local Area Commands (LACs) and the GVL DVS. The aim of the group is to oversee the coordination of the system's response, especially in relation to high risk clients.

Services provided by the GVL DVS

The GVL DVS team provides a number of **services for women and children** who currently are experiencing or have in the past experienced domestic violence, including:

- Counselling for adult, adolescent, and child victims of domestic violence;
- Support;
- Advocacy (a broader concept than the commonly used term 'case management');
- Therapeutic and educational programs for young people and their families;
- Information provision around issues of domestic violence;
- Referral to appropriate services;
- Referral of perpetrators to specialist programs;
- Practical support – The GVL DVS has a brokerage fund which allows them to provide goods and other services to women. The brokerage fund can be used for things such as: removalists, changing locks, essentials (such as groceries, items for the home) and other things such as education/training courses e.g. TAFE fees, emergency Childcare (for women to attend important appointments e.g. court, solicitors, etc.) and legal assistance fees (e.g. initial application fees for Parenting Orders).

In addition to these direct client services, the GVL DVS contributes to the prevention of domestic violence through the provision of **community and professional education**. It also plays a leading role in enhancing the service response to survivors of domestic violence through **systemic advocacy** (Grealy, Humphreys, Milward, & Power, 2008) and through the promotion of **enhanced interagency collaboration**.

The service delivery context in the Liverpool Area

Whereas the GVDVS was the sole, specialist domestic violence service in Green Valley, the expanded GVLVDVS is one of a number of services providing support to women experiencing domestic violence in the wider Liverpool area. These other services include a number of long-established services: *Joan Harrison Support Services for Women*, *Bonnie Women's Refuge*, *Liverpool Women's Health Centre*, *Liverpool Women's Resource Centre*, and the *Women's Domestic Violence Court Advocacy Service (WDVCAS)* based at South West Sydney Legal Centre.

In addition, some other specialist domestic services have more recently commenced operation:

The Staying Home Leaving Violence (SHLV) project, also funded by Community Services. Although a different service to the GVLVDVS, the SHLV program aims to assist women and their children who experience domestic violence to stay in their home (or another home of their choice) through: conducting comprehensive risk assessments and safety audits; upgrading security in the home (through the use of brokerage funding); developing personalised safety plans; working with the police and local courts to remove the offender; providing court support and advocacy in applying for Apprehended Violence Orders and at family court proceedings; providing case work to address financial and tenancy issues, and counselling support; and providing referrals to legal advice and other support services. (See: http://www.community.nsw.gov.au/for_agencies_that_work_with_our_funding_programs/shlv.html)

The Domestic Violence Support Western Sydney Service (DVSWS) was established in response to the NSW Government's Homelessness Action Plan. This strategy consists of two programs:

1. **Start Safely** – a Special Assistance Subsidy (SAS) provided by Housing NSW for a period of up to 12 months in a private rental property and,
2. **Social Housing** – DVSWS provides support to women with or without accompanying children who have complex needs as a direct result of domestic violence in long term social housing.

The DVSWS provides what they term as 'wraparound support' for their clients with the aim being to provide women with the skills and resources required to sustain and maintain their tenancy after the subsidy ends. (See: <http://www.dvswss.com.au/>)

The expansion of the GVLVDVS into the wider Liverpool area with its well established services assisting women and children, together with the establishment of new domestic violence services with specific criteria for eligibility, requires attention to collaboration. The GVLVDVS has organised two forums inviting service providers in the Liverpool LGA to come together to discuss working in collaboration and to identify gaps in services.

Methodology

The following factors shaped the development of the methodology for this evaluation:

- The evidence base about good practice with women and children exposed to domestic violence (e.g. Howarth, et al., 2009; Sullivan & Bybee, 1999) and about effective interagency collaboration (e.g. Banks, Hazen, Coben, Wang, & Griffith, 2009; Bennett & O'Brien, 2007; Edleson & Malik, 2008; Goodman, et al., 2009);
- The complexities of domestic violence service delivery and ethical considerations in domestic violence research;
- The importance of making central the voices of women who are assisted by the service and including the perspectives of the staff who deliver it;
- The importance of evaluation that contributes to its ongoing development;

- Building on the findings of the previous evaluation of the Green Valley DVS (Laing, et al., 2005) .

This evaluation aims to explore:

- The impact the GVL DVS has on women and children living in the Liverpool LGA who have experienced domestic violence;
- Awareness and understanding of the GVL DVS by interagency partners in Liverpool (which includes Green Valley);
- The impact the GVL DVS has on interagency collaboration and coordination, looking particularly at developing partnerships, in the context of the GVL DVS expansion into the wider Liverpool area;
- The impact the GVL DVS has on education, training and community development around the issue of domestic violence in the Liverpool area;
- Changes to the service since the first evaluation and the impact of these changes, particularly the growth of the service to include the Liverpool LGA.

The evaluation also examines the ways in which the GVL DVS fulfils its objectives to:

- Enhance the safety of women and children;
- Assist women and children to overcome the effects of domestic violence on their lives and relationships;
- Promote coordinated responses to domestic violence by a range of services including police, courts, health, child protection, housing and non-government agencies.

Data collection

Evaluation of programs located in complex service delivery contexts typically requires a mixed methodology involving the collection of both quantitative and qualitative data. However, the GVDVLS is already participating in a comprehensive data collection program as part of the ID&FVSP performance monitoring. This data was generously made available to the evaluation. While this avoided unnecessary duplication of effort on the part of GVDVLS staff, it brought some limitations that are discussed later in this report. This data provides information about the amount of service provided. The qualitative data collected in this evaluation from clients, staff and interagency partners provides an understanding of the impacts of these efforts, both on the safety and well-being of women and children and on the development of collaborative relationships across a range of agencies.

Data for the evaluation was collected through:

1. Semi-structured interviews with women who have used the GVL DVS.

These interviews explored women's contact with the GVL DVS, with GVL DVS partner agencies, and the impact the service had on their lives. Since the safety and well-being of women affected by domestic violence, and their children, is the core goal of domestic violence service delivery, it was important that women's voices were heard in this evaluation. The research design took into consideration the ethical issue of ensuring that women's participation did not increase the risks to their safety, either physical or psychological (Fontes, 2004; Gondolf, 2000). The inclusion criteria for participation was therefore women who; a) Have had contact (brief/extended) with the GVL DVS since its inception; b) are aged 18 years or older; c) are assessed by GVL DVS staff as able to participate safely; and d) safe participation can be arranged. Safety (both physical and emotional) of the women was assessed at all stages of the research.

2. Semi-structured interviews with GVL DVS Staff.

The GVL DVS team members were all invited to participate in an interview. They were asked to contact the research directly team to indicate willingness to participate in the research which ensured confidentiality. The interviews explored: goals of the GVL DVS, constraints and opportunities affecting their ability to work with women and children affected by domestic violence in the Liverpool area, the nature of their work around interagency collaboration, community development and education, developments to the service since the first evaluation, and the impact of the service. Six current staff members including the service manager of the GVL DVS were interviewed. During the evaluation, one of the staff members left the service and one full-time staff vacancy was unfilled.

3. Semi-structured interviews with interagency partners.

Interagency partners from a range of services working with women and children experiencing domestic violence in the Liverpool area were invited to participate in an interview. They were advised of the study via a flyer which invited them to contact the research team if they were interested in being involved in the evaluation. Key agencies to contact were identified by the GVL DVS, as well as through the local Domestic Violence Liaison Committee. The interviews explored: the agencies' awareness of the GVL DVS, their experiences of contact with the service, their understanding of the impact of the service on the client group as well as interagency coordination, community development and education and developments since the first evaluation.

Thirty one workers from both Government and Non-Government organisations were interviewed. Four of these were interviewed a second time to further explore the partnership between Green Valley Police and the GVL DVS. Interagency partners were identified as key agencies who worked in the Liverpool area with women and children experiencing domestic violence. Representatives from the following areas were interviewed:

- NSW Health (Sexual Assault; The Hub, Miller; Out of Home Care; Community Health (3); Social Work, Liverpool Hospital; Community Mental Health)
- Community Services (Brighter Futures; Intake)
- Housing NSW (2)
- Liverpool Council
- Centrelink
- Police (8)
- Non-government agencies (Brighter Futures, Benevolent Society; Women's refuges (2); Staying Home, Leaving Violence (2); Women's Domestic Violence Court Assistance Service (WDVCAS); Women's Health; Domestic Violence Support Western Sydney Service (DVSWS); Liverpool Migrant Resource Centre; legal)

Eight of these respondents were involved in the first evaluation of the GVDVS. These included representatives from: NSW Health and Community Health, Housing NSW, Community Services, WDVCAS, Women's Health (NGO) and NSW Police (DV position).

4. A review of **quantitative data** already collected by the GVL DVS for the ID&FVS Program. This data captured the demographics of the client group, how clients were referred to the service and the types of service provided by the GVL DVS.

5. An exploration of *documents* created by the GVL DVS which highlight development of *partnerships* (e.g. through service agreements), evidence of community development and interagency work, education and training initiatives, and therapeutic and support groups. This data also reflects a small amount of evaluative work that the GVL DVS had undertaken for some of their activities.
6. Documentation of the reinvigorated *partnership between the GVL DVS and the Green Valley police*.

Data analysis

Quantitative data is presented in summary form. All interviews were audio-recorded, transcribed, and the qualitative data coded to identify categories. Thematic analysis was used to identify themes relevant to the aims of the evaluation. The findings were considered against the research evidence on effective interagency collaboration and on intervention with women and children affected by domestic violence.

Limitations

The clients who participated in the evaluation were a self-selected group that included women who could participate without jeopardising either their physical or emotional safety. It is possible that this (necessary) approach to involving women will include more women who have a positive view of the service and may exclude some women whose safety is precarious and whose mental health and well-being have been severely affected by the abuse. Collecting data from other sources and placing the work with women within the bigger picture provided by the quantitative data provides a broader picture of the work and impacts of the service.

CHAPTER 2

Current challenges in responding to domestic violence

THIS chapter of the report draws on data from interviews with GVL DVS staff and interagency partners to paint a picture of the context of service delivery to women and children experiencing domestic violence. It provides a context for the findings from interviews with women clients and interagency partners about the operations of the GVL DVS which are presented in the following chapters. There was consistency in the issues raised by both groups: each described a myriad of complex issues faced by the women in the Liverpool area. These created barriers, both for women moving away from the violence, and for effective service delivery to this vulnerable group. As one NGO respondent stated: 'All of those challenges ... they're frustrating for us, how much more that is frustrating for a woman that's actually living it.'

In addition to common issues identified by both GVL DVS staff and partner agencies, each identified additional unique challenges from their perspectives

Issues for women experiencing domestic violence identified by GVL DVS and partner agencies

One of the key barriers identified for women was a lack of **affordable accommodation**. It was recognised by all GVL DVS staff interviewed that the lack of accommodation in the area was a key factor in a woman's decision not to leave the perpetrator. The reality for many women was that they had nowhere to go. A further complication was that their children would also become homeless if they chose to leave the family home.

I guess the main thing is usually how to leave. Like they don't know how basically and there are no resources for them. Like there are no houses for them, they have no money ... so it's always that big barrier. And it's usually something they've been thinking about for many years before they get in contact with us. So that's a huge one. And even once they do get in contact with us, like where are they going to go? What are their real options? (GVL DVS staff 4)

When women did make the decision to leave:

The reality hits that it's going to a refuge or trying to find accommodation, which is really difficult. Trying to rent somewhere as a single parent. One of my clients, she had looked at 50 rental properties and it nearly caused her a breakdown. So really, really difficult. (GVL DVS Staff 5)

Interagency partners talked about the issue of homelessness as a reality for many of the women they were working with. Apart from limited Housing NSW stock, and limited options (such as cheaper motels), real estate agencies were not considering women who had limited (if any) rental histories. Another difficulty was the limited capacity of refuges to accommodate the numbers of women seeking shelter, whether with or without children.

There just not seeming to be enough – I've got a client at the moment that I've been chasing Housing since yesterday. She's homeless. The problem for her is that she's too old to be accepted in refuges, too young to be accepted into other refuges. She works part time ... Then it's also that there are no vacancies. And this woman has been really proactive herself in ringing the DV hotline. Everywhere that she can think of, she has been to so many different real estate agents herself and has been pounding the pavements and another part of her problem is that there's no rental history ... because she has now no rental history, real estate agents aren't looking at her either. (NGO 15)

I don't believe there's an incentive for women to leave domestic violent relationships because a lack of available support and services that they can go to. Particularly housing. And that's, you know, I guess doubly important for women that are having to uproot children and whether they take them. (Community Health 3)

A number of women attending the GVL DVS had benefited from the Start Safely rental subsidy program, through Housing NSW.

Financial constraints were another issue for women presenting to the GVL DVS. Women who had in the past been in relationships characterised by coercion and control often had very limited access to assets, or the means or capacity to earn an income. Financial stability, or even having enough finances to be able to put a roof over their heads and feed their children, became a barrier stopping women leaving the violence.

One area I've experienced is that if perhaps they do own a house and do have to move out, then their access to legal assistance is severely impeded and they just don't have the money. They just don't have it. To be able to pay for legal help. Until they get some sort of settlement. And the settlement can take years, especially if the perpetrator is being obnoxious and is difficult to get along with. I've got one woman who has been trying to get a property settlement for 18 months and her ex-husband has put every barrier in front and meanwhile she's living on a week-to-week basis. She is working because she's had to but she's living on a week to week basis just with the salary she brings in to the family. And they're living in a tiny little 2 bedroom flat. She's got 2 adolescent kids ... who really deserve to have their own privacy. (GVL DVS staff 2)

Interagency partners were also concerned about the effects the financial stresses had on a woman's decision to leave the violence:

And the other concern is financial. You know, if they are being supported by a partner or they're – they do have a couple of kids and then they have to leave the situation and then try and go on a benefit. I mean, those sort of things take time and I think when you do have children to consider, or even if you're a woman on your own, not having an income for 3 or 4 weeks can be a very big disincentive. (NGO 23)

GVL DVS staff and interagency partners identified '**secondary victimisation**' as a further issue for women, that is: 'the experiences that service users experience as a consequence of inadequate or discriminatory service delivery practices.' (Mulroney, 2003, p.2) For some women, this first negative contact often left them feeling isolated, and as though there was no one who could help them.

And people will try to report it, the police will say 'oh it just sounds like a fight, why are you reporting it? We're not going to do anything with that' basically. And if that's someone's first experience then they'll be really turned off. They lose their confidence and they stop reaching out for help because they just assume that no-one can help them or no-one will understand their situation. (GVL DVS staff 4)

Secondary victimisation was also evident in women being diagnosed as having a mental illness, rather than the violence underlying deteriorating mental health (and subsequent ability to parent effectively) being identified (Laing, Irwin, & Toivonen, 2010). These 'symptoms of abuse' (Humphreys & Thiara, 2003) were not always visible to workers:

You know, I think one of the biggest things women face once they disclosed domestic violence, which is usually followed by a woman saying 'she's emotionally depressed' or it's pathologised into mental health. And not seen for what it is. So to me, they're one of the huge issues that women face accessing Health. (Health 2)

Women were also described as **falling through the gaps of service provision**. When recounting the story of not being able to find accommodation for a woman who was at court and having nowhere to live, this worker said:

I'm feeling so bad for this woman because you care. And especially when she's had every other door slammed in her face and everybody else saying 'well we can't help you, we can't help you, we can't help you'. And then you just become one more organisation that's saying 'we can't help you'. (NGO 15)

Women were described as being 'bumped' from service to service:

I think the worse thing is probably getting bounced from service to service. There are quite a few – they all do their own separate thing. And quite often – I attended a meeting where they sort of had a victim who told her story and then we're all sitting around a room and each person represented a particular service and you could see how that woman was getting pushed from service to service, which each service provides their own speciality. And they were sort of stuck in the middle not knowing – or sort of thinking they were getting bumped around. That would be the most thing that I think they'd find quite daunting. (Police 1)

It was acknowledged that not all agencies had the resources or capacity to deliver services to all women who were in need of their service. Stretched mental health services were often only likely to see acute clients rather than women experiencing depression and posttraumatic stress disorder directly related to the abuse they had experienced.

Probably the biggest challenges are the – once you do make identification, there's an issue then of how do we maintain the capacity to look after so many people because the volume is so significant ... We look after the really acute generally kind of psychotic disorders, people with serious mood disorders, and people that are at risk of self-harm as a result of those things. And that, in a lot of cases, means that you miss out. (Mental Health 4)

The **nature of domestic violence** itself limited both a woman's capacity to move on in their journey away from violence and service providers in responding to them on their journey. In their own words below, GVLDS staff and interagency partners describe the difficulties for women.

We have to think about domestic violence is very real when the violence is absolutely constant – like every single moment, every single – I've been coming across clients in that horrific non-stop violence. 24 hours, 7 days a week. But I think that is very extreme, and very rare. Most common is that women stay in the relationship for the hope when he does something, when he says 'sorry' or when he does something that she was waiting for a long time, and she can [hope] that he's trying to change, he's doing something different so she's more locked into this relationship believing that 'he's trying', 'I need to give him a chance' – but the chance, women spend 20 years in the relationship, 10 years in the relationship giving chances, chances, hoping this is going ... the women try very hard to keep the relationship, no matter what. (GVLDS Staff 1)

I think it's well documented that women just can't get up and leave. And very few women get up and leave the first time round and never go back. I mean, it must be a daunting thing for them to do, to sort of – especially if they're unemployed. A lot of them are unemployed. They might have been unemployed prior to the baby being born. They've got no support systems. Possibly because of the nature of the domestic violence. So they've got no-one – and the threats by their partner. (Community Health 3)

I think, look from my experience, one of the biggest problems that I can see for the victims is that there maybe not so much now but in the past was making that break, making that decision to leave and to escape. A lot of them I can remember would just continue to put up with it or were too scared because

of retaliation or the situation with the kids. And we found over the years a lot of them, because they witnessed and they grew up with their mother experiencing the same thing, in a strange macabre way they thought that was normal. (Housing 8)

The difficulties were magnified for Indigenous women:

... I work with Aboriginal families and I guess what I see is that it's quite entrenched in the community which creates almost another – yet another heavy obstacle for them to make decisions that would mean that they're in the relationship or not in violence anymore. I think poverty is another issue. And this limits their options, limits these women's options. And often the other issue is that the majority of women I meet have 3 or more children, which makes it again even harder. So even basic things like getting to a refuge is not a realistic request for my clients who may have 2 children in a pram and one toddler, for example. So for them to actually physically get to a refuge with 3 children and some belongings is not realistic. (Community health 11)

Not having an understanding of the nature of domestic violence and its impact was seen as a barrier for women:

I guess like working with women that don't understand what domestic violence is. So trying to show them that whatever's been happening to them like it's not right, if you know what I mean. Because it's so normalised for them, they kind of just live with it – and they kind of blame themselves or they try to find something- they try to make it as though it's their fault and that's why it's happening to them. (NGO 9)

Both the GVL DVS staff and interagency partners described the additional difficulties for women from **culturally and linguistically diverse (CALD)** backgrounds.

Ninety per cent of our clients are from cultural linguistic diverse backgrounds. Usually they are new to the country. They have limited knowledge of the society here, what their legal rights – and most of the time they're on some kind of temporary visa. Spousal visa – which makes it very difficult for them to leave the situation in the first place. Because the perpetrator would have threatened them that they'll cancel their visa if they report to police. (NGO 1)

In addition to limited access to services due to visa restrictions, isolation, and limited knowledge of the Australian welfare system, the woman's cultural background and beliefs often made it even more difficult to move away from the violence.

Then you take into that multicultural situations in the community where there's the huge cultural diversity. And with that has another layer of complexity on cultural norms and expectations and the situation with either separating from a marriage and how that looks to the community and the amount of shame that brings on families. And also, for women who may not have had access to English language if they're not fluent in English, then that isolates them further and has been a huge component of the violence they've already suffered. (GVL DVS staff 2)

For many CALD women (not unlike most women), having involvement of agencies (particularly welfare agencies) in their personal lives was seen as shameful and brought shame on the entire family.

There are issues like when they are affected by family violence; number one it is very difficult for them to acknowledge and to talk about it. And for some cultures it is still a taboo. And they don't want to talk about it because ... it's a thing that they're ashamed of. (NGO 19)

Key issues for women experiencing domestic violence as described by Interagency Partners

From their unique perspective, interagency partners identified a range of further issues that impacted on service delivery. A key issue for some Police when working with women who have experienced domestic violence was that of 'repeat victims'. Police described the difficulties and frustrations felt when responding to the same residences again and again due to domestic violence incidents. Not only were police concerned about the safety of the women and children they were repeatedly seeing, the constancy of the situation had an impact on how some police responded to these events.

Yes, especially we do find ourselves going to the same place quite regularly. And one day they'll tell you to go away and the next day they want the help and the next day they'll tell you to go away again. It's not – if a job is called for a domestic it's not the first thing the police jump up to run and do because of those things I'd say. (Police 1)

Another key issue for agencies, particularly statutory agencies, was developing trust with the women. The nature of domestic violence, a relationship based on coercion and control, strongly influenced how women responded to service providers.

Sometimes their affiliation with the offender is stronger than any advice and guidance that police are able to give them. And because like they don't know us from a bar of soap, but they obviously have a relationship with the other person so their level of trust with us is a lot different to the level of trust – even though this person may have breached their trust by committing an offence against them, they still know or trust that person more at the end of the day because they've got the relationship with them. And that's very difficult to overcome. (Police 6)

Women's reluctance to go through with legal proceedings around securing AVOs and prosecuting assaults and sexual assaults was raised by police:

I think firstly there's a reporting issue. A lot of [women] are reluctant to report or have the confidence to report and I think that's a big thing. I think it's probably [under]reported in this command, although we have a reasonable level of domestic violence, in terms of statistically - in comparison I think there's a lot of underreporting. And beyond that, probably having the confidence to continue once they do report it with making statements and going to Court and doing that follow-up. There's a lot of matters being withdrawn and things simply because the victims won't continue on with the matter. So I think that's the major thing. (Police 3)

For other agencies, the sensitive and very personal nature of the violence the woman had experienced made it difficult for them to discuss it with service providers. This was a particular concern for CALD women. One therapeutic counsellor who was interviewed described the layers of complexities for CALD women in developing trust with service providers:

For some, they do – having difficulty – especially when you're talking about sexual assault – in some cultures, they have a very fine line, especially like rape in the relationship. It's a lot of culture issues – whether this is my role as a woman, like – you know those kinds of questions just around 'you are my wife and this is part of your like husband and wife stuff'. And talking about the consensual in a relationship in terms of sexual, like intercourse, it's a very fine line. (Community Health 7)

An additional issue that interagency partners discussed was related to domestic violence screening. Some staff working in health were concerned about how the screening questions were asked. If they were not asked at all or not asked in a sensitive appropriate manner, then a woman's disclosure of violence could be missed.

I mean, that's obviously – if you don't get [screening] right, then you don't get of it right. And that's the biggest challenge. If you miss that identification, then everything gets missed. (Mental Health 4)

I think it's the actual screening process which I think is ethically terribly flawed. It's often – it can be by very experienced trained midwives or it can be by student midwife – and, you know, it's so random really who a woman first encounters. And given that it may be the first time someone has posed such a question and, you know, for everything we know about domestic violence, you know ... it's about being silenced. So we're asking someone to break that silence. (Health 2)

Additional issues identified by staff of the GVL DVS

In addition to the common issues identified by all service providers, GVL DVS staff also identified a number of issues for **women with children** escaping domestic violence. These issues arose at the intersection of domestic violence service provision with women's involvement with the Family Law and child protection systems. The following case study, described by one of the GVL DVS team, shows the challenges faced by women attempting to protect their children through Family Law processes:

“ I experienced a very, very, very difficult situation with Family Law where I had a client who had divorced some years ago, and at that stage had made no disclosure of domestic violence. The children were having contact with the father on a regular basis. And then incidences happened where the mother believed that they were being abused in his care. Under the advice of paediatricians and the children's psychologists, she was told to stop the contact visits, which she did and put an application through to Family Court to have the orders changed. The outcome was that the children were put back into the father's care full time, [full residence]. This man who had subjected his ex-wife to severe and degrading sexual abuse and extensive physical and emotional abuse now has these children full time. The children were taken from her care on the day that the Court decision was made, with no chance for her to say goodbye or explain to the children what had happened. She was told to stay in the Court. They brought the children in from school. They were presented to the children's representative at Court. They told them that they were then going with their father... These are children who had been in her full time care from when they were babies. The Family Court said that she would only have contact with the children after she'd done a parenting course, after she'd done counselling, after she'd completed ex-amount of supervised visits at a contact centre. Now these children are coming and telling her all sorts of stories [of abuse]. ”

Women were often blamed for the impact of the violence and trauma on children, such as children acting up or developing behavioural issues, often a normal response to experiencing a lifetime of trauma. Women were expected to “fix” the issues with children in a matter of months.

And I think the barrier of the role that community and community services place on the mother's responsibility as far as the violence goes. It's the responsibility of the mother to keep the children safe, not the responsibility of the father not to be violent. (GVL DVS staff 3)

The GVL DVS also identified that children themselves were falling through the gaps of service provision, in a pattern similar to that observed for their mothers.

Because for a lot of these kids, as I said before, there are some troubles and they will have behavioural issues and some of them unfortunately don't fit into any category. They'll say they're too high risk

for Brighter Futures (early intervention). So there's nothing we can do than refer them but they're too low risk for [statutory] child protection. So they're just sitting in this gap and maybe they're not child protection, and they are high risk kids sometimes and that feels like options are limited with them. (GVL DVS Staff 4)

From their perspective as specialist domestic violence service providers, the GVL DVS participants identified some additional challenges in their work. The lack of a **common, cross agency understanding about the nature and effects of domestic violence** was also seen at times to undermine women's access to effective assistance. At times this made it difficult for the GVL DVS to connect women to these agencies through appropriate referrals (for example referral criteria may limit women's access to the service), and to work collaboratively with other services on behalf of or with their clients.

Lack of knowledge of the impact of violence on our clients. People seem to have their own idea and they think 'oh yeah a hit or a slap's not going to make any difference' – just that unwillingness to look outside the square and look at the trauma (Staff 2)

... it's hard when you've got clients who are involved with DoCS, who are also involved with the mental health system and involved with this service, and the mental health service are just upping medication, upping medication, upping medication – with no concept of the impact that's going to have on the mother's ability to be able to parent. (GVL DVS Staff 2)

Obtaining AVOs and lack of response to breaches of AVOs by police was raised as an issue impacting on women's safety by staff when interviewed in October 2011. It is important to note that the effort to strengthen the partnership with the Green Valley LAC was in its initial stages at this time. Part of the concern as one staff member described below was the ways that breaches of AVOs were responded to:

They have to start to pick up on breaches, commit themselves to follow through with phone call from a woman within a certain period of time rather than see it not as a crime and attend a breaking or entering or something as more pivotal to a woman calling to say that their partner's breached the AVO. (Staff 3)

A continuing challenge for the GVL DVS staff was the impact of staff and particularly management turnover on efforts to build collaborative relationships:

And different people come in, different managers come in different frontline workers come in and that whole educational process of alerting, I guess, service providers about what DV actually is because there is still some attitudes and prejudices out there that haven't changed really ... But I'm feeling that if GVL DVS didn't drive the contact, then people will just be working off on their own, managing with what they have. (Staff 3)

Changes to funding for women and children's services, for example, funding of larger non-government organizations, which were often not locally based and worked on a number of strategies (not just domestic violence), also raised new challenges for building collaboration:

Summary

It is clear that the issues for women and the agencies responding to them are numerous and complex. The following chapters provide an insight into how the GVL DVS responds to these issues through a) the findings from the interviews with women clients; b) interagency partner interviews, c) the partnership development with Green Valley Police and c) the discussion of findings related to current literature.

CHAPTER 3

The GVDVS from the women's perspectives

Introduction

Building on the first evaluation

Thirteen women were interviewed for the first evaluation of the GVDVS in 2004/5. These women reported a high level of satisfaction with the service they received. At the time of the evaluation, the range of interventions that the women described as being most helpful for them included:

- counselling services and the quality of the relationship they felt they had with the staff,
- consistent non-judgemental support from staff, where their experiences were normalized and validated,
- provision of accurate information about services, women's rights and the nature of domestic violence,
- the fact that GVDVS was a specialist service which opened up opportunities to talk to other women going through similar experiences,
- accessibility and flexibility of the service, for example, staff willing to meet with clients outside the Community Health Centre, take them to appointments, and assist them with brokerage funding,
- long term support which assisted them to build a life free of violence,
- encouragement to join social and support groups, and take up educational opportunities which assisted in overcoming isolation,
- assistance and advocacy when negotiating the complex systems, including the legal system, family court, Community Services, Centrelink, Housing, and Immigration,
- helping children overcome the impacts of violence.

The women reported the following outcomes of the GVDVS interventions:

- reduced self-blame and reassigning the responsibility of the violence to the perpetrator,
- a sense of empowerment,
- being free from the control of the abuser,
- improvements in the well-being of children and,
- providing an alternative to psychotropic medication

The current evaluation

Of the fourteen women interviewed, all were satisfied with the service they received from the GVDVS. The women were overwhelmingly positive when describing their experiences with the service and the subsequent outcomes for them. Women's experiences of the service in 2011/2012 were very similar to those women who were interviewed in 2005, highlighting the consistent approach that the GVDVS takes when working with women and children experiencing domestic violence. The style of working with women, the types of interventions and subsequent outcomes for women, which are outlined below, are consistent with the findings of the first evaluation.

The Participants

The women interviewed ranged in age from 22 to 59 years. Two of the women had moved out of the local geographic area but twelve continued to reside in the Liverpool LGA. Four women identified as Anglo-Australian; others came from South America, Eastern Europe, South-East Asia and the Middle East. The women from CALD backgrounds spoke English as a second language except for one client who required an interpreter for the interview. None of the women was living with the perpetrators at the time of the interviews.

All of the women had children, 36 in total. Of these, 9 women had children under the age of 18 (23 children); 1 woman had a child under 18 years and 2 adult children; and 4 women had children over the age of 18 years (10 children). One woman had her children removed and placed in care due to the domestic violence. Another woman lost her children after she left the relationship as the court considered a refuge not suitable for her disabled child. Another woman's child lives with the perpetrator and two women have 50/50 shared care arrangements with the perpetrator (total of 8 children in shared care).

Finding out about the GVL DVS

Women were both referred directly from another agency, or they were given information and contact details about the GVL DVS and contacted the service themselves. The direct referrals came from a private solicitor; Centrelink social worker; Green Valley Police via yellow card referral (3); Women's Domestic Violence Court Assistance Service (WDVCAS); and a local women's refuge. For women who self-referred, information about the service had been provided to them by: Centrelink office; Community Services Caseworker; DV Helpline (2); and a DV service in another location

The impacts of the domestic violence

Through the process of the interviews, women described the deleterious effects of the violence on themselves and their children. These included: difficulties with family law matters, psychological impacts on children (especially trauma related concerns including posttraumatic stress disorder), ongoing psychological and emotional strain, mental health concerns (particularly depression), removal of children by Community Services, isolation, the very real threat of homelessness, visa concerns, the constant fear, harassment and intimidation caused by the perpetrator, and lack of safety.

Because coming from domestic violence I was isolated from family, friends, all that sort of stuff. So that's where I'm finding it extremely difficult to go out and make friends, trust people – even my family (Client 2)

For many women the domestic violence had impacted on most areas of their lives. Each woman was at a different stage in their journey away from violence and so their support needs differed when they first came in contact with the GVL DVS.

I was in a frantic state of my life, frantic time. And I had been physically, emotionally and sexually abused and my child who was 14 at the time had posttraumatic stress disorder (Client 4)

A response to the impacts of violence: the strengths of the GVL DVS

First point of real help and understanding in a complex system of services

[Other services] just realised maybe that they can't help me or don't want to help me or maybe too difficult to help me, so they move on. They stop helping me. But [GVL DVS caseworker] was still there with me. She was actually one – she wasn't afraid. She wasn't afraid to help me. (Client 7)

Many of the women interviewed described having had contact with other services which had not believed their story and responded to them inappropriately. This treatment understandably had left women with negative feelings towards service providers and the sector and reluctance to seek further help for the domestic violence. It was often a case of sheer desperation, such as the imminent threat of homelessness, which led them to continue to seek support. In direct contrast, the GVL DVS was described as being a first point of contact where women were really listened to and their stories were validated (Laing & Humphreys, in press; Stenius & Veysey, 2005).

I just felt, given my circumstance, I had 4 kids. I'm barely making rent. I was desperate, borderline homeless ... I felt people were really heartless towards me and in a way it was disheartening actually because no one gives a flying stuff. Nobody. And I'm saying: 'I really need help. I'm a legitimate person. I want to move on with my life. I want to study. I've got dreams too but how can I do all this with no friggin roof. Something basic.' (Client 8)

This woman then went on to say that the staff at GVL DVS treated her with respect, listened to her story and started at once to provide non-judgemental support. This approach is again exemplified in the following woman's description of a negative experience she had with a service provider in comparison to the help she received from the worker at GVL DVS:

She's taking advantage of the position that she's got and it's atrocious because of the people, well the kind of people she's picking on and she's there to help not to hinder. It really hurt me that there are people out there like that ... Me and my son – we had nowhere else to turn and if it weren't for (GVL DVS caseworker) I'm sure I would have ended up somewhere that just wasn't right for my son in a violent neighbourhood. Just continued to be tormented. See I needed a safety area where this person who attacks me doesn't live. And without her (GVL DVS caseworker) help, that wouldn't have happened. (Client 4)

Women described the difficulties they experienced in negotiating the complex service system, where they often faced stringent eligibility criteria, geographical boundaries (limitations) and limited funding for ongoing assistance. One woman described this very articulately, outlining the ways in which her goals to rebuild her life were in conflict with the expectations of (other) helping services:

Well I just have to fight ... But it's very difficult. Like I feel I'm very grateful in a way like when I was in the women's refuge, you know, but I have to go to school. I have to go to TAFE. Because like if I don't go TAFE, I'm like I'm going to die ... It's very hard, you know, in the course I have to do the work experience and then have to get up there – I can't stay in the women's refuge. They push you, you know. You have to go find a place. Find the place. Nobody wants to give me the place because I don't have job. And then – that's why I say I can't – and I go to the hotel for 30 days. And after the work placement too. And then that's why after the 30 days I couldn't take any more in a way. I have to finish my course because I can't [get a] job. Well one of the ladies that work there is said 'well you have to think about your children because the Court otherwise will lose them. You have to concentrate with the Court'. But what I can do in the Court – nobody will represent me so the only thing I could do is that I have to

finish this course. So when I finish this course I can find a job. I was thinking if I can find a job I can rent a place because the case – if I have a place I can have the children. Going round and around like that. How am I going to have a place – nobody is going to give me the house. And after that, that's why I've got 30 days I have to get out from the hotel and I went to Green Valley. Then I said to them that I'm homeless, you know, you will find a place for me. (Client 6)

It was the contact that she had with the GVL DVS that assisted her to really move forward on her journey away from violence.

The GVL DVS' philosophy of working with women who experience domestic violence

The philosophy of the service, set within a feminist framework, underpins the core practice of the GVL DVS. These practices were described by the women interviewed in the following ways: walking *with* women on their journey away from the violence, really listening to women by validating and normalizing their experiences, and connecting with women on a level that promotes trust.

She [counsellor] helped me in every way ... She was very, very good. She helped with everything and anytime I needed the help, I would ring up and she will come and see you. (Client 1)

Walking with women on their journey away from violence

Four of the women interviewed spoke specifically about how the staff 'walked with' them on their healing journey, a unique experience compared to other services they had had contact with. The companionship and support was provided in both practical ways such as literally being beside the woman when she faced very trying circumstances as below:

Most helpful – she went to me in the Court. Yeah, because I'm alone. I'm shaking. I'm scared, I shake. When I saw him, she's with me. (Client 9)

It also involves being emotionally present and available for the women:

It was fantastic. I thought it would be hard but it was the total opposite. [Worker] made me feel like she was pleased and honoured to be there for me. And she made me feel safe in the fact that she'd be by my side right through the procedure and I knew I could trust her 100%. And that she'd walk that road with me of recovery. And I just knew I could trust her. Otherwise I wouldn't have been able to speak about the things I've spoken about and I'd have had no recovery ... That was the most important thing. It really was. Just to know that she was there. (Client 4)

Really listening: validating and normalising the experiences of women

The women interviewed talked about how important it was for them to be believed about their experiences of domestic violence and that it was a relief to find someone that really listened to their story and validated their experiences. Many had experienced difficulties with other services, or sectors, particularly Family Court and in some cases police when describing their situation of violence and not having their story believed.

She's listening, you know. She was listening to me. She understood, not only hearing me, she was listening and trying to help me. And she helped me. (Client 7)

I wanted to get rid of it [evidence of violence] but I didn't because just in case something come up and I needed to have the proof there because I always had to prove things. And that's something I find here is people take your word for it and you don't have to prove nothing, which is really different. That in itself is like 'wow people believe me. People take notice of me. That's really weird.' (Client 2)

Connecting with women: developing a relationship based on trust

It was clear that the women interviewed had an important connection with their counsellor. For some women this connection ran deep. The successful client/counsellor relationships highlighted the effectiveness of the holistic approach taken by the workers, their effective interventions with women, and the type of people, namely, caring and compassionate, who are employed at the GVL DVS. The personalities of the caseworkers are described below:

She's a beautiful lady. She is. I feel like we should be friends outside. Like I see her and I update her on everything and she advises me on a lot of things as well. She listens to me. I haven't been the nicest person. I'm not horrible. But out of desperation and frustration that I've sort of taken my anger out and she's been calm and I've feel that she's understood where I was coming from. (Client 8)

She's a very, very lovely person and you don't have to be scared with her. Anyone to go see her, I'll tell them straight – don't be scared. Because she's a very nice person. She listens to you and she doesn't yell or scream, she listens. And she explains things to you. (Client 1)

She was like an angel for me at that time. Really, I have only – have to say only good things about her. And she straight away was like very worried about me, about my baby. Straight away she gave that feeling that she's worried and she wants to help me. (Client 7).

It was these relationships that allowed women to trust the staff and work together on the healing journey. Many of the women spoke of being able to trust the GVL DVS staff, which was in direct contrast to other service providers they had encountered as well as the perpetrator of violence, his allies and family.

I knew I could trust her 100%. (Client 4)

Although the connection with their specific caseworker was important for women, they also spoke of the benefits of all staff at the GVL DVS being aware of each woman's story and if the woman's counsellor was not available, other staff would do their best to assist the woman on the day.

Like if everybody functioned the way that they function with the domestic violence things, it would be much easier. Everybody talks to each other, you know, they're connected everywhere. They speak to everybody. And so everybody knows what's going on with everything. It's all confidential but everybody knows what's going on. I could speak to 5 different ladies, they all know what's going on, how they can help me. They've got resources that they can access for me straight away if I need something. And help is available. (Client 5)

There was a situation, any time actually when I call and I ask for (my counsellor) and (she) wasn't there, they tried to help me. They straight away asked about my matter. Who I am and they recognised me who I am. They knew about my matter. So it wasn't only (my caseworker) involved in my matter. Other people knew it too. So it makes easier for me. I don't have to talk about from the beginning. (Client 7)

In addition, a number of women from CALD backgrounds described how it was important for them to be able to speak to someone who understood their culture and who could make the links back to how things work in Australian law, society and culture.

Yeah. We're the same culture and stuff like that. It's easy for her to understand some of the things that happened or how things are said and stuff like that. She gets all of it. (Client 5)

The range of interventions: working with women in a holistic way

She offered us lots of assistance where she could – everywhere she could, she was saying ‘well we can try and help you out here – there’s a number here you can contact – all these people to contact if you need to speak to somebody’. So it was good. I felt really supported. (Client 5)

Women described the holistic approach taken by staff and the range of interventions as being major strengths of the service. The ‘one stop shop’ was described positively by women who had in the past attempted to negotiate the complex maze of services and advocate for themselves. Women talked about staff doing ‘everything’ for them and most women found it difficult to suggest areas of improvement for the service, as they believed, from their experiences that GVL DVS staff had assisted them with most if not all their areas of need. One client spoke of the benefits of attending the **therapeutic groups** as both contributing to her emotional well-being as well as connecting her to other women, decreasing her isolation:

What it is, is a group of women that have gone through domestic violence and we get a polar fleece blanket and what we do is we put things on that blanket that are special to us ... and then when you feel it’s complete what you do is when you’re feeling down and that sort of stuff you cuddle into the blanket and then that way you’ve got all these precious things on the blanket that makes you feel sort of really good and remembers – you sort of think why you did the blanket and makes you feel really, really good ... that’s the one (group) we didn’t want to stop because we made lots of good friendships with some of the other women. (Client 2)

Other women described the general **support** and **advocacy** as being crucial, particularly when they were seeking assistance for housing and police matters, having contact with two agencies which were foreign to them. Advocacy work was especially helpful for women involved in AVO matters, where the process and court system were hard to understand – complex and laden with legal terminology. This was a particular issue for women who had not lived long in Australia.

She also ... liaised a lot between me and the police to find out information that I’ve needed about all sorts of things. Event Numbers. The AVO. Like she helped heaps with the AVO, with calling and finding out about what was going on and when I needed to be in Court and what happened, what the procedure was – she explained all that ... So then (my caseworker) would call and within a couple of minutes she had the information for me. Unbelievable. So she’s been really good like that because she’s liaised between them. (Client 5)

She actually supported me when otherwise no-one listens. No-one will listen that I’m having some trouble. But she introduced herself so straight away the lady over the counter she actually took my matter. She gave the papers to fill out and she was ready to accommodate me – temporary accommodation but some hotel or something. (Client 7)

CASE STUDY – Advocacy to provide access to legal protection

This client called the police after a violent incident with her partner. The police arrived 2 ½ hours later at about 2 o'clock in the morning. The client stated:

I told them what happened. I showed the marks. And they're like 'what do you want us to do?' And because I'd never been in that situation, I'm like 'I don't know. What do I want you to do? I want you to protect me and make sure it doesn't happen. I don't know what I'm meant to do. What am I meant to ask for here?' The police kept asking what did I want?

The client was confused and unsure of what to do. The police left and she wasn't sure what had happened. At her next meeting with the GVL DVS counsellor, the client discussed the incident and showed her the marks on her body. The counsellor was perplexed as to why charges had not been laid and an AVO suggested. She contacted the police, advocating for her client to have charges laid and an AVO put in place. The police responded positively and the client got an AVO put in place. As she says:

As if you're meant to know what you're meant to do or what you're going to do. I had no clue. I was trembling. I was still had a knot in my stomach. I couldn't – how am I meant to know what I'm meant to do. I don't know. In that sense, if it hadn't have been for (counsellor), I probably wouldn't have the AVO. The police would have left it as a verbal incident and ... nothing would have happened. They would have just put it down as a verbal incident.

Information provision and **appropriate referrals** were also seen as strengths of the service. Women compared the GVL DVS to others that had given them incorrect or misleading information, or who had referred them on to other services which couldn't help them or they didn't fit the referral criteria. All referrals made by the GVL DVS were described by the women as helpful and enhanced the levels of support. One woman describes her contact with a mental health NGO to which she was referred by the GVL DVS:

But it has, it has been fantastic for me to go down there. And I would never have known about the place if it wasn't for (my caseworker). And that's what I say, if it wasn't for me coming here. (Client 2)

She helped me tremendously actually. I fell behind in rent like a big amount. And she referred me to some people and she actually got me through with that. (Client 8)

Women received information about: the welfare sector and how to access other agencies (for practical matters such as food and basic financial assistance); the legal system (particularly around AVOs); women's rights; other counselling and domestic violence services (such as Sexual Assault and Staying Home Leaving Violence); Housing; Family Law; counselling for children; educational opportunities; and mental health.

She has told me about other counselling services. She's also told me about other legal services that I can try and access because I've had problems with my solicitor. I'm stressing about my solicitor. And she was like 'there are some other places that you can try and call' so she's very connected. (Client 5)

Counselling, both therapeutic within the health centre context and 'on the go', was invaluable in assisting women with maintaining a sense of stability in an often chaotic situation, improving their wellbeing, and keeping them 'on track' when things seemed to be getting out of control. The long term counselling was beneficial for women who had been attending the service for an extended period of time and who were not in the midst of crisis. This counselling supported women to think

about domestic violence differently, in particular, to allocate responsibility to the perpetrator. It also helped women to improve their confidence and self-esteem.

She made me feel like it's matter of time that I'm going to get better in this situation. She make me feel like confident that I have the capacity to reach what I want in my life. And she make me feel like – that I have a friend that I can tell something that I know she's going to try to me help in that. The big thing for me was like I have a friend that I can talk ...To receive that – how do I explain it? Because she asks me questions, how I am? And after that we started a conversation and she started to say things like, for example, 'live one day at a time.' 'I know you're going to get better.' Things like that. (Client 10)

I lived for 14 years in domestic violence and I've been traumatised and now she's helping [me] to get over it and live normal life. (Client 13)

Many of the women, who were experiencing crisis at the time of contact with the GVLDS, described the **crisis intervention and practical support** as invaluable, particularly around issues to do with court and AVOs, as well as accommodation and financial security.

Absolutely everything. It was even trying to search for properties myself to rent and it was costing me a fortune in petrol to get there and back. I have never been one to ask for help but I hide it. I'm ashamed if I can't manage financially and I started putting things that I own into a hock shop which I'd never done in my life. And when (my counsellor) found that out she helped me financially with cards for the supermarket. And that just brought me to tears that. That she's helped me in every way possible. She's been my absolute best friend. (Client 4)

I know the support that we have is great from them. They really do try as much as they can, you know, they go for all the resources they can – they try and aid you in whatever you need. (Client 5)

For one woman, it was the most simple, practical form of support that had an impact on her:

And another thing was once I remember – like really not many people maybe can help with it, desperately I needed to send a fax to one of the real estate agencies. And I asked them and they did it for me. I was embarrassed to ask because like 'can you please send the fax if I give you the number?' But they were really happy to do that for me. They knew that I desperately needed to. (Client 7)

The **continuation of service** and length of contact with the GVLDS was seen as a positive by the women. The fact that there was no set limit on the number of sessions they had with their counsellor and that they could return to the service, even after having left for a period of time, allowed women to feel safe and know that there was support for the longer term, rather than just at the 'crisis' time.

And I said 'how long does it last for?' And she said 'this can go on for as long as you want'. And I thought 'thank God! That was a real relief to know that there wasn't a limit on the time that I could see her. That things might come up X amount of months later and I could still go back. It wasn't like 'oh you're going to have to start again. And go through this process and that process'. (Client 3)

The outcomes for women and children

An improved sense of emotional and social wellbeing

A number of the women described dramatic improvements in their health and well-being as a direct result of the counselling and support provided by the GVL DV S. They attributed their moving away from the violence and the perpetrator to the assistance received. Women described feeling stronger, more confident, experiencing improved levels of self-esteem, and a sense of calm and order in their lives.

But I think I'm a lot stronger now than what I have ever been. (Client 2)

I feel very, very good. And I'm really, really happy with my life. (Client 1)

Mainly my confidence, my self esteem. I feel I'm making better decisions than I normally would. I think I take a bit more time to stop and think what's more wiser. Whereas in the past I just jumped straight into things and wouldn't think. (Client 11)

For some women, it was maintaining a sense of calm during a time of immense crisis such as for the woman below whose ex-partner kept breaching both an AVO and family law orders:

So with all that she's just trying to keep me grounded right now. And she gives me some advice like as to how to deal with the kids and just stay calm and to make sure that my mental health is OK. (Client 5)

Women also described feeling more in control of their own lives, something which they hadn't felt before, when living with a controlling perpetrator:

And now I've learnt – I know myself. I know I'm strong. And I know I've got control of my life. There's no way I would be abused ever again. (Client 4)

Decreased isolation and a new sense of connectedness

Women who were socially isolated from friends and family because of the domestic violence, found a new sense of connectedness and support from other women attending the therapeutic groups run by the GVL DV S.

She even encouraged me a lot until I came to sewing group called the Angel Blanket Group. And I met other people there that were just like myself. I had absolutely no friends at all. And I met one lady that I stay in touch with now and she's very much like myself. Without that, I'd have nobody. (Client 4)

Other women described the support provided, new things learnt and subsequent improvements in well-being that allowed them the space to create and sustain friendships and new relationships

She's (counsellor) made my life so happy. I've got a lot of friends and a lot of people that respect me now. (Client 1)

Overcoming the effects of living with domestic violence on children

The GVL DV S aims to improve children's well-being and address the impacts of witnessing and experiencing domestic violence through two strategies. Firstly, children attended counselling and therapeutic groups. Secondly, the children's mothers attended parenting groups and counselling with the aim to move to a much better position to be able to care for them. One woman describes the change in her daughter after attending counselling to address the impacts of domestic violence.

She lived in domestic violence with me too and I never spoke about that with her and I was the one always – I never told anyone about that and she – even I didn't talk with her, to help her – what she's seeing explained to her what's happening. I didn't. And that's what (therapeutic counsellor) did with her. She opened and she talk[ed]. She did help her. She is now talking more. Talking with her. Explaining to her. Yeah. She did help (my daughter). (Client 13)

The GVLDS understood the importance of being 'good mums' for women. The service provided them with support that allowed them the space and energy to be able to achieve this:

She's (counsellor) always very concerned about the kids and find out – like she knows all the details about them and things like that. But at the moment, the help is more for me and for my mental sanity and for me – it's basically about me and because I need to be proper and well and strong and healthy and all that for my children, she's just been the support person for me you could say. (Client 5)

Me, I think, when they help too much they say not just the women, they take the whole family. Yeah, I think that because when the mum, she feels comfortable when she feels somebody next to her, they save all family. They save the kids, they make all the family as comfortable. Not they think just for the women. (Client 9)

Another woman described how her son was now seeing a psychologist recommended by the GVLDS. This had played a role in making a dramatic impact on his mental health, something she would never imagine could have happened.

Feeling safe

Women described feeling safer since they have had contact with the GVLDS. Securing housing/accommodation was often key to women feeling safe.

She got the funds for me and I got to stay in the house with my children and she helped me a lot with the Housing Department ... If she (caseworker) didn't help me, I couldn't have studied, I couldn't afford my son in childcare for time – like my life was in turmoil and I didn't know like what to do. How can you move on with your life when you haven't even got a roof over your head so to speak? Literally. (Client 8)

Connecting them and advocating for them with police and other services providers such as Staying Home Leaving Violence, and supporting them at court where they had to face the perpetrator contributed to women feeling safer.

Starting a new life

A life free from violence

Women described changes in their lives since connecting with the GVLDS, one of which was a life free from violence. The GVLDS had given them information which equipped them to pinpoint perpetrator tactics and understand the cycle of violence which helped them in their current relationships (even if that relationship was with an ex-partner), as well as future relationships. One woman responded to the question of how is her situation now compared to the time before she attended the GVLDS (in terms of the domestic violence):

No longer in or going to be in hopefully any time soon, a domestic violence relationship. I've decided I think the best thing for me at the moment is to stay by myself. Better myself not just for myself but for my children as well. And also it's given me more knowledge so I know in the future when I do decide to be in a relationship I know those signs to look for. (Client 11)

'Things I never dreamed of'

One woman described feeling that she now had so much potential she could do anything with her life, in contrast to the messages her abuser had consistently given her:

And you know what? The proof is in the pudding because I am doing something with my life. I'm dying for an opportunity, you know, to move up in this world. I mean, I could sit down and do nothing – but it's not what I want. I am very ambitious and I've got dreams and hopes for the future. (Client 8)

Another gave a presentation at a health event, something she would never have dreamed of doing whilst in an abusive relationship. Her counsellor had supported and encouraged her to take this big step.

But I felt wobbly in the legs and really, really – it's like 'wow'. And (my counsellor) was holding my arm, supporting me to her car because she drove me home. And yes, I wouldn't have been able to do that all those years ago either. (Client 2)

Moving into educational opportunities

A number of women had started TAFE courses, learning English or gaining qualifications to move back into the workforce. One woman describes why she decided to go to TAFE:

So that's what my plans for next year because I know I need to do something that's going stimulate my brain. And I know it's going to be hard but it's going to be worth it. And that's what I say without (counsellor's) support, that that's where I wouldn't have even known what to do. (Client 2)

Another who had experienced a long history of abuse since childhood, and who was never given the opportunity to learn to read or write went on to say:

Because people used to laugh at me because I couldn't fill out forms. Now I can fill out forms and people don't laugh at me no more. And I'm a person and people respect me now, because I can do these things but that's thanks to (my counsellor). I'm doing these things. (Client 1)

Areas for improvement

A consistent approach to all women

All of the women interviewed were satisfied with the service they received from the GVL DVS, stating that they couldn't think of any more that the staff could have done for them. In terms of improvements, one woman described having a different experience than someone she knew who was also a client of the GVL DVS. Her friend had told her about services she received that she herself did not. If her friend had not told her about the type of support she received, this client would not have known how the GVL DVS could have supported her in these ways. This client's counsellor changed during her contact with the service and she found the second counsellor to be much more helpful. Her key message was that it was important to provide a consistent service to all women.

Therapeutic and support groups

One of the women was upset that the therapeutic groups could not run for longer because she found them to be so beneficial. Her suggestion for improvements to the GVL DVS was to run the groups for a longer period of time so that there was ongoing group support and the friendships that developed could continue in a safe space.

Another woman talked about not being linked in to a therapeutic group. Her suggestion for future improvements to the service was to connect women who had been through similar experiences together so that they can share common thoughts and work through those. This woman was interviewed late in 2011, at a time when the GVLDS were not offering support groups because of staffing vacancies. It would have been beneficial for this client to have known that those groups existed and that she would be connected when they recommenced.

A more comprehensive health approach

One woman described that it would be beneficial for the GVLDS to offer other forms of health care as part of their support package. This woman described the benefits of massage and acupuncture for women who were feeling anxious and had high stress levels. She believed the benefits of addressing wider health issues (which are often linked to the domestic violence) within the service would be dramatic for women. It would further enhance the one stop shop style of service the GVLDS already offers.

After hours support

One client suggested that having staff on-call and available after hours would be beneficial as after hours is often a time when women need assistance, even if it was just a phone call for support.

I would have liked it if they answered the phone when I first rang. I don't know what the restraints are on that or why that's like that. I can understand that after hours but even after hours would be nice because I suspect a lot of people ring after hours. (Client 3)

A consistent picture – GVLDS staff talk about their approach to service delivery

There was consistency in the ways in which the women talked about their experiences of the GVLDS and the ways in which the GVLDS staff talked about their approach to service delivery. Some examples are presented here from these interviews.

The staff saw the GVLDS as a **professional, specialist DV service** where women were respected at all stages on their journey away from violence. The **holistic approach** encompassed whatever was needed from practical support to therapeutic counselling:

We're really here for our clients. We can talk to them whenever they want. We can see them. It can be on a deep level or it can be on practical or it can be both. And it's always about changing our hats from counsellor to case worker to practical support to financial support even at times. I mean, there's a lot we can do. (Staff 4)

As highlighted by both clients of the GVLDS and their interagency partners, **long term support** offered to women was a unique part of the service in the context of service delivery in the Liverpool area.

And especially for people who perhaps have moved on a little bit, once they've separated and started their new life or whatever reason it may be. It's still gives them a consistent contact. And it's somebody who knows their story, knows where they've come from, they don't have to start again with somebody else – that allows them to have that consistency. And I think that if you happen to be the person they make their first disclosure to, that is such an honour and I see that as gift from them to me, to be able to share that. (Staff 2)

The location of the GVL DVS within the Health sector provides a different context to most specialist domestic violence services, which are located in the non-government sector. Staff found that they needed to be **creative and flexible** in order to provide the complex service that is required to respond effectively to women dealing with domestic violence.

I suppose just to make the whole process easier on women in whatever way we can. So I see the role as high flexible. And it's certainly the way that Linda manages the team is very flexible. Like, within reason, she will let us do whatever we need to do in order to help our clients. Sometimes it's pure counselling, that's all they want. They just want to come and talk about what's going on basically and do more therapeutic stuff (Staff 4)

The brokerage fund is excellent. The fact that we can actually give practical support sometimes. I've just had a client that had to urgently move to [rural area] and that cost a couple of thousand in moving her. We could pay for that for her. So that's just amazing. Like she couldn't have taken the transfer otherwise. (Staff 4)

Below is an example of the flexible, practical work undertaken by the GVL DVS:

“ *The client had just come to Sydney and had bi-polar [disorder] and she was in a bad way and she had two little children and she'd been put in a hotel. It took her 1½ hours on public transport to get to her daughter's school. And Housing wanted [her] to look at – she had to look at about 50 properties. All at the times when she was meant to be picking her child and dropping her child to school. And she ran out of money. Anyway, then she rang me and said "I'm pulling my kid out of school". So it's just all that crisis stuff. So I took her daughter to school every day. Took her to her Housing appointments. Just tried to keep her from exploding. And I guess just seeing where she is now, that she's in her own rental ... she's got the order in place. And just seeing how far she's come from last year.* ”

There was also flexibility to respond to needs as they arose for the clients. For example, one of the staff recognised that she was seeing a number of older women, who didn't have children in the home anymore. It was coming up to Christmas time and they were estranged from their families and weren't looking forward to Christmas. The staff put on a Christmas afternoon tea the week before Christmas and asked the women if they would be interested in activities in the New Year. They had discussions and came up with a number of ideas, one of which was an Angel Blanket Group because they were all keen on doing something involving craft. The GVL DVS ran the Angel Blanket group starting the second week in January in direct response to what the clients needed. (This is often a time of year when services are limited, rather than new ones initiated.)

Developing and maintaining **relationships** in key agencies through networking was a priority for the team:

Now Housing aren't able to produce a couple thousand homes, it's just not possible. So it's just a matter of working away and having relationships with Housing where you can ring them and say 'look, this is what's happening' – it's about building those networks with Housing. We've got a good network with Centrelink. Just building those networks, making sure that we're always – I think it's important that we're always provide a professional service. (Staff 2)

The benefits to women of the efforts put into building partnerships such as these was reflected in the women's experiences of receiving effective referrals and benefitting from the ability of the GVL DVS team to advocate for them with a wide range of agencies.

CHAPTER 4

Perspectives of interagency partners

Strengths of the service from the perspective of interagency partners

A valuable, specialist resource for the area

When service providers were interviewed for the initial evaluation of the GVDVS, one of the key areas of achievement/strength they identified was the fact that the area now had such a specialised valuable resource to which they could refer women and children experiencing domestic violence (Laing, et al., 2005, p. 33). This was again recognised by interagency partners working in the wider Liverpool area in this evaluation. Not only was the service recognised as a valuable resource for women, it was now seen as part of the service provision landscape, an integral component, which has fulfilled the vision of how the service would look, as was set out in the first evaluation:

I think you could confidently say it is an integral component of the service response in Liverpool. So Liverpool, Green Valley – across the LGA. If you were take that service out, that would just be catastrophic for Liverpool. I think over the time it certainly has – it's embedded into service the response ... They play an important role. (NGO 6)

The service was seen to provide a **broad response** to women, a 'one stop shop', which assisted women through their multiple and complex difficulties and issues, reducing the risk that women would 'fall through the gaps' of service provision:

I think to have a specific DV service is essential and I think it's really important ... to have a service that can provide counselling, that can provide home visiting, and to have workers who are experienced in education around domestic violence, is absolutely critical. (Community Health 11)

A former staff member of the GVDVS who was now engaged in different employment recalls the original goals of the GVDVS and how it was important for them in the initial set up of the service to provide that broad response to women, a coordinated approach. She says:

And we always had that philosophy of trying to support them the whole way through the process. So it wasn't just a quick fix and move them out and move them on and that's it, we don't see you again. We were there to really support them through the whole process of whether it's through Court and Family Court and if they ever needed to come back at any time or able to provide that over the phone or whatever. And even if they moved out of the area, we would stay in contact until we linked them in with the appropriate services. So it was really having a specific DV service that was able to do that. Like if you're in a general counselling service, you're restricted by your criteria, where we made our criteria that. (Health 12)

Police describe the importance of the GVDVS addressing the **range of issues** women are experiencing:

I suppose I see their ability to link in with other services is really important because ... it's just not a counselling issue. It's all these other – these financial issues, these housing issues, that link in to the ability of the woman to report it for a start, to continue with matters, to get out of any ongoing problems. So I think that works well, that they've been able to link in with other things. And we find it with other families with different other case management models, when you have a person here having themselves to go to umpteen different places, it doesn't work. You need that one central point that can then link you in. (Police 3)

In particular, the **therapeutic counselling** the GVL DVS offered women was seen as one of the key areas of strength and a unique component of the specialist service.

I also work in Fairfield area. They don't have specialised services like the Green Valley/Liverpool service. So basically clients in the Green Valley/Liverpool area are lucky to have the team available there. Because with the Canterbury/Bankstown area, they do have a DV team ... and they only provide basically referral and practical support. They don't have counsellor as such to provide counselling to woman. Good counselling, you know, the therapeutic stuff, they have to refer out. And the referral - basically not a lot of Community Health specialise in this. They're just general counselling. And the NGO might have - I think some agency might have counsellor but this is not consistent and not expert and not specialised like the Green Valley. So basically it's really good for woman live in this area to have that service available. (Community Services 14)

The **advocacy** work undertaken by the GVL DVS was critical to assisting women on their journey away from violence. The type of advocacy work and its successful outcomes was highlighted by many respondents. For example:

I know that their work is good because I have had a particular victim who wanted help from the police. Didn't really know how to go about it. I'm not sure how she became in touch with the Green Valley DV team. It might have been through us, it might have been another way, I'm not sure. But they did encourage her to get the help she need. She ended up - they contacted me specifically and said 'look this is a particular victim. She needs help. Is there anything you can do because she didn't get the help she needed in another scenario'. And I said 'I'll give her a call and talk to her'. So I spoke to her. She then came in and made a report. She's now got an AVO so I know that what they're doing is good. (Police 4)

The ability to assist women at all stages on their journey away from violence

Compared to services that could only assist women once they had left the violence, the GVL DVS is able to support women even if they are still living in the same home as the perpetrator or had returned to the relationship with the perpetrator. It is not uncommon for women's circumstances in relation to the perpetrator to be fluid and to change (Campbell, Rose, Kub, & Nedd, 1998). However, through the woman's process of dealing with the violence, the GVL DVS was there to provide consistent, non-judgemental support.

Because they also support women that are living in the home so - and that haven't separated with the partner. So I guess that's a good thing too because a lot of DV services they only support women that have separated. They're not really supporting women that are in the relationship. So in that way, they're kind of - they're allowing these women to make their own choices as to whether or not they want to stay in the relationship. But they're also giving them the added support in telling them - they're empowering them because they're telling them 'this is not right when he does this.' (NGO 9)

Because I think it's a service that's really important for the community. Like it's different having like just - because they're a DV specific service but they provide such a good - they support women in all stages of DV. (NGO 9)

A highlight of service delivery as seen by other workers was the ability of the GVL DV team to **walk with women** on their journey. The women who were interviewed for this evaluation also described the importance of this way of engaging with them. One interagency partner describes this:

I guess, at the bottom line, is having someone who is available to provide that sort of support and walk women through the process. Because it is such a long difficult process around moving forward

from a violent relationship and having someone willing to walk with you through that process ... But I think at a more kind of simple level really that's what – that's not minimising because it is really, really important thing to be able to walk with a woman through the challenges, the difficulties – you know, one step forward, two steps back. (NGO 5)

A focus on children who witness domestic violence

As also identified in the interviews with women, the service provided (particularly by the therapeutic counsellor) was crucial for mothers and their children to address the impacts that the violence had on their relationship and other behavioural issues that came up for the children who witnessed the violence.

I mean that's really valuable, when we know the impact that violence has on kids, witnessing violence against their mum. As well as the potential rupturing of relationship between mums and kids through domestic violence. That's a key position I think. And it's good to have it explicit. (NGO 6)

And they also have like a good focus on children and stuff like that which is really good because we actually refer a lot of our clients that have kids. They have like a counsellor who focuses on children, which is really hard to find. (NGO 9)

A coordinated response

The GVL DVS was set up to facilitate a coordinated response to domestic violence. It was encouraging that interagency partners who were interviewed were able to identify and describe the collaborative practices of the GVL DVS. Collaborative practice was described in three different ways:

- formally identified partnerships, policies and referral protocols. The formal agreements provide an authorising framework for the direct practice.
- direct collaborative responses to women and children experiencing domestic violence at the service delivery level, and
- collaborative responses to education, training, community development and systemic advocacy/ interagency work.

1. Working in partnerships

The GVL DVS as part of their coordinated response work in formal and informal partnerships with a range of agencies in the Liverpool area. These partnerships vary in nature, according to the specific needs of the partner agency (Murphy & Fanslow, 2012). The GVL DVS currently has formal service agreements and referral protocols with the following agencies:

- Community Services
- Housing NSW
- Southwest Sydney Legal Centre Domestic Violence Service (SHLV)
- Liverpool Migrant Resource Centre
- Green Valley Police
- New Directions Team, Hoxton Park
- Social Work Department, Liverpool Hospital
- Joan Harrison Support Services for Women
- Liverpool Police

The examples below outline how the GVL DVS works with two interagency partners – Housing NSW and Community Services. The partnership with police will be discussed in greater detail in Chapter 6.

Partnership work: GVL DVS and Housing NSW

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The entire team know to contact the domestic violence team once we have a domestic violence victim ... the phone number's up on the chart on the wall. I do a weekly review with the homeless staff so I check to make sure that if there are domestic violence victims that a referral has been made if the client wants one. So that's part of my review process ... They're very good. Probably the slowest thing is that it takes so long for the service to actually do a couple of interviews and their get their head around it and I don't have a lot of time. I've got a maximum of 28 days in which, in the access and demand side, when they're homeless that I'm supposed to be working with them. And they might get their first assessment over the phone but their second one might be 10 days later and then the third one's not for another week. At which stage we're 3 or 4 weeks into their 4 weeks ... where I think there's real issues, I'll give [GVL DVS Coordinator] a ring and say 'I think we need to escalate this one, she needs more intensive work now rather than later. And can you make sure that it's' – so as the specialist in the team, if it seems to be taking a bit longer than we've got and she's not dealing with the other things that need to happen because she's not dealing with the domestic – yeah, she's still struggling with the whole initial trauma of leaving and that – then I'll usually make a phone call and say 'look, you know, can you get somebody to have a look at this one rather urgently for me.'

And obviously dealing with the violence and dealing with the sort of aftermath of the violence is where I bring the Green Valley Domestic Violence team in. And I guess the other thing is so many women do not want to take out an AVO. Like they just do not want to do that. They say: 'If I take an AVO out, it's only going to aggravate him further' and that's where they've been going the domestic violence team has been wonderful because they've been able to provide me the supporting documentation in the absence of the AVO for the clients to be able to access Start Safely. As well as being the link in to get the women started to work on the issues and to support them in not going back during that period when the temptation to go back is so strong because they're homeless. The domestic violence service has been there saying 'we have a good partnership with Housing and we're working with them and we're exploring the options and we do understand that being homeless is a problem but going back is not going to resolve that in the long run.'

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Partnership work: Community Services

At the time of the interviews, Community Services still ran the Brighter Futures Program and a worker from that program was interviewed for the evaluation. She described the type of partnership that Brighter Futures had with the GVL DVS and how they worked together with families experiencing domestic violence to ascertain the respective roles of the two agencies:

“

We do have [a written agreement] between both services ... There are two ways of doing referrals. We can either just give the Green Valley/Liverpool intake team a call and say 'ok so and so have how many kids and have to say they have live either in Green Valley area or Liverpool area'. So call them and they are really, really good. They will contact the woman as soon as they can because before we make a referral, we talk to the woman whether she is interested and she consents. She has to consent to it. If the family has also got parenting issues because one of the children's behaviour is really concerning, we keep the family to work with them for Brighter

Futures because we do have a parenting program. So if the family issue is DV, and also behaviour management for one of the kids, parenting issues, we keep it within our team and just refer this mum for counselling [to GVLVDS]. But if it's only to domestic violence, no other concern, then we discuss it with Green Valley whether they can just take it on and support this family. And that's really easy and they say 'yes' most of the time. They pick it up and work with the family. During the counselling process other issues may come up, financial, accommodation, kids' issues. They do all that ... Some cases we keep coordinating and working with the family ... Yeah, one case, we said 'ok maybe the family is better off with the Green Valley doing all the managing and case work.



During the evaluation, respondents from Community Services described major changes that were occurring in their organisation under the *Keeping them Safe* strategy, including the change in the threshold for intake from risk of harm to risk of **significant** harm and the consequent reallocation of resources for intake teams. In addition, the early intervention program, Brighter Futures was outsourced to the non-government Benevolent Society which became the agency to receive reports through Community Service's centrally located Brighter Future assessment unit. In addition, what was Brighter Futures within Community Services was replaced with the Strengthening Families Program. The Strengthening Families program differed from Brighter Futures in that it is not offered voluntarily but is prompted by a report that meets the higher threshold, i.e. 'risk of significant harm'. What this meant for the partnership with the GVLVDS is that local relationships and referrals had started to become more limited. As the community services worker describes:

... my team does, half of my team, does a lot less of that phone call style follow up and referral work – which once upon a time would have been followed up with a referral to a service like GVLVDS. We certainly don't do a lot of that style of work or not as much as that style of work as we once did. And then that's also a reflection of the types of reports we're getting and the level of risk within those reports. So it wouldn't always even be appropriate for us, if we were doing that follow up, to make such a referral, in that the family whom we're dealing with might have risk concerns of such a level that a referral to a DV service is just not what's going to cut the mustard. We're looking at a more, unfortunately, intrusive mandated child protection response.

In the dynamic and changing context described by Community Services respondents, it was clear that the level of contact and types of communication previously established with the GVLVDS had changed but there was acknowledgement that there would be a need to continue to collaborate:

If though, mum was acknowledging the concerns that we were raising, I would definitely expect that GVLVDS could be a part of that case plan, participate in such case conferences and we would certainly be in contact with them about mum's ongoing engagement with their service, the outcomes of that engagement and certain what our expectations are to have GVLVDS best support mum in those requests or in that case plan.

The partnership between the GVLVDS and Community Services is constantly evolving and developing. During the interview, the Community Services representative indicated that he would look into the changed communication with GVLVDS and explore that ways in which the collaboration could be strengthened in the changing Community Services context.

Referral protocols

The GVLVDS have a very clear referral protocol with the Green Valley Police via the yellow card fax back system :

Basically every domestic we attend, it has to be offered to the victim. So we run the yellow card system here like a lot of commands, and so the victim's offered and they either accept or decline by filling

out that card. So every time we go, we offer it. We get a yellow card or are supposed to get a yellow card back from everyone whether they accept it or decline it, and we fax all those cards, accepted or declined to the service, regardless. Obviously, people that decline they can't link in with but we think it's important still to make them aware if there are common names that keep popping up that they may have dealt with in the past, that maybe something they can follow up again. But so that's basically how it works. (Police 3)

Other agencies have a less formal referral process, or even if they do have a referral protocol, the importance of communication between the agency is key in making effective referrals:

We do have formal referral processes. But then I think we do have a pretty good relationship with them anyway so that we know that we can pick up the phone at any stage and say 'hey listen we've got this client, what do you think?' and then we can chat with them over the phone about it. And then make that formal referral. And I think it works pretty much the same way with them that they know if they've got client that they come across that haven't come through us then they can also pick up the phone and do the same thing and say 'hey listen, we've got this client' and we've had that happen both ways. (NGO 15)

An example of the type of partnership which highlights ground up responses is the **brokerage** arrangement with Joan Harrison Support Services for Women (JHSSW). To avoid waiting extended periods of time for brokerage money to get through the health system, JHSSW hold that money for the GVL DVS. As stated by a worker from JHSSW:

So we hold a lot of their brokerage funds and when they need it we just write them a cheque for whatever they need. So it's basically brokerage for their clients. And in return for that, we have access to that money as well so it's a jointly used brokerage. I mean, it's going to really same sort of thing.

Another practical ground up response to partnership work is the arrangement of using the rooms at the Liverpool Women's Health Centre for their group work and forums, since the Hoxton Park location lacks suitable facilities for programs such as this.

And I think that's the key benefit too of having the DV support group here, and the parenting group, is the women who come here for the group, are coming to the Women's Health Centre and are able to then to see that there are other services here. So they can access or they could make appointments to see the doctor or the women's health nurse. (NGO 6)

2. Client focused collaborative practice

Interagency partners described having worked together with the GVL DVS directly with specific clients. The type of collaboration could lie at any point on the continuum (Murphy & Fanslow, 2012) and range from an informal discussion of the needs of a client and the appropriateness of referring her to the GVL DVS team or providing specialist domestic violence information. As this health worker explains, the specialist domestic violence team provides a valuable resource for health and other workers:

Here we're very lucky with the DV team ... you can go and have a chat to them if you're not sure about something ... If I'm not sure about something, what I can do with a particular family, their doors are always open for me to have a chat and then I can go back to the mother. (Community Health 3)

There was also discussion around more formal procedures, case conferencing and co-case managing specific clients. Some of these more formal procedures were still developing during the interview stage of the evaluation. Two agencies described how this more formal arrangement had developed after realizing that both the GVL DVS and their own agency were case managing the same woman and were not aware of it. Meetings were held and procedures put in place with clear guidelines on

whom, how and when each service would case manage the client.

It's developing. You know like, I think because [our agency] really has only been running really for a year. And people don't often like change and we don't know how it's going to work. I think once we fell into a co-case managing role because no-one knew that we were all working with a particular woman. And it kind of forced the issue. And it was good. It was positive. And the girls have kind of worked through that process without (GVL DVS team leader) and myself. So it's been good. And I think we talk more about case managing and we are case managing I think 3 families at the moment. So it's working. I'm hoping that as we continue to develop, I think the important bit is that goodwill between us. (NGO 5)

Another example rests with the sexual assault service with whom the GVL DVS is co-located. If a client is referred to the sexual assault service and it is discovered that there is also domestic violence concerns then:

As a counsellor for sexual assault, I would assess [with] my client whether the domestic violence is more dominant than sexual assault then I would refer the client to the domestic violence team. If the domestic violence is the main issue, the main dominant in the client's issue, then I would discuss with the client to refer to the team ... to work on those issues and if the sexual assault still has impact in their life or effect their life, then they can – the woman can re-refer to the sexual assault – because that's a part of the policies of the sexual assault, the client can re-refer herself to the service. (Community Health 7)

Both agencies would not be seeing the client at the same time, but would connect with each other to determine the best response for the woman. Another agency which did not have a formal arrangement with the GVL DVS around 'doubling up' of clients described how clear communication and an understanding of each service and their client group allowed for effective handling of these types of situations:

Sometimes the issue might be that slight doubling up of some services but because we're a fairly close team here and they're a very close team there, that soon comes out very quickly that we are doubling up on a particular thing so one service takes that over and the other one pulls back a bit. So because we are constantly talking with them, it gets very quickly resolved and someone picks it up. (NGO 23)

Other agencies were still developing this kind of arrangement with the GVL DVS team. It can be a difficult issue around client confidentiality and client's self-determination of disclosure if she wants to inform agencies that she is seeing other services:

So then it'll come up later on that they have been working all – like vice versa that they'll be working with a client that's doing counselling and then later on it'll come up that they were actually working with us too. Like it's happened but we're trying different processes as to whether or not we should ask the client – like we do ask our clients are you seeing anyone else. Are you going to any other service? But it just depends on the client if they want to disclose that. (NGO 9)

3. Interagency: focus on community development, education and training

The GVL DVS also works collaboratively with other agencies around **education and training**. This type of training included in-service sessions for service providers in the Liverpool area, education sessions for agencies around responding to domestic violence, and police domestic violence training. Most interagency partners were aware that the GVL DVS were involved in these types of activities.

Well originally they were involved in the Green Valley police training calendar. I think – I don't know for what reasons, but over time that dropped off a bit. But that has now been reinstated ... Cross agency – I'm conscious that there's cross-agency training. (NGO 17)

Agencies which had been involved in joint training were able to articulate the types of education and training and its impact. For example, the GVL DVS was involved organising a forum around Muslim women and domestic violence:

... their involvement with the recent Domestic Violence Forum with Muslim women and DV. The whole team was very much involved in that ... I mean, they're very – they're highly active within the different interagencies as well. I think what they do, they're doing really, really well. (NGO 6)

But the one (seminar) that I have been to was very useful. It was an interagency one. So that was very good. And they've done a couple of local in-services to the team. Sort of one, you know, explaining what their services are and all that. (Community Health 3)

Being members of the local Liverpool Domestic Violence Liaison Committee (LDVLC) (secretary and occasional chair) meant that the GVL DVS were involved in a number of community development and political/awareness raising activities and events. They were also part of a number of committees, steering groups and working groups that focused on these types of activities.

They provide a lot of forums for service providers in the community. Talk about the impact and sometimes talk about the new legislation and how that impacts on women and the worker and stuff ... They run a lot of workshops and a lot of forums ... But basically they're really active, especially when (team leader) took over. (Community Services 14)

The GVL DVS were seen to be the drivers of the Liverpool Domestic Violence Liaison Committee :

I think because they've been one of the consistent agencies, if that makes sense, in the DV committee. They've one of the ones that have always been there. They've always been vocal. So yeah, I think there's again, they've had a positive, and possibly even a bit of stabilising influence on the committee simply because they've been one of those – I don't want to say foundation because I don't know if that's correct, but that kind of consistent agencies of the Liverpool DV committee anyway. (NGO 15)

And pivotal in working groups in the area:

They're absolutely one of the main players in the community based services. I mean, I'm sure they would. They're highly visible and their profile's around. I mean, I don't know how you would have a community group without involving them. (Health 2)

Examples of the type of community development work undertaken by the GVL DVS and partner agencies are outlined below:

We had a coordination group meeting about 12 months ago. This program has been going for 2 years. And what we decided to do was that yes, we case manage clients through the services but had scope for quite a lot more and I invited the services to come up with an idea that this region, in particular, could manage themselves, with DVSWSS funding – whatever needed to be funded for that with the view that whatever the program was, it was going to assist the woman, educate the woman to maintain and sustain her tenancy. [Team leader] from Green Valley came up with the handy women maintenance program. We had her on Thursday which was absolutely fabulously well attended. So we talked between myself and [GVL DVS team leader] and Bunnings at Hoxton Park. They run the workshop and [GVL DVS team leader] organised basically the whole event with her staff. And DVSWSS provided the tool kits. And liaised with Bunnings for them to donate some extra pieces of equipment. And that was attended by 17 women and 4 staff. (NGO 18)

They are definitely into the collaboration, there's no doubt about it. Because they are also part of the domestic violence liaison committee and they have organised – we have jointly organised certain things surrounding the International Women's day on 8 March, and there was also the White Ribbon week. We did organise an activity together. And then there was this mostly women's forum. (NGO 19)

Limitations of the service

There was one area which was described as a constraint of the service, with the strengths of the service far outweighing these. The issue was **staffing and resources**. At the start of the evaluation, there was one vacant position on the GVL DVS team. During the time of the evaluation, another staff member left the team. A number of interagency partners described the impact of having **reduced staff numbers** on service provision.

The only thing that is lacking is there may have limitations with their workforce. Because if you have only 2 or 3 workers, then it is difficult to grapple with the whole amount of issues and clients you have. I think they do a good job with the counselling. They have the two groups, they're running groups there. That's good. And the staff are quite dedicated. The only thing is that they have limited staff. The negative thing I can say is that they have very limited capacity. (NGO 19)

One interagency partner described the impact on response times, crucial for her particular agency working with families:

Very much having an impact yes... And it's also high risk because when I first started here they were very responsive and very quick. And then that gave us our opportunities to remove our families quickly. So yes it is problematic. I think really at the moment it is around the response time. And the pressure that the staff are under. And their inability to be able to respond is quite a frustrating situation for everybody. (NGO 13)

It was also identified that the nature of the service's **funding** did limit it in some ways. It was understood by interagency partners that the funding for the GVL DVS was not recurrent, which they believed impacted on staff's job security and future planning.

There should be some kind of more permanent fund injected to this service. And it's better for staff to have a proper plan, a long term plan ... I mean, it's 3 years. It's absolutely – to deal with these kind of issues, I mean, they probably find the funding body say it will be enough time to, you know, to have it in place. And it should be a more permanent rather than contracting funding. (NGO 6)

This issue of the uncertainty about the future of the service due to lack of continuing **funding** was also raised in the GVL DVS staff interviews. Uncertainty about whether or not positions would continue impacted on the service, with the risk that skilled and experienced staff would be lost to the GVL DVS.

... because you can't plan strategically, you can't plan – do we actually plan for closing or do we plan for continuing? They're very different strategies. (Staff 6)

A number of partners interviewed believed the service should be funded permanently

I've always thought of it as a valuable service to have and I know over the years they have to keep applying for funding again and again. I would really like it to see that they were just recognised that what they were doing is useful and just be given permanent funding. (Community Health 16)

Building on the first evaluation: developments since 2005

Only 8 of the 31 service providers interviewed were involved in the first evaluation in 2005 which did limit the capacity of those remaining service providers to respond to questions around the development of the GVL DVS since 2005. Those 8 service providers represented the following agencies: Health and Community Health, Housing, Community Services, WDV CAS/SHLV, Women's Health and Police (DV specialist position). All saw the expansion of the service to Liverpool as a positive development.

For Housing NSW it meant that tenants located outside the 2168 postcode, and those in private rental through the Start Safely program had access to a specialist domestic violence service. This was seen as particularly important since a Domestic Violence Outreach position attached to a local NGO had ceased.

It's a better service for the applicants because Green Valley is an intensive public housing area. But most of them are housed. Whereas the applicants, who still fall in the LGA, still form the bulk of the domestic violence victims, they have a double disadvantage in that they were fleeing market rentals, becoming homeless and they're needing housing as well as support. So from my perspective it was great when it expanded. Because I worked across the two teams, we could usually find some way of dealing with the clients who weren't technically just 2168. But certainly it's been a much better flow now that it covers the entire LGA. (Housing 10)

For community health (particularly around counselling) it meant that women were able to access specialist domestic violence counselling, without a long waiting period. It also reduced the waiting list for this counselling service, freeing up resources for women with other counselling needs:

Well in the beginning when it was set up, it was like if it was in the 2168 postcode it would go to them, otherwise it would go to us. But as I said, that broadened. We used to have a long waiting list, we don't at the moment. Generally if a case would be suitable for the GVLDV that would come to us then we would probably send them over there because they had that specialised service for them. (Community Health 16)

NGOs welcomed the removal of the geographical barriers to women accessing this specialist service:

... it kind of answered a lot of prayers. Because part of this frustration was because with Green Valley and that 2168 [limit], and interestingly one of the other women's services contacted me today via email to ask about what counsellors we had available. They had a woman with domestic violence they wanted to refer and I emailed back and said 'ours are full at the moment but Green Valley/ Liverpool team would be great to talk to'. And she emailed back and said 'oh well the last time we had a client, we were told no because it was 2168 and she was in Liverpool 2170'. So you know, that's where the problem was. That was a really good problem to solve. Because DV knows no borders. (NGO 6)

Areas for improvement

In reflecting on areas where the GVLDS could improve and develop, the following were suggested by interagency partners:

- To improve relationships with the Aboriginal Community in the Liverpool area and to create an opportunity to work more with Aboriginal clients;
- To expand the service to include a crisis worker who could respond to women who present to agencies in the local area who need immediate crisis support;
- To provide support to elderly women who had been living with domestic violence for a very long time whose situation had suddenly changed (for example, her partner dies or becomes very sick);
- To focus on the links between domestic violence and mental health and provide a specialised service for women who experience both;
- To expand the service to include family violence, including assisting parents who are abused by their children.

CHAPTER 5

Scope of the work of the GVL DVS

Introduction

The data in this chapter comes from an online data entry system used by the ID&FVSP to monitor its projects, one of which is the GVL DVS. The data is broken down into the following reporting periods:

- 1 April 2011 to 30 June 2011 (three months): reporting period 1
- 1 July 2011 to 30 December 2011 (six months): reporting period 2
- January 2012 to June 2012 (six months): reporting period 3

This evaluation uses data from the **first two reporting periods** as data collection for the third was not complete for the timeframe of the evaluation, i.e. for a **nine month** period.

It is important to note that as the data collection system is still in its pilot stage, there are still 'bugs' to be ironed out. There are limitations to this data and it is important that it is read in conjunction with the much fuller more detailed account of service provision provided by the clients and partners of the GVL DVS. This report makes use of client and referral data. The research team has presented these quantitative findings as they were provided to them¹.

The ID&FVSP data is used to answer three questions (ARTD Consultants, 2011):

- How much did we do?
- How well did we do it?
- Is anyone better off?

At this stage, the ID&FVSP data can only address the first of these. The qualitative data in this report, in contrast, addresses the second two questions.

The ID&FVP asks GVL DVS staff to classify their clients into one of three groups. These three categories are defined below (see ARTD Consultants, 2011):

- 1. Information and referral only client:** A person is an information and referral only client when your service provides them with information and/or referral only. This may include one or more assisted referrals. This does not include case coordination or case management.
- 2. Case-coordinated client:** A person becomes a case-coordinated client when a person is provided multiple services from your organisation that are more intense than information and referral only. This may include but is not limited to advocacy, assisted referral, brokerage, court support. Assistance may be provided all in one day or over a longer period of time. Referring a person to another service/s or does not on its own make a person a case coordinated client. You do not develop case plans for case coordinated clients and you do not have case management responsibility for them.
- 3. Case-managed client:** A person becomes a case-managed client when they meet the criteria for a case coordinated client, and you and the client agree on a common set of goals developed into a formal case plan.

¹ There are inconsistencies in some of the data (and this is noted throughout this chapter).

The following definition of case management is used by the ID&FVP:

Case management is client centered. Case management involves one worker as a key worker for a particular client. It is a two-pronged approach incorporating direct client service, based on sound assessment and support planning, and coordination of access to, and delivery of, a range of other support services.

Case management is a collaborative, client-focused approach aimed at meeting individual needs. Case management involves providing assistance to clients with a complex range of needs, who require access to a broad range of services and different forms of assistance. Most clients need and use a wide range of services including housing, income, health, employment, education and training. A case manager is responsible for ensuring clients maintain access to the services identified as appropriate to meet case plan goals. There is limited control any one agency or worker has over client outcomes; therefore coordination of services is a major focus of case management, including shared responsibility between service providers, other agencies and clients for client outcomes.

Information captured by the reporting system

For every referral that is made to the GVL DVS, staff record the following data for the ID&FVSP:

- Gender
- Where was the client referred from?
- Which external services was the client referred to?
- What services did the GVL DVS provide for this person?
- What was the outcome of the referral to the GVL DVS?

Once a client had become **case-managed**, demographic information is also collected.

Referrals to the GVL DVS

In reporting period 1 (RP1, 3 months), 240 clients were referred to the GVL DVS. Of these 134 (56%) were 'information and referral only' clients, 3 (just over 1%) were 'case coordinated' clients, and 103 (43%) were 'case managed' clients.

In reporting period 2 (RP2, 6 months), 425 clients were referred to the GVL DVS. Of these 267 (63%) were 'information and referral only' clients, 24 (5.5%) were 'case coordinated' clients, and 134 (31.5%) were 'case managed' clients.

Gender and victims/perpetrators

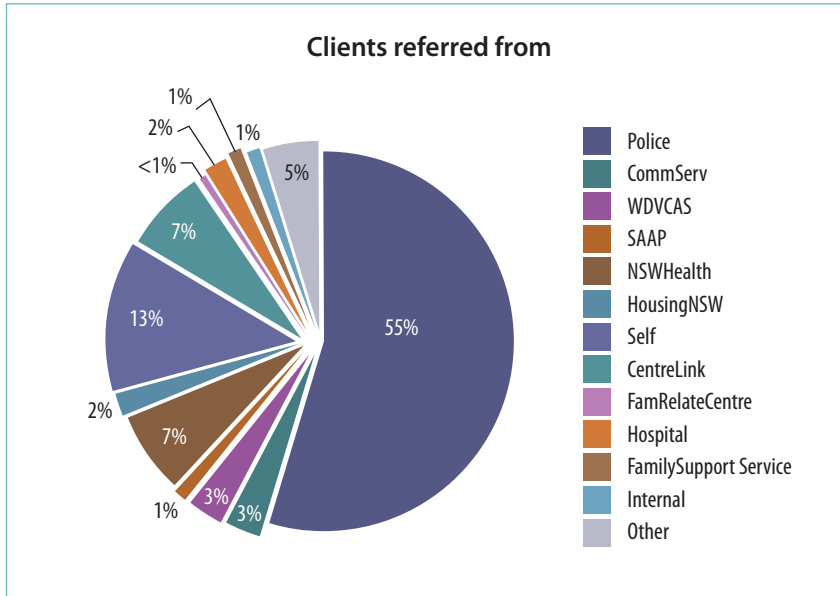
Disclaimer: In this section of the statistics, RP1 shows 235 referrals were identified as either perpetrator or victim and their gender identified and RP2 shows 391 referrals. There may have been errors made in the entering process.

In reporting period 1 (RP1), of the 235 referrals to the GVL DVS recorded in the data collection system, 233 were victims of DV and 2 were perpetrators (less than 1%). Reporting period 2 (RP2) shows that of the 391 referrals made to the GVL DVS, 385 were victims of DV, 3 were perpetrators (again less than 1%) and 3 were not identified as either.

RP1 shows that 215 of the referrals were female (91%), 18 were male (7.7%) and 2 responses were left blank. RP2 shows that 349 (89%) of referrals were female and 41 (10.5%) were male (1 response was left blank).

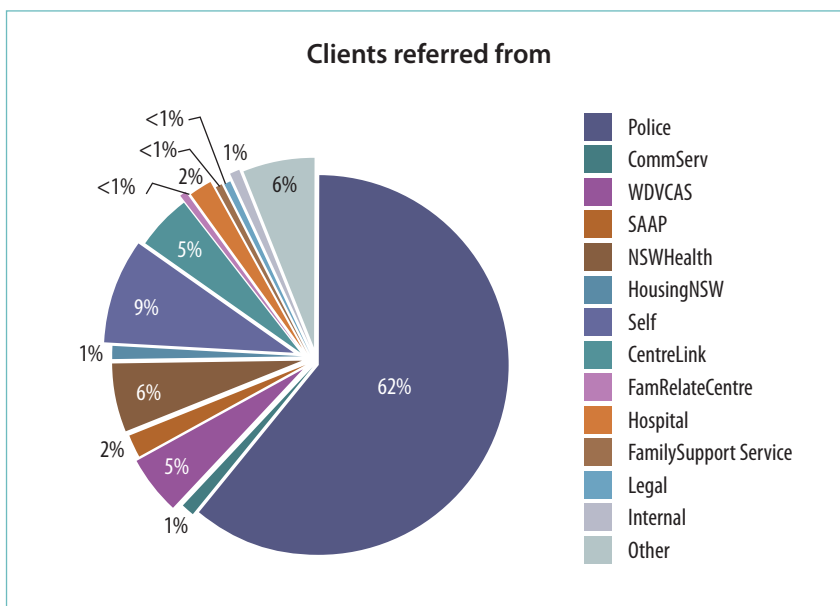
Where did the referrals come from?

RP1



Of the total 240 client referrals, the largest source of referral was police (55% of all referrals). Of this, 102 clients referred from police were 'referral only' clients, and 29 clients were case managed clients. The next largest referral source was a self referral (13%), with 22 case managed clients, 3 case coordinated and 7 referral only clients being self-referred. Following this was Centrelink (7%) with 14 case managed clients, and 2 referral only clients and Health (7%), with 7 referral only clients and 10 case managed clients.

RP2



Of the 425 referrals received by the GVL DVS, Police were again the biggest referrers (62% of referrals). Of the 263 clients referred from Police, 221 were referral only, 12 were case coordinated and 30 were case managed. Again, self referrals were the second largest source (37 referrals 9%) with 8 referral only clients, 4 case coordinated clients and 25 case managed clients. Following were NSW Health and other, each with 6% of the total referrals. No clients were referred from: aged care, Department of Education and Training, Child Well-being, probation or letter response.

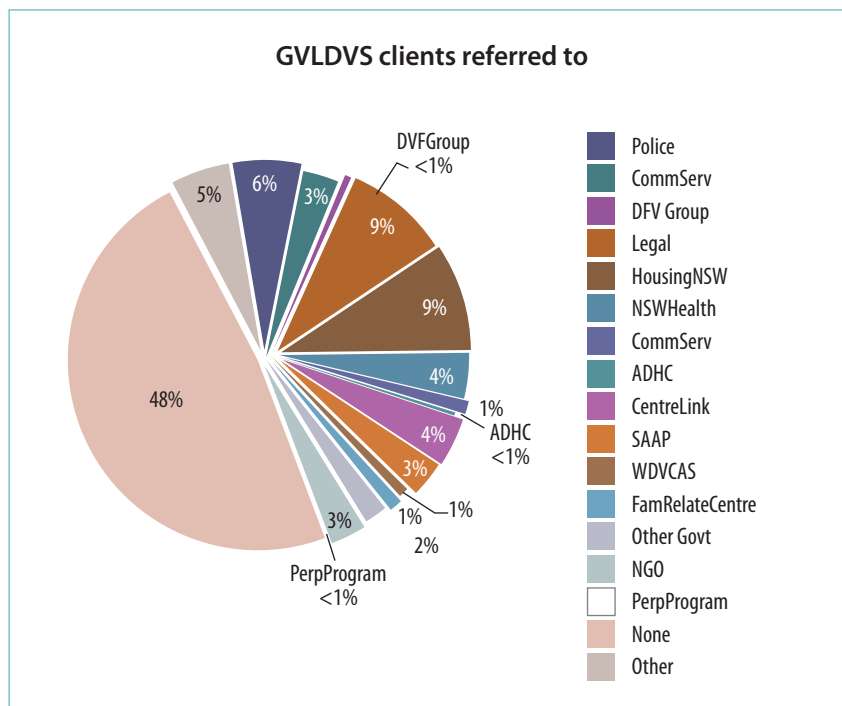
Referrals from the GVL DVS to outside agencies

Referrals to outside agencies were only recorded if they were *assisted* referrals. An assisted referral was defined as:

- contact a service on behalf of a client
- support a client to contact a service (e.g. take a client to a service or sit with a client while they call a service)
- discuss what the particular service offers with the client and provide them with name and phone number of a contact at the service (ARTD Consultants, 2011).

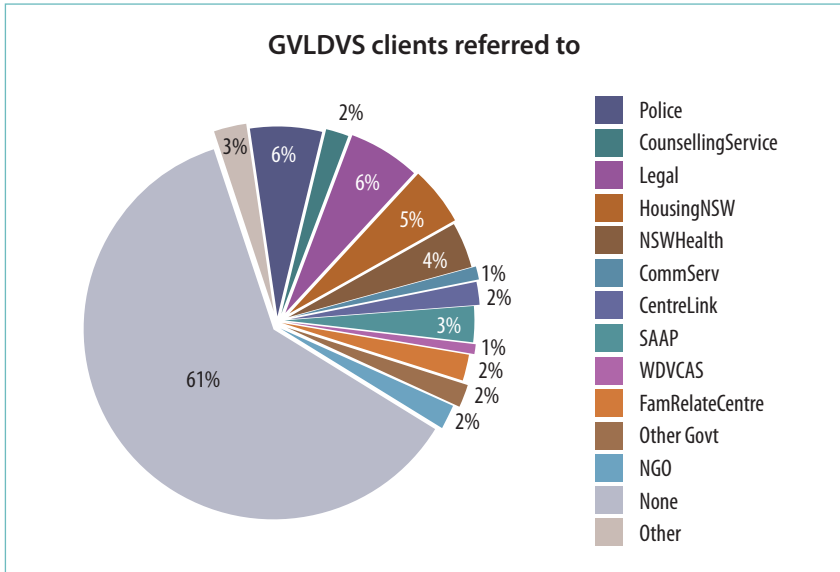
If a client was only provided with a phone number/contact details for other services, this was counted as providing information (ARTD Consultants, 2011).

RP1



In the first reporting period, the GVL DVS referred just over half of their clients to outside agencies (45 referral only clients, 12 case coordinated clients, 107 case managed clients). (Note that clients could be referred to more than one agency.) The service most referred to was legal (9%, or 29 clients) and Housing NSW (9% or 29 clients). Two referral only clients, 1 case coordinated and 26 case managed clients were referred to legal services. Three referral only, 2 case coordinated and 23 case managed clients were referred to Housing NSW.

RP2

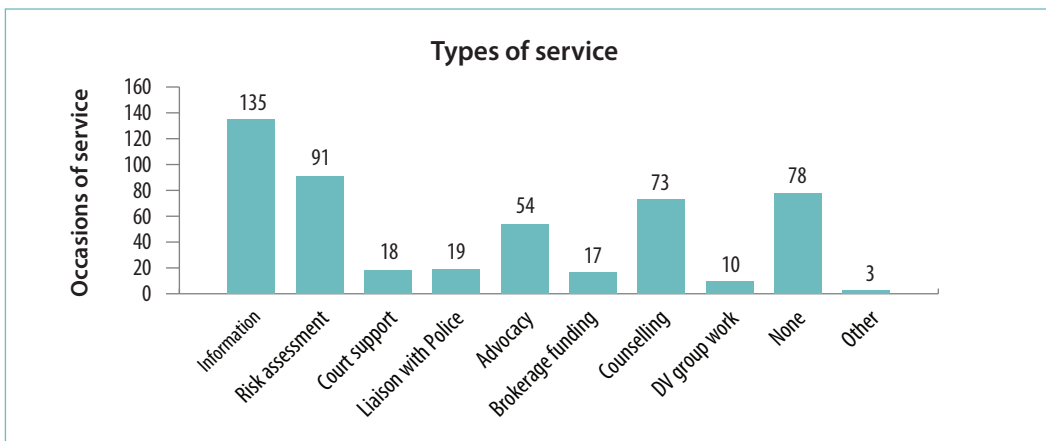


In the second reporting period, the GVLDS referred 39% of all their clients to an outside agency (54 referral only clients, 17 case coordinated clients and 125 case managed clients). The highest of these was legal at 6% of all clients (5 referral only and 27 case managed) and Police at 6% (5 referral only, 1 case coordinated and 22 case managed clients).

Services provided by the GVLDS

The following tables and graphs show the occasions of services provided to clients of the GVLDS by type of service.

Total of the types of services provided for all clients referred to the GVLDS in the first reporting period (RP1)



The type of service offered most frequently by the GVLDS in the first reporting period is provision of information (27%) followed by risk assessment (18%) and counselling (15%). 'None' or no service indicates that a number of referrals did not receive any of the listed services above. This was indicative mostly of 'referral only' clients (74 or 15%).

The following tables show a breakdown of the type of service provided by the category of client: referral and information only, case coordinated and case managed.

For referral only clients:

Occasions of service		
	n	%
Info	55	35.0
Risk Assess	20	12.7
Court Support		0.0
Liaison With Police	2	1.3
Advocacy	5	3.2
Brokerage Funding		0.0
Counselling		0.0
DFV Group Work		0.0
None	74	47.1
Other	1	0.6
Total	157	100.0

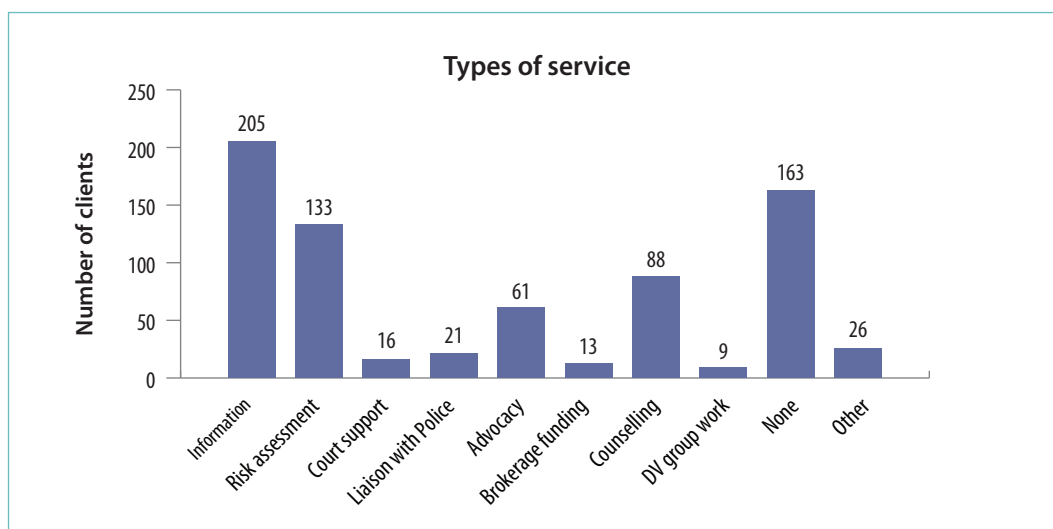
Case coordinated clients

Occasions of service		
	n	%
Info	3	30.0
Risk Assess	3	30.0
Court Support	1	10.0
Liaison With Police		0.0
Advocacy	2	20.0
Brokerage Funding	1	10.0
Counselling		0.0
DFV Group Work		0.0
None		0.0
Other		0.0
Total	10	100.0

Case managed clients

Occasions of service		
	n	%
Info	77	23.3
Risk Assess	68	20.5
Court Support	17	5.1
Liaison With Police	17	5.1
Advocacy	47	14.2
Brokerage Funding	16	4.8
Counselling	73	22.1
DFV Group Work	10	3.0
None	4	1.2
Other	2	0.6
Total	331	100.0

Total of the types of services provided for all clients referred to the GVLDS in the second reporting period (RP2)



The second reporting period shows that the type of service provided most frequently by the GVLDS is again provision of information (28%) followed by risk assessment (again at 18%) and counselling (12%). 'None' or no service indicates that a number of referrals did not receive any of the listed services above. This was indicative mostly of 'referral only' clients (159 clients) - i.e. did not take up the referral to GVLDS.

The following tables show a breakdown of the type of service provided by the category of client: referral and information only, case coordinated and case managed.

Referral only

	Occasions of service	
	n	%
Info	78	26.4
Risk Assess	27	9.1
Court Support	0	0.0
Liaison With Police	0	0.0
Advocacy	6	2.0
Brokerage Funding	0	0.0
Counselling	2	0.7
DFV Group Work	1	0.3
None	159	53.7
Other	23	7.8
Total	296	100.0

Case coordinated

Occasions of service		
	n	%
Info	21	37.5
Risk Assess	17	30.4
Court Support	0	0.0
Liaison With Police	4	7.1
Advocacy	7	12.5
Brokerage Funding	0	0.0
Counselling	6	10.7
DFV Group Work	0	0.0
None	0	0.0
Other	1	1.8
Total	56	100.0

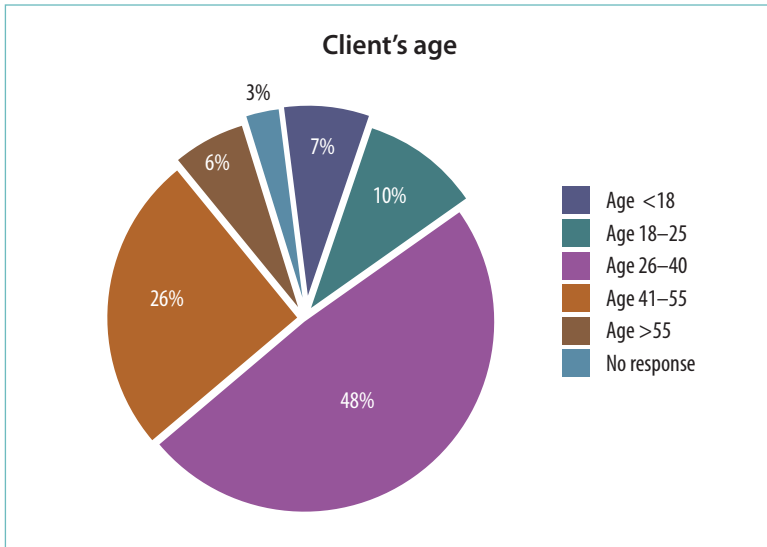
Case managed

Occasions of service		
	n	%
Info	106	27.7
Risk Assess	89	23.2
Court Support	16	4.2
Liaison With Police	17	4.4
Advocacy	48	12.5
Brokerage Funding	13	3.4
Counselling	80	20.9
DFV Group Work	8	2.1
None	4	1.0
Other	2	0.5
Total	383	100.0

Demographic data on clients

Once a client became 'case managed' (as defined in the data collection system), additional demographic data was collected about that client. The two reporting periods have been combined for this Chapter. There were 229 case managed clients serviced by the GVL DVS during reporting periods one and two.

Client's age



The majority of women who attended the GVL DVS and were case managed were aged between 26-40 years (48%). The next largest age group of women were those aged between 41-55 years (26%).

Children

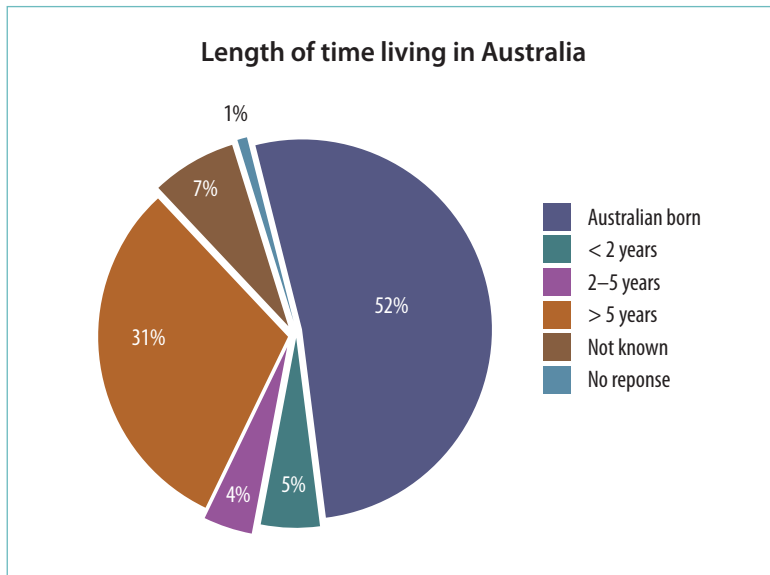
Of the 229 clients, 172 (75%) had children and young people under the age of 18 who they cared for –either full time or partially. In total, they cared for 394 children between them. Thirty eight clients had children who identified as Aboriginal or Torres Strait Islander, a total of 97 children (24% of all the children and young people)².

Cultural background

Nine of the 229 case managed clients identified as Aboriginal or Torres Strait Islander (4%).

Just over half of the GVL DVS clients were born in Australia (52%) and 31% had lived in Australia longer than 5 years. The following graph indicates the length of time the client had lived in Australia.

2 With either the child's mother or father identifying as Aboriginal or Torres Strait Islander



Languages spoken at home

91 (39%) of the case managed clients spoke a language other than English at home. It was unknown if 21 clients spoke a language other than English at home (9%), with 114 (50%) speaking only English at home (3 responses were blank).

Socio-economic disadvantage and social exclusion

181 clients indicated that they were affected by socio-economic disadvantage (79%). Forty four (19%) indicated they were not affected and 4 responses were blank (see definitions in ARTD Consultants, 2011).

117 clients (51%) indicated that they were affected by social exclusion and 108 indicated that they were not (with 4 blank responses).

Disability

15% (34) of clients indicated that they had a disability. Twelve per cent (27) of clients indicated that they were the caregiver of a child or young person with a disability.

Limitations of the data

This quantitative data is limited in terms of evaluating the types of service provided by the GVLVDVS and its effects, or outcomes. Although the data does indicate where referrals to the GVLVDVS came from and where they referred out to, the data collection system cannot identify the number of referrals made for *each* client. This is a problematic limitation as the research literature indicates that the receipt of multiple forms of support/intervention increases the chances of positive changes in victims' safety and well-being and that the likelihood of a positive outcome increases progressively with the number of interventions received (Howarth, et al., 2009). The file audit methodology used in the original evaluation of the GVDVS did show that the service was working in collaboration with multiple services: e.g. 31% of ongoing cases were referred to between one to three agencies and 28% of ongoing cases involved collaboration involved with four or more agencies (Laing, et al., 2005, p. 45). The data available cannot provide this type of information. Nor does the data provide information about the types of interventions provided to *each* woman, or the types and severity of the domestic violence.

While the data available relates solely to the amount of work undertaken, the data which is being collected about outcomes – the extent to which goals of intervention are met – will not be adequate for a service such as GVLVDVS where the goals of intervention are developed in collaboration with

women clients, and, for example, may not involve leaving the relationship.

It is important that the quantitative data is read in conjunction with the findings from the interviews with GVL DVS clients, staff and interagency partners in order to develop a full picture of the type of services provided, the style of the service and the way the service works with women.

Projects, community development, health promotion, education and training, and partnership improvements

An audit of the GVL DVS monthly reports to management was undertaken to identify current projects, community development activities, health promotion, education and training and improvements in partnerships. The audit covered the reports from January - December 2011. Subsequent related documentation was also examined to gain an understanding of the types of activities undertaken, the nature of those activities, agencies involved, and any outcomes recorded.

Service agreements and improved coordination

The GVL DVS focused on development of new service agreements and/or negotiated improved referral pathways with the following agencies:

- Southwest Sydney Legal Centre Domestic Violence Service (SHLV)
- Liverpool Migrant Resource Centre
- Green Valley Police
- Liverpool Police
- New Directions Team, Hoxton Park
- Social Work Department, Liverpool Hospital
- Sustaining NSW Families

Interagency meetings

Staff from the GVL DVS attended the following Interagency/committee meetings:

- The local Liverpool Domestic Violence Committee (Secretary and occasional chair)
- 'Safe Start' Perinatal meetings at Liverpool Hospital aimed at improving mental health outcomes for parents and infants presenting to NSW Health during the perinatal period
- Child and Family Interagency
- Interagency Refugee and Migrant Network Meeting
- Liverpool Council's Community Safety and Crime Prevention Working Group
- Non English Speaking Background Domestic Violence Network meeting
- Domestic Violence Support Western Sydney Service Meetings: Coordination Group
- Health and Education Network Meeting
- 'Peace in our homes' Steering Committee
- 16 Days of Activism working group
- Women's Health Network
- Working party for Forensic Services for Liverpool
- Fairfield Immigrant and Refugee Women's Network

Networking and liaison

To promote the GVL DVS, improve or create referral pathways and raise awareness about domestic violence, the GVL DVS staff held meetings with the following agencies:

- Community Counselling Team, Liverpool hospital
- Staying Home Leaving Violence team
- Brighter Futures, Community Services Liverpool
- School counsellors at All Saints Primary School
- Social Worker at the University of Western Sydney
- Women and Child Health Team, Liverpool Hospital
- Housing NSW
- Liverpool Migrant Resource Centre
- Marsden Lawyers
- Child Protection Unit, Family and Community Services
- Muslim Women's Association
- The Hub, Miller

Education/training and health promotion

The GVL DVS team, solely on occasions and at other times in partnership with key agencies in Liverpool, ran a number of education/training sessions and health promotion activities. These included:

- ***Together we will achieve*** – an interagency forum looking at gaps in services and improving collaboration;
- The ***Towards Better Collaboration*** workshop in partnership with Betty Taylor, TAVAN Institute, QLD which built skills in cross-sector collaboration;
- ***Responding to Domestic Violence*** – a DV in-service in partnership with the Centre for Education and Workforce Development, South Western Sydney Local Health District which addressed how health professionals can best respond to women and children experiencing domestic violence;
- ***Breaking down Barriers – Improving Responses to Muslim Women in Domestic Violence*** which explored the domestic violence experiences of Muslim women living in Australia and how to work best with these women. (Organized by the Liverpool Domestic Violence Liaison Committee (LDVLC) (88 attendees)
- ***Mothering in the Context of Domestic Violence: Before and After Separation*** – a forum with Dr Elspeth McInnes, University of South Australia, organized by the Liverpool Domestic Violence Liaison Committee (LDVLC) (59 attendees)
- Safety Expo at Green Valley Plaza, a joint initiative between Liverpool Council, Liverpool and Green Valley Police and funded by the National Motor Vehicle Theft Reduction Council and the Department of Attorney General and Justice. The aim was to promote safety in the Green Valley area. The GVL DVS held a stall at the event.
- Stress Management Session for staff at Hoxton Park Community Health Centre
- Presentation to Pacific Island Nurses Exchange Program at Liverpool Women's Health Centre about keeping women and children safe

The two forums, ***Breaking Down Barriers*** and ***Mothering in the Context of Domestic Violence*** were evaluated by the Liverpool Domestic Violence Liaison Committee (LDVLC). There were six categories

to be assessed, including how knowledgeable the facilitator was, how well the facilitator presented, how useful the information was, how well the forum was organised, how appropriate the venue was and whether the forum was worth attending. Attendees were asked to rate each of these items on Likert scale with the options 'Agree, Mostly Agree, Mostly Disagree and Disagree'.³

Breaking Down Barriers Forum

Eighty eight people attended the forum and the LDVLC collected evaluation forms from 57 of these at the conclusion. Of the 57, 26 people (45.6%) scored the forum the highest possible rating in every category ('Agree'). 51 people (89.5%) scored the forum positively in every category (either 'Agree' or 'Mostly Agree').

Some of the comments included:

"A whole day would have been great! I learnt so much!"

"It was great to hear how the scriptures have been twisted for the perpetrator's benefit."

"I found this exceptionally helpful. It is vital to have the debate and the tools given can be applied to all victims of DV."

"Maha Abdo was an excellent speaker and found her presence very enlightening and useful in work that we do."

"Hanan Dover was fantastic ... Hanan put the responsibility back on the community."

"The story by Farrah was powerful."

'Mothering in the Context of Domestic Violence' Forum

Fifty nine people attended the forum and the LDVLC collected evaluation forms from 55 of these. Of the 55, 42 people (76.4%) scored the forum the highest possible rating in every category ('Agree'). 53 people (96.4%) scored the forum positively in every category (either 'Agree' or 'Mostly Agree'). Many positive comments were received, of which a small sample are provided below:

"Thank you, this was inspirational and incredibly accessible."

"Excellent. So very informative. Spoke with profound understanding and knowledge. Just wonderful. I feel privileged."

"Excellent, eye-opening and motivating. Important work to be done in our field. Thank you for organising this useful session."

In-service education sessions

The GVLDS responded to requests to provide in-service sessions to local agencies and service providers. These included:

- Police Child Wellbeing Unit at Tuggerah
- Warwick Farm Neighbourhood Centre
- Early Childhood Nurses at Narellan and Croydon Community Health Centres
- Anglicare

3 The information of the evaluation for both forums was taken directly from two documents: 'Mothering in the Context of Domestic Violence' Forum Evaluation and Evaluation of the Breaking Down Barriers Forum.

- Community Counselling Team located within Health
- Marumali Health Workers at Private Practice
- Centrelink
- Brighter Futures (Community Services)

Awareness raising activities

The team participated in the following political events to raise awareness of the issue of violence against women:

- Day of action against sexual violence
- Submission to the Legislative Assembly – DV Trends and Issues Inquiry
- Poster Project Working Party for 16 Days of Activism/Women's Advocacy Group
- White Ribbon Day *Empty Shoes* Exhibition
- International Women's Day: Handing out Flyers at the Local Mall

Therapeutic/support client groups

- **Angel blanket group** – a group for women aimed at helping them to re-discover the meaning and connections in life through the creation of a blanket which holds a colourful representation of love, protection, warmth and safety. Regularly attended by 4 women.
- **Jumping Through Hoops** – a group for women whose children have witnessed domestic violence. Regularly attended by 5 women.
- **Women on the Go** program in partnership with the Hub, Miller. A group on healthy relationships and domestic violence, attended by 4 women.
- **CHRYSALIS Women's support group** – a group for women who have experienced domestic violence aimed at decreasing isolation and providing education around domestic violence. Regularly attended by 8 women over 8 weeks.
- **Action for Change** – a Client Advocacy Group which meets monthly. A current project of this group involves completing DV posters which will be launched under the LDVLC during the 16 Days of Action.

Larger Partnership Projects

- "Peace in our homes" - Fijian Indian Women's project in partnership with Liverpool Women's Health Centre
- Participation in the court support roster for WDVCS
- 'Empty Shoes' project with the NESB DV Network
- Simple Home Maintenance Project in partnership with the Domestic Violence Support Western Sydney Service and Joan Harrison Support Services for Women
- White Ribbon Day: an annual competition where men answer questions related to domestic violence.
- Forensic Project with Sexual Assault Service, Liverpool Women's Health Centre and the Police
- Ashcroft High School **Respectful Relationship** project in partnership with JHSSW, Liverpool Women's Health Centre, Rosebank Sexual Assault Unit, Liverpool Youth Accommodation Centre and the Police – 6 week program addressing concerns around relationships using the WEEOWISER framework (Rawsthorne & Hoffman, 2007). Attended by 12 young women (aged 14-15 years).

CHAPTER 6

Partnership with Green Valley Police: A coordinated case management response

Background

The partnership with Police has always been central to the GVL DVS coordinated domestic violence response. One of the key features of the pilot project (GVDVS) was the 'fax-back' system which facilitated referrals from the Green Valley Local Area Command (GV LAC) to the GVDVS at the time when the service worked only in the 2168 postcode. The initial evaluation of the GVDVS reported:

The partnership with Police is reported by all players to have strengthened considerably in the period since the submission of the evaluation Interim Report. The Police provide the majority of referrals to the GVDVS, primarily through the fax-back referral scheme. While the majority of these referrals result in one contact only, this is a new 'entry point' for women to receive information about domestic violence and the services available (Laing, et al., 2005, pp., p. 7)

While the governance structure of the GVL DVS has changed over time, the Police have always been a key player in each of these governance arrangements. During the period of the evaluation, the GVL DVS was working with the Green Valley LAC to further strengthen the partnership with police, focussed on developing a framework which would identify high risk cases and respond to them appropriately. Following a period of changing Police management, the appointment of a new Crime Manager who was committed to strengthening the partnership provided an excellent opportunity for this endeavour.

Although the GVL DVS has expanded to include Liverpool Police as a referral point, this new approach to partnership was started with the Green Valley LAC, building on the strong foundation developed over almost a decade. It is anticipated that lessons from this process can be used to further develop the partnership with the Liverpool LAC.

Before the effort to strengthen the partnership

In the interagency partner interviews, key police personnel were interviewed about their awareness of the GVL DVS, the nature of the yellow card system, and how effective they believed the GVL DVS was in responding to women and children experiencing domestic violence. The police who were interviewed ranged from the Crime Manager to a probationary General Duties Officer. Two Domestic Violence Liaison Officers (DVLOs) were also interviewed.

There were differing levels of knowledge of the GVL DVS among Police respondents. The Crime Manager had a very clear understanding of the service and the nature of the yellow card system. Police who were newer to the area had a more limited understanding. One of the major difficulties that police described in responding to domestic violence was attending the same residences over and over again and dealing with 'repeat victims'. This respondent recognised that tackling this issue necessitated the involvement of services such as GVL DVS:

Recidivous domestic violence is a big problem, from what I've seen in my short time here at Green Valley. As much as we use the processes that we've got at our disposal to try and deal with it, I think it's more a, not so much a legal issue as it is a community issue. And that's where services such as the one that you've mentioned have more of a role to play probably than what we do. (Police 6)

Police also indicated that there were concerned about the safety of victims who did not consent to the yellow card:

I know that some people decline it but they decline it for a lot of different reasons – lack of understanding, depends who is at the house at the time, if there are other family ‘oh no, don’t need that’ because they’re afraid of letting other people know they’re going to take things outside the family. So then, for that to be it then, and they say ‘no’, and ok we forget about them – I think it’s not ideal. So although they mightn’t consent, I think it would be beneficial for the service to touch base with them anyway and give them a second right of refusal I suppose. (Police 3)

When Police did not get feedback about the outcomes of referrals, their follow through with the yellow card referrals could be affected.

I haven’t heard back from them saying they’ve spoken to them and they’ve either done good things or bad things. You know what I mean? I haven’t heard either way. (Police 7)

I don’t think there’s enough understanding of the requirement for the yellow card system amongst the first response police. We’re continually having to follow up on them and remind them that they need to put those cards in. That tells me two things. One, that they’re not having enough contact with the service because otherwise they would understand the importance of putting the cards in. The other thing is that they’re not seeing any results from having put the yellow cards in again. If they did, then they would be inclined to put them in. (Police 6)

GVLDS staff were also questioned about their working relationship with police in their initial interviews. Although there were issues that they raised with the police response to women in general (for example, police not taking breaches seriously or women’s reluctance to report a breach because of a previous negative response), the actual communication ‘on the ground’ between the team and the DVLOs was good. A GVLDS staff member described the usefulness of the meetings held between the DVLOs and GVLDS staff:

The weekly [meetings]. So where there’s one or two of them, depending at the time. And one member of our team will go each week. But anyone on the team can ask for them to talk about one of their clients. So they’ll just bring the information back, whatever they can share. See if the perpetrator’s got a history or if the police are monitoring the situation. What the AVO conditions are etc. So it’s just useful because often the women just don’t know what’s going on. (Staff 4)

The good working relationship between the GVLDS team and the DVLOs was developed through networking and informal contact with a formal service agreement underpinning the contact.

I think we have a good relationship; particularly our DVLOs historically have a good relationship and regular communication with them on an informal basis, which is good. (Police 3)

The day-to-day operation of the working partnership is described below:

... every day I... I check my tray and I’ve got a DVLO card they’re the ones that are accepted, I fill out and fax off to the service. And every Monday morning about 9.30 one of the ladies will come up to the office and we’ll go through what’s happened and if there’s any additional information they need or something that their client requires that we can supply, I’ll make sure they’ll get it. We also have some personal contacts as well once a week ... I’ve been a Green Valley for a long time, I’ve got to know some of the counsellors there. And then going down there and meeting them, and by them coming up once a week too – and they take that in turns, it’s not the same person each week. I know them on a first name basis with all of them. I know who they are and their names. They also attend every second week; one will attend Liverpool Court on Tuesday which is an AVO day. I will also meet them

there ... But they've had their Memorandum of Understanding to share information ... And I can go through our system and look at the conditions and AVOs and what our standing on when, you know, a lot of victims don't know the fine detail of orders they've got in their favour. (Police 1)

From the interviews, it was clear that on the ground, the partnership between Green Valley Police and the GVL DVS was working effectively. There was open communication about clients in common and an informal relationship which allowed that effective communication. The GVL DVS and police were seeking to enhance the partnership at the senior management level. The Crime Manager at the time was actively committed to decreasing the incidents of domestic violence in the Green Valley area and brought enthusiasm and energy to efforts to strengthen the partnership.

From the interviews conducted with Police and GVL DVS respondents, several areas were identified where improvements could be made:

- Improving feedback from the GVL DVS to police about their clients,
- Improving police awareness of the importance of the yellow card referral system and how to implement that card appropriately,
- Increasing yellow card compliance rates,
- Finding a way to engage with clients who do not accept the yellow card referrals – those often at the most risk,
- Increasing communication between the GVL DVS and the GV LAC senior officer around particular clients, particularly those at high risk and to create a more coordinated response to those clients,
- Strengthening the response of police to breaches of protection orders.

A new approach to partnership

While the DVLOs and GVL DVS counsellors continued to meet each week to discuss clients/victims on a case by case basis, a new monthly meeting of senior managers was established. Participants included: the Crime Manager GV LAC, the Domestic and Family Violence Coordinator (DFVC), South West Metropolitan Region (NSW Police) and the team leader from the GVL DVS. The coordinator of the Staying Home Leaving Violence (SHLV) project and of the Women's Domestic Violence Court Advocacy Service (WDVCAS) was subsequently included in the group so that the key specialist victim services were represented. Initial discussions saw the purpose of the meetings as two-fold: a) information sharing around clients and community issues (in order to identify areas/issues for the development of policies and procedures and b) development of a case management approach to respond to high risk cases of domestic violence (including development of a common approach to assessing risk).

The research team collected data about the developing partnership through interviews with participants at the start of the evaluation and again 8 months later. While it was initially anticipated that this evaluation could be undertaken using an 'action research' approach, insufficient time was available to follow through the action research cycle of planning, acting, observing and reflecting (Craig, 2009).

The new framework: Green Valley Integrated Case Management Meeting (GVCMM)

After meeting for a number of months, the partners' working group was re-named the Green Valley Integrated Case Management Meeting (GVCMM), based on the principles of improved safety outcomes for women and enhanced offender accountability. An important part of the group's work was to build on the original service agreement in order to develop **Green Valley Integrated Case Management Framework** document, which was completed over several months through discussions, and informed by the issues that arose in the group's work. This document provides the framework for the work of the GVCMM.

As outlined in the draft **Green Valley Integrated Case Management Framework**:

*The **purpose** of the consent based case management model is to bring together representatives from Green Valley Police, GVL DVS, SHLV and WDV CAS to share consistent and reliable information and implement a multi-agency action plan regarding parties identified as recidivist, victims and matters assessed as high risk that are involved in domestic violence related criminal proceeding. The focus is to monitor and enhance where necessary, the safety of victims and children. Case management provides better coordination or support to victims and provides opportunity to include information on defendant/perpetrator behaviour, which may identify compliance issues with court orders. (p. 2)*

Women who would be included in the case management model would meet the following criteria:

- The Domestic Violence Offender/Victim is preferably known to all four agencies;
- The Domestic Violence Offender/Victim has been determined by an agency, or collectively, as high risk;
- The Domestic Violence Offender resides or has offended within the Liverpool Local Government Area. (p.2)

The document also sets out the following **meeting protocol**:

- Each agency including Police will identify up to three High Risk Domestic Violence victims, in priority order.
- Core information on the High Risk Victim will be populated into a Referral Form including:
 - Name, date of birth and residential address
 - Religious/cultural background and/or language spoken and if an interpreter is required.
 - Children
 - ADVO conditions/court dates/breaches
 - Family Law details
 - POI/perpetrator details
 - Risk assessment and reasons for referral
- Each agency will outline details of the case on the Case Management Form to discuss at the meeting.
- The Referral Form from each organisation will be emailed two weeks prior to meetings addressed to all stakeholders.
- Stakeholders conduct a client information search and collect relevant information on the case at hand.

- The Crime Manager/DVLO will cross-reference the documents against the case management criteria to identify commonalities between the nominees of each organisation/agency and identify suitability of the High Risk Victims for case management.
- The DVLO will email each participant one week before the meeting the details of the High Risk Victims to allow time for the collection of information.
- These high risk cases will be discussed at the GVCMM and any proposed actions, including offender targeting and victim support will be monitored. Each action item will be allocated and time framed.
- All action plans for each case will be followed up at the next meeting with feedback provided by each agency.
- The high risk cases will be managed at one time. When a case is closed, a fresh case can be added from the list prepared before that particular meeting.
- Each meeting will contain a review of the listed action items from each case under integrated management.
- Meetings will be minuted and copies distributed by email to meeting participants (pp. 4-5).

Workers' reflections on the new coordinated approach

When invited to reflect on the process after 8 months' operation, all of the participants expressed the view that this new approach to partnership was positive, and that it was having very good outcomes for women accessing the services. They identified the following **strengths of the new framework**:

1. An improved dialogue and a more open communication, allowing for issues around the developing framework to be worked through:

To be able to talk freely around issues is the difference. And to follow that through and go 'oh how is it going? What's happening with that?' (SHLV)

Just having that open conversation like clearly I was very concerned about [client] today. And we had a very frank and open conversation about what we perceived to be fairly lack lustre victim support. That's good. Quite often they (DV services) raise concerns about the police response. And it's appropriate for us to deal with that as well. I think that's important. (Police)

This open dialogue meant not shying away from discussing challenging situations when things had not gone as well as they could:

Talk about ... what went wrong? How did it go wrong? We knew this was a problem, why didn't we push up on it? How have we allowed this? They're the questions. It's the why and how, not the 'who', because blame is a wasted energy. But how we're going to do this? Why are in this situation and how can we get through it? That's hopefully, as it matures, this meeting will get more towards that.

2. More comprehensive understanding of women's circumstances. Each service provider was able to use the shared information to underpin more effective service delivery to women, particularly addressing safety issues.

But from having no availability to talk about what's going on for women, because we're not supposed to be sharing information or whatever. To actually be really been able to get into the nitty gritty and go 'look this has happened and this happened. I didn't know that'. And ultimately what police can do. And where we might have gaps in terms of us as services. If we're not aware of something, we might need to do this or encourage this way or – I just think it kind of completes it. (SHLV)

But positively, it's good because we have improved on how we're working with the police. I think this approach is fantastic. It's ideal. We can access information quickly and we have their assurance that they will do what they say by reporting back etc. (GVL DVS)

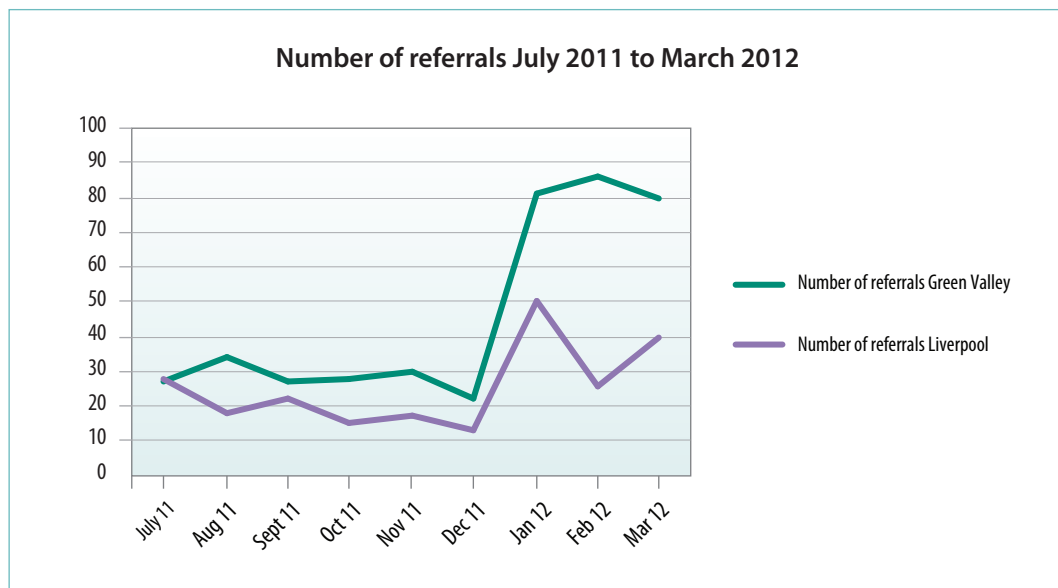
Communication and the sharing of information. And I think that that's critical in ensuring the safety of women and their children. But also, to avoid the possibility of duplication. What we're finding is there is common clients across the services. (DFVC)

3. Strengthened relationships between the key domestic violence agencies and Police in Green Valley and an improved sense of trust between those agencies

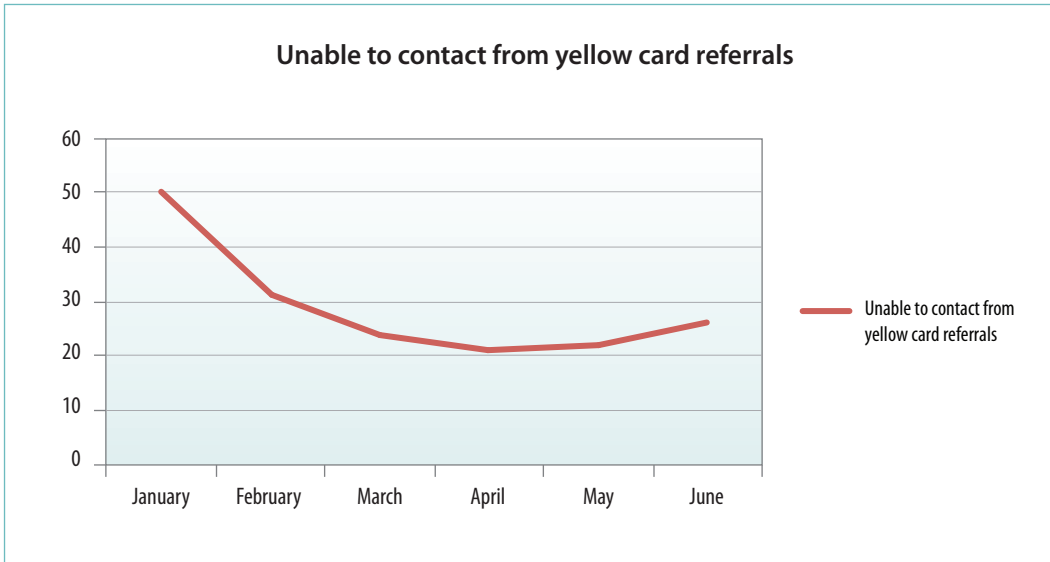
I think there's a couple of critical developments. Firstly, relationships. Relationships that weren't always that accessible or they were on a sort of one level, this has created a much deeper, I think, strengthened relationship. (DFVC)

4. An increase in yellow card referral compliance rates at the GV LAC and an increase in the number of women contacted by the GVL DVS as a result of those referrals

One of the first issues tackled by the group was to increase the rate at which general duties police gave women the 'yellow cards'. The following graph shows the rate at which compliance with this referral protocol increased since the commencement of the GVCMM in November 2011. **Figure 6.1** shows the increase in referrals from the Green Valley LAC, compared with the Liverpool LAC where a similar plan was yet to be established.



As the rate of police referral increased, a new issue was identified: a large proportion of police referrals to the GVL DVS were not followed because the team was unable to contact the women. The GVL DVS team undertook to make more efforts to contact each woman, and the proportion of referrals which were 'unable to be contacted', decreased dramatically. Between January and June, 2012, the number of 'unable to contact' client decreased from 50 to 26. Looking at the trend over time, with 'unable to contact' cases as a proportion of monthly referrals, the trend is towards more women being contacted by the service, with some monthly variations (associated with times at which the service was short staffed), as seen in **Figure 6.2**.



5. Working from a common framework

Participants recognised that the police and domestic violence services were beginning to work from a common understanding of what needed to change on all parts if services for women and children were to improve:

We'll identify the high risk cases. When we used to get together for the core partners and service planning groups, all we did was to present statistics. We might raise a few problems 'oh well, the yellow cards aren't being sent to us earlier enough. There's a lag of about 14 days before we get the yellow cards.' Now the crime managers might go off to do their own thing but by the time we meet again in about 3 months' time, it sort of gets lost for some reason. So that wasn't productive at all, the core partners group and service planning. Whereas now, we are sitting down together working, sharing information and looking at a plan of action as to how to help the woman. (GVL DVS)

They're starting to think about things that we think about. They're starting to be motivated to go behind the issues, rather than just presenting a problem. Also, like today, we had the Green Valley Liverpool Domestic Violence Service recommend strategies they could put in place to – for security for someone. And, you know, case managing people and them getting a sense that police do care about their victims, and we do. And we do monitor them and we're not going to accept the first answer that they come up with in terms of their service of individuals or victims. I think that's an important step. (Police)

The participants also identified what they saw as the **core elements for successful collaboration**:

1. The willingness of all those involved and a sense of commitment to the process

A willingness. I think more than anything, it's been a willingness for things to genuinely make it work. It's not just been lip service and police have lead that in terms of like [Police] being really, really willing: 'ok let's do it. Let's not get bogged down on the nitty gritty' and us kind of working together around that. (SHLV)

I mean, they showed a willingness to get involved. And I think they were happy to get involved. So that made it work as well. (Police)

2. Leadership and the right mix of people

I think it's important for police in these instances to show a leadership role and more of a strategic direction of focus. Certainly, we're the interface for domestic violence. (Police)

That is important. That the people at the table have that authority to make decisions to do things. And even having the region DV coordinator as well is really important ... from a strategic point of view, looking at it from an organisation point of view. Not just from a command focused – I want to drive up legal action rates and get our victims on board and all that type of stuff, there's also a broader viewpoint from a police point of view. (Police)

3. The process of working through the development of the framework and working through problems as they arise

We started at a certain place and it had to grow and we needed to iron out, you know, who would be involved – like the CAS for example, be in or out. I think we needed to sit with it, have the conversation, sit with it. And I think we've come to the end of it because clearly we what did here has been a really good kind of basis for Liverpool, because they just went 'bang, we're happy with this, let's do it' kind of thing. It like the ground work needed to be done. (SHLV)

It is about that process. You can't start off at that level ... initially they would come and start saying 'well we reported this, we reported that. Police haven't done anything'. So now they're going back and they're checking the information that they've given us and they're starting to think more strategically about and broadening their scope on their own case management so that when they come here, they're armed with – and they've thought through that process. That's really important for them. (Police)

4. The formalisation of the process to ensure that the model exists beyond changes in staff in each agency

I'd like to think that this would survive any change of personnel. And that's why it's been – I've wanted it to be formalised and minuted and agenda and then a formalised document and a commit to it. Look, I think when we started in November last year to where it is now, I think the conversation is a lot more intelligent. I think it's a lot more strategic focused. I think it's a lot more outcome-focused. And I think we've got that statistical checking mechanism to see how we're progressing. So I'm quite happy with the group and how it's achieved. And we've just go to maintain it and improve on those aspects of it. (Police)

Like in the past I guess with other NGOs, where things have worked it has always been relationship based, in my view. The better you got on together, the better you knew each other, the better things worked. This is not based on relationships. I think this is based on anyone of us who is kind of involved from each service can just come in and do it, it isn't really about so and so gets on really well with so and so. So it is really a process. (SHLV)

Areas for future developments

The following areas were identified as being the focus of the group's work in the future:

- To ensure that breaches are reported and followed up by police
- To continue with the process and iron out any difficulties (for example: who should be involved? Caseworkers and DVLOs or the strategic positions, uncover any gaps or areas that need more work)
- To address issues facing the wider community in the context of domestic violence (such as the Aboriginal Community, CALD women, transgender, and Lesbian women)
- To develop a more strategic approach to the model
- Broadening out to project work with communities
- That the model grows by both: a) including more agencies in to the partnership and b) expanding the geographical area to work on broader scope community projects.

The GVCMM has identified the following indicators by which the future success of the collaboration can be measured:

- Number of arrests and charges for high risk offenders
- Number of high risk victims provided counselling and support services
- Number of high risk victims continuing with the criminal judicial process
- Number of successful prosecutions
- Increase in Apprehended Violence Order application and compliance
- Positive comments by victims who have been case managed
- Reduced level of re-victimisation
- Agency attendance at the CCMM
- Interagency partnership strength

The GVCMM continues beyond the time of the evaluation.

CHAPTER 7

Conclusions and recommendations

Introduction

This evaluation documented the scope of the services provided by the GVL DVS and explored the effectiveness of these services, which cross the domains of direct service provision, interagency collaboration and education and awareness-raising activities. The evaluation was carried out following the expansion of the service beyond Green Valley to the wider Liverpool area. This located the expanded GVL DVS in a more complex service delivery context with two rather than one Police LACs, several well established women's services and two new, specialist domestic violence services.

In this chapter, the findings of the evaluation are discussed in the context of the evidence base about best practice with women and children experiencing domestic violence.

Key findings

1. The GVL DVS provides a unique approach to domestic violence service delivery to women who have experienced domestic violence. Although domestic violence is recognized by the World Health Organization (2005) as a major public health issue which takes an enormous toll on women's physical and mental health (Bonomi et al., 2009; Victorian Health Promotion Foundation, 2004), the GVL DVS is one of only two specialist domestic violence services within the NSW Health sector.

It is also the only specialist domestic violence in the Liverpool area with a mandate to work with women across all stages of living with domestic violence, including women who are living with the perpetrator. Further, the work is not time-limited nor is it bound by the achievement of service-specified goals (e.g. to get a protection order or provide evidence in a criminal prosecution of an offender). The GVL DVS partners with women to work towards the achievement of the woman's goals, an approach that was described by some women respondents and interagency partners as 'walking beside women in their journey away from violence.'

This approach is consistent with what is termed 'woman-defined advocacy' (Davies, et al., 1998) or, more recently, 'Relationship Centred Advocacy' (Goodman, et al., 2009) an approach that requires domestic violence advocates: '... to reach across silos and systems, crossing organizational cultures to respond to the survivor and her needs as she frames them.' (2009, p. 320). (Emphasis added.) Practice with women was developed primarily in the non-government, community sector and can be described as a feminist, empowerment model. There is strong evidence that an empowerment approach that focuses on enhancing women's abilities to access services is associated with increased physical safety and improved mental health and decreased social isolation (Bybee & Sullivan, 2005; Sullivan & Bybee, 1999).

However, as service provision has developed over time, there is an increasing trend towards a style of service delivery that has been called by Davies et al. (1998) 'service-defined advocacy': 'In a service-defined approach, a woman is offered a limited menu of assistance based primarily on the availability of each item or on its consistency with the mission of the organization within which the advocacy services are embedded.' (Goodman & Epstein, 2008, p. 42) In the absence of services such as GVL DVS that offer, in contrast, woman-defined advocacy, many women are not able to navigate the complex service delivery system.

2. The practices with women documented in this evaluation are consistent with the evidence base that finds that woman-defined advocacy is most likely to keep women safer and to enhance their well-being. The clients of the GVL DVS reported receiving assistance that was client-centred, as staff partnered with them, developing a relationship of trust, listening to them and validating their concerns. Staff responded with flexibility, based on women's needs as these unfolded over time and provided interventions that ranged from crisis intervention and practical support (e.g. financial, transport), to counselling, therapy, group work, information provision, referral, support and advocacy – consistent with Relationship Centred Advocacy described above.
3. The women who were interviewed reported that the assistance they received was effective in assisting them and their children to overcome the effects of living with domestic violence and to rebuild lives that were safe and that moved beyond surviving to 'thriving' in ways that were unimaginable when they were living with the violence.
4. The GVL DVS provides both indirect (via supporting women) and direct services to children to assist them to overcome the traumatic effects of living with domestic violence. The service for children was highly valued by both women and GVL DVS partner agencies.

There is increasing recognition that attacking and undermining the mother/child relationship is a common tactic of domestic violence perpetrators (Radford & Hester, 2006), yet historically services have developed separately for women and children and have been slow to change in ways that facilitate the rebuilding of the mother/child relationship (Humphreys, Thiara, & Skamballis, 2011). The approach of the GVL DVS avoids compartmentalizing the needs of women and children, responding to both and working to rebuild the mother/child relationship.

5. Helpful referrals and advocacy, particularly around the use of the law and access to housing, were a hallmark of the women's experiences of the service. The GVL DVS workers were able to assist women to navigate the maze of complex services because of the strong partnerships that the GVL DVS has built with interagency partners. The interagency respondents clearly saw the GVL DVS as an essential and integrally connected service within the Liverpool area.

The formal service agreements and referral protocols provide an authorizing context for the collaborative practice. It is through mechanisms such as this that some of the core elements of collaboration can be put into place: a common definition of domestic violence; a shared sense of purpose for the collaboration; and agreements about the sharing of information (Laing, Irwin, & Toivonen, 2012 ; Murphy & Fanslow, 2012).

6. The GVL DVS is active and visible in educational and awareness-raising activities and innovative domestic violence projects in the Liverpool area, often in concert with partner agencies. In this way, it provides leadership and support to preventive and community development activities.

Leadership is one of the core ingredients of successful collaborations (Allen, 2006; Murphy & Fanslow, 2012). The leadership provided by the GVL DVS through its active engagement in cross agency projects fits with the most common model of interagency collaboration that has been identified in the Australian context – an 'organic community development model' (Potito, Day, Edgar, & O'Leary, 2009), typically led by a women's domestic violence service.

7. The efforts to strengthen the existing partnership with the Green Valley police are illustrative of the proactive approach of the GVL DVS to innovation and to strengthening partnerships. The approach adopted is consistent with best practice that builds interagency coordination around a common risk assessment framework and a joint commitment to reducing risk and safety planning with women (Howarth, et al., 2009; Robinson, 2006). The model that is being developed has much in common with the Multi Agency Risk Assessment Conferences (MARACs) which are being

rolled out across England and have been found to contribute to a reduction in violence against both women and their children (Howarth, et al., 2009). In developing a local coordinated case management response, the group has drawn on the evidence base about risk assessment (e.g. Campbell, Glass, Sharps, Laughon, & Bloom, 2007; Regan, Kelly, Morris, & Dibb, 2007).

8. The GVL DVS has worked on developing a strong collaboration with the other new specialist domestic violence services in the Liverpool Area. This is exemplified by the inclusion of the Staying Home Leaving Violence program in the partnership with Green Valley Police and the development of the innovative 'handy women' project with Domestic Violence Support Western Sydney Service (DVSWS)
9. The limitations of the GVL DVS reported by respondents were in the main associated with resource issues and insecure ongoing funding.

Recommendations

It is recommended that:

1. The GVL DVS receive recurrent funding because it provides a unique, evidence-based model of practice for domestic violence service delivery and the promotion of a coordinated, interagency response to domestic violence in the Liverpool area;
2. The GVL DVS further develop its role as a specialist resource to the local health district by developing within-team portfolio areas with responsibility for developing referral pathways and strengthening collaborative work with sectors of Health which have high proportions of domestic violence survivors such as mental health, Aboriginal health and Alcohol and other Drugs services;
3. The coordinated case management response that is being developed in partnership with Green Valley Police LAC be a model for developing a similar process of joint risk assessment and risk management with Liverpool Police LAC.
4. GVL DVS funding be enhanced to enable the service to develop a specialist response to the emerging issue of violence perpetrated by young people against parents (often a consequence of earlier exposure to domestic violence), a service gap that was identified by partner agencies in both the 2005 and the current evaluations.

References

- Allen, N. E. (2006). An examination of the effectiveness of domestic violence coordinating councils. *Violence against Women, 12*(1), 46-67.
- ARTD Consultants. (2011). ID&FVSP Performance Monitoring: Service Provider Guidelines, Final Report Version 1.4. Sydney: Community Services, NSW Department of Human Services.
- Banks, D., Hazen, A. L., Coben, J. H., Wang, K., & Griffith, J. D. (2009). Collaboration between child welfare agencies and domestic violence service providers: Relationship with child welfare policies and practices for addressing domestic violence. *Children and Youth Services Review, 31*(5), 497-505.
- Bennett, L., & O'Brien, P. (2007). Effects of Coordinated Services for Drug-Abusing Women Who Are Victims of Intimate Partner Violence. *Violence Against Women, 13*(4), 395-411.
- Bonomi, A. E., Anderson, M. L., Reid, R. J., Rivara, F. P., Carrell, D., & Thompson, R. S. (2009). Medical and Psychosocial Diagnoses in Women With a History of Intimate Partner Violence. *Archives of Internal Medicine, 169*(18), 1692-1697.
- Bybee, D., & Sullivan, C. M. (2005). Predicting re-victimization of battered women 3 years after exiting a shelter program. *American Journal of Community Psychology, 36*(1-2), 85-96. doi: 10.1007/s10464-005-6234-5
- Campbell, J., Glass, N., Sharps, P. W., Laughon, K., & Bloom, T. (2007). Intimate Partner Homicide: Review and Implications of Research and Policy. *Trauma Violence & Abuse, 8*(3), 246-269.
- Campbell, J., Rose, L., Kub, J., & Nedd, D. (1998). Voices of strength and resistance: A contextual and longitudinal analysis of women's responses to battering. *Journal of Interpersonal Violence, 13*(6), 743-762.
- Craig, D. V. (2009). *Action Research Essentials*. San Francisco: Jossey-Bass.
- Davies, J., Lyon, E., & Monti-Catania, D. (1998). *Safety Planning with Battered Women: Complex lives/difficult choices*. Thousand Oaks: Sage.
- Edleson, J. L., & Malik, N. M. (2008). Collaborating for Family Safety: Results from the *Greenbook* Multisite Evaluation. *Journal of Interpersonal Violence, 23*(7), 871-875.
- Family and Community Services. (2011). Integrated Domestic and Family Violence Services Program: Program Overview Retrieved July 23, 2012, from http://www.community.nsw.gov.au/docswr/_assets/main/documents/idfvs_overview.pdf
- Fontes, L. A. (2004). Ethics in violence against women research: The sensitive, the dangerous, and the overlooked. *Ethics & Behavior, 14*(2), 141-174.
- Gondolf, E. W. (2000). Human Subject Issues in Batterer Program Evaluation. In S. K. Ward & D. Finkelhor (Eds.), *Program Evaluation and Family Violence Research* (pp. 273-297). New York: The Haworth Press.
- Goodman, L. A., & Epstein, D. (2008). *Listening to Battered Women: A Survivor-Centred Approach to Advocacy, Mental Health, and Justice*. Washington, DC: American Psychological Association.
- Goodman, L. A., Fels Smyth, K., Borges, A. M., & Singer, R. (2009). When Crises Collide: How Intimate Partner Violence and Poverty Intersect to Shape Women's Mental Health and Coping? *Trauma Violence & Abuse, 10*(4), 306-329.
- Grealy, C., Humphreys, C., Milward, K., & Power, J. (2008). *Urbis, Practice guidelines: women and children's family violence counselling and support program* (Vol. 2011). Victoria: Department of Human Services.
- Howarth, E., Stimpson, L., Barran, D., & Robinson, A. L. (2009). *Safety in Numbers: A Multi-site Evaluation of IDVA Services*. London: The Hestia Fund, The Sigrid Rausing Trust and The Henry Smith Charity.

- Humphreys, C., & Thiara, R. K. (2003). Mental health and domestic violence: "I call it symptoms of abuse". *British Journal of Social Work*, 33, 209-226.
- Humphreys, C., Thiara, R. K., & Skamballis, A. (2011). Readiness to Change: Mother-Child Relationship and Domestic Violence Intervention. *British Journal of Social Work*, 41(1), 166-184. doi: 10.1093/bjsw/bcq046
- Keys Young. (2000). Evaluation of ACT Interagency Family Violence Intervention Program: Final Report. Canberra, ACT ACT Department of Justice and Community Safety.
- Laing, L., & Humphreys, C. (in press). *Social Work and Domestic Violence: Critical and Reflective Practice*. London: Sage.
- Laing, L., Irwin, J., & Kennaugh, C. (2005). Evaluation of the Green Valley Domestic Violence Service (GVDVS): final report Retrieved May 31, 2010, from <http://hdl.handle.net/2123/6108>
- Laing, L., Irwin, J., & Toivonen, C. (2010). Women's Stories of Collaboration Between Domestic Violence and Mental Health Services. *Communities Children and Families Australia*, 5(2), 16-28.
- Laing, L., Irwin, J., & Toivonen, C. (2012). Across the Divide: Using research to enhance collaboration between mental health and domestic violence services. *Australian Social Work*, 65(1), 120-135. doi: <http://dx.doi.org/10.1080/031240>
- Mulroney, J. (2003). Trends in interagency work. *Topic Paper* Retrieved July 22, 2010, from http://www.adfvc.unsw.edu.au/PDF%20files/trends_interagency_final.pdf
- Murphy, C., & Fanslow, J. L. (2012). Building collaborations to eliminate family violence: facilitators, barriers and good practice. *Issues Paper 1* Retrieved June 1, 2012, from <http://www.nzfvc.org.nz/sites/default/files/issues-paper-1-2012.pdf>
- Potito, C., Day, A., Edgar, C., & O'Leary, P. J. (2009). Domestic violence and child protection: Partnerships and collaboration. *Australian Social Work*, 62(3), 369-387.
- Radford, L., & Hester, M. (2006). *Mothering Through Domestic Violence*. London: Jessica Kingsley Publishers.
- Rawsthorne, M., & Hoffman, S. (2007). Liverpool Women's Health Centre Young Women's Healthy Relationships Project Evaluation Report (No. 1) Retrieved June 30, 2012, from <http://hdl.handle.net/2123/6192>
- Regan, L., Kelly, L., Morris, A., & Dibb, R. (2007). "If only we'd known": an exploratory study of seven intimate partner homicides in Englishshire Retrieved June 20, 2012, from http://www.cwasu.org/displayAuthorsPublications.asp?author_key=1
- Robinson, A. L. (2006). Reducing repeat victimization among high-risk victims of domestic violence - The benefits of a coordinated community response in Cardiff, Wales. *Violence Against Women*, 12(8), 761-788. doi: 10.1177/1077801206291477
- Stenius, V. M. K., & Veysey, B. M. (2005). "It's the Little Things" Women, Trauma, and Strategies for Healing. *Journal of Interpersonal Violence*, 20(10), 1155-1174.
- Sullivan, C. M., & Bybee, D. I. (1999). Reducing Violence Using Community-Based Advocacy for Women With Abusive Partners. *Journal of Consulting and Clinical Psychology*, 67(1), 43-53.
- Sullivan, C. (2001). Evaluating the Outcomes of Domestic Violence Service Programs: Some Practical Considerations and Strategies Retrieved June 6, 2012, from http://www.vawnet.org/applied-research-papers/summary.php?doc_id=380&find_type=web_desc_AR
- Victorian Health Promotion Foundation. (2004). *The health costs of violence: measuring the burden of disease caused by intimate partner violence: a summary of findings*. Carlton South, Melbourne: Victorian Health Promotion Foundation.
- World Health Organisation. (2005). Multi-country Study on Women's Health and Domestic Violence against Women: summary report Retrieved August 1, 2010, from http://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf

