

ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY

to Reduce Violence against Women & their Children

Landscapes

State of knowledge | September 2015

Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women: *State of knowledge paper*

Issue 11 | 2015

ANROWS acknowledgement

This material was produced with funding from the Australian Government and the Australian state and territory governments. Australia's National Research Organisation for Women's Safety (ANROWS) gratefully acknowledges the financial and other support it has received from these governments, without which this work would not have been possible. The findings and views reported in this paper are those of the authors and cannot be attributed to the Australian Government, or any Australian state or territory government.

Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

© ANROWS 2015

Published by

Australia's National Research Organisation for Women's Safety Limited (ANROWS)
PO Box 6322, Alexandria NSW 2015 | www.anrows.org.au | Phone +61 2 8374 4000
ABN 67 162 349 171

Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women: State of knowledge paper / Jan Breckenridge, Susan Rees, kylie valentine, Samantha Murray.

Sydney: ANROWS, c2015.

Pages; 30 cm. (Landscapes: State of knowledge: Issue 11/2015)

I. Victims of family violence – Services for – Australia. II. Domestic violence – Services. III. Evaluation.

I. Breckenridge, Jan. II. Rees, Susan. III. kylie, valentine. IV. Murray, Samantha.

ISSN: 2204-9657 (print) 2204-9665 (online)

ISBN: 978-1-925372-10-6 (print) 978-1-925372-11-3 (online)

Creative Commons Licence

Attribution-Non Commercial



CC BY-NC

This licence lets others distribute, remix and build upon the work, but only if it is for non-commercial purposes and they credit the original creator/s (and any other nominated parties). They do not have to license their Derivative Works on the same terms.

Version 3.0 (CC Australia ported licence): [View CC BY-NC Australia Licence Deed](#) | [View CC BY-NC 3.0 Australia Legal Code](#)

Version 4.0 (international licence): [View CC BY-NC 4.0 Licence Deed](#) | [View CC BY-NC 4.0 Legal Code](#)



UNSW, Australia
University of New South Wales, Sydney, NSW 2052

Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women: State of knowledge paper

Prepared by

A/Prof Jan Breckenridge, School of Social Sciences and Co-convenor, Gendered Violence Research Network, UNSW Australia

Dr Susan Rees, Senior Lecturer, Psychiatry Research and Teaching Unit, School of Psychiatry, UNSW Australia

Dr Kylie Valentine, Deputy Director and Senior Research Fellow, Social Policy Research Centre, UNSW Australia

Dr Samantha Murray, Senior Research Associate, Gendered Violence Research Network, UNSW Australia

Author acknowledgement

The UNSW Australia authors acknowledge the financial and other support received from ANROWS towards this research, and extend gratitude to Dr Mayet Costello and Dr Trishima Mitra-Kahn from ANROWS for their guidance and input into this research. In addition, this project was supported by content experts in the fields of sexual assault and domestic and family violence, and the authors particularly valued the contributions of the project's Advisory Group members.

This work is part of the ANROWS Landscapes series. ANROWS Landscapes (State of knowledge papers) are medium length papers that scope current knowledge on an issue related to violence against women and their children. Papers will draw on empirical research, including research produced under ANROWS's research program, and /or practice knowledge.

This paper addresses work covered in the ANROWS research project 4.2 "Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women". Please consult the ANROWS website for more information on this project. In addition to this paper, an ANROWS Horizons and Compass will be available at a later stage as part of this project.

This page has intentionally been left blank.

Contents

Introduction	1
Terminology and definitions.....	2
Domestic and family violence.....	3
Sexual assault.....	4
Intersections and divergences in domestic and family violence and sexual assault.....	4
Domestic and family violence and sexual assault practice intersections.....	5
Divergences in practice responses.....	5
Methodology	7
Search strategy.....	7
Database search terms.....	7
Databases searched.....	7
Inclusion and exclusion criteria.....	8
Methodology review.....	8
Report structure.....	8
Conceptual approaches	9
Integration between sectors and disciplines.....	13
Collaboration between services.....	13
Criticisms of integration.....	14
Summary.....	15
Lessons from international experience	16
United States.....	16
Coordinated community responses.....	16
Domestic violence coordinating councils.....	17
Combined agencies addressing multiple issues.....	18
Specialist teams.....	18
United Kingdom.....	19
Integrated responses to domestic and family violence.....	19
Integrated responses to sexual assault.....	19
Do integrated services work for all women?	21
International evidence.....	21
Rural, remote and regional communities.....	22
Indigenous communities.....	23
Culturally and linguistically diverse women.....	25
Women with disabilities.....	25
Australian policy context	27
Jurisdictional examples	32
Australian Capital Territory.....	32
Queensland.....	33

Tasmania.....	34
Victoria.....	35
Family violence response.....	35
Sexual assault response.....	35
Conclusion.....	36
References.....	37
Appendix A.....	43
Search strategy.....	43
Appendix B.....	45
Australian legislation by jurisdiction.....	45
Appendix C.....	51
Australian policy by jurisdiction.....	51

Introduction

The current evidence base indicates that both victims and perpetrators of domestic, family and sexual violence have diverse and complex needs, frequently requiring multiple interventions provided by a range of community-based services to better ensure immediate and ongoing safety for women (Rees & Silove, 2014). Government and professional recognition of the complexity of these women's needs has acted as a catalyst for the growth in what is referred to in many global Western jurisdictions as "integrated responses" (Coy, Lovett, & Kelly, 2008). Indeed, this intention is echoed in *Time for action: The National Council's plan for Australia to Reduce Violence Against Women and Their Children 2009-2021* (National Council to Reduce Violence against Women and their Children, 2009). At the planning level, *The National Plan To Reduce Violence Against Women and Their Children* (the National Plan) states that its success "hinges on the success of the sixth outcome area - that the entire system join seamlessly and all its parts work together" (Council of Australian Governments, 2011, p. 15).

At the program and service level, anecdotal reports and emerging research evidence indicate that working collaboratively within an integrated response network can facilitate shared knowledge and communication of the client's circumstances and needs. In addition, more appropriate referral paths may be identified for women affected by domestic and family violence, and sexual assault (Breckenridge, Hamer, Newton, & valentine, 2013).

The term "integrated response" is, however, often used arbitrarily and interchangeably with "collaborative" or "coordinated" multi-agency responses (Wilcox, 2010). Compounding the potential for definitional slippage, mechanisms to monitor or provide conceptual integrity and accountability to collaborative and/or coordinated responses have not always been rigorously evaluated. Establishing a framework for effective monitoring and evaluation practice is important to identify which models or their components are most effective, and therefore where government should target funding and support. For a meta-evaluation to meaningfully contribute to the evidence base, it is vital to incorporate a systematic methodological approach which is sufficiently inclusive of responses led by non-government organisations (NGOs) and government sub-sectors in diverse geographic regions and local contexts within the broader framework. It is also important to recognise that there is little evaluation evidence of service responses and connections specifically focusing on Indigenous, non-English speaking background, refugee and disability sectors (Wilcox, 2010).

All Australian jurisdictions are developing or have developed some type of integrated response to violence against women and a number of jurisdictions have conducted reviews or evaluations of these approaches including Queensland, South Australia, Tasmania, Victoria and Western Australia. However, the rigour of evaluations that have been conducted remains unexamined. The *a priori* assumption underpinning coordination of services is that it improves outcomes for victims, reduces secondary (system created) victimisation, and can assist in addressing service "siloing" and gaps in service provision (Mulroney, 2003). Further research is needed to properly test this assumption, as well as to better inform national directions and recommendations for the evidence-based development of integrated responses. In particular, it is important to explore governance arrangements and how government agencies - especially those within the same regional context - can collaborate more effectively with each

other and with the NGO sector given the increased funding of NGOs to provide services to women and children (Healey, Humphreys, & Wilcox, 2013).

The overarching aim of this research project is to conduct a meta-evaluation of the evaluations of existing interagency partnerships, collaboration, coordination and integrated interventions and service responses to violence against women. This paper presents a preliminary overview of the published literature on the partnerships, collaborations and integrated interventions in relation to domestic and family violence and sexual assault in the international and Australian context. Terminology and key definitions are outlined below.

Terminology and definitions

In Australia, the broad term violence against women is commonly understood as referring to domestic and family violence, and sexual assault of women. National and international prevalence surveys such as the 2012 Personal Safety Survey (Australian Bureau of Statistics, 2012) and the 2004 International Violence Against Women Survey (IVAWS) (Mouzos & Makkai, 2004) demonstrate that domestic and family violence and sexual assault affect women in Australia and in all countries participating in the IVAWS. However, definitions of domestic and family violence and sexual assault vary across policy, legal, therapeutic and advocacy contexts as a result of the different perspectives, purposes and needs in each setting. These definitional variations reflect different emphases including criminal justice issues, lived experience, clinical interventions and public policy. For example, a therapeutic definition – that is, an approach intended to enhance psychological and emotional healing for victims – emphasises validation of the client’s self-reported experience and anticipates a confused pattern of disclosure, consistent with experiences of trauma (Breckenridge & James, 2012). However, within a legal context, for an offence to be proved, a standard of proof “beyond reasonable doubt” is required (Aldunate, 2014). Arguably, the victim is acknowledged in a criminal justice response by virtue of the prosecution because prosecution is only instituted where there is deemed to be “sufficient evidence”. The differences between clinical and legal perspectives not only influence the range of service system responses offered to victims and perpetrators, but also reflect different, associated disciplinary approaches such as psychology, sociology, criminology and law.

Domestic and family violence

In this report, domestic and family violence are used interchangeably reflecting the term chosen for use in a particular publication. The definitions outlined in this section are the same as those provided in Breckenridge, Chung, Spinney and Zufferey (2015). It is important to note, however, that different conceptualisations of these terms have implications for understanding both prevalence and intervention, as is reflected in the practice literature. Definitions matter because they determine the policy and program terrain about “what counts” as domestic violence or domestic and family violence and what services and responses should be in place to address it.

As knowledge about domestic and family violence has grown, definitions have shifted and remain contested territory. With regard to domestic violence, this includes debates about its gendered nature and what behaviours, actions and intentions are considered violent, abusive and controlling. The definition contained in the National Plan (Council of Australian Governments [COAG], 2011) is:

Domestic violence refers to acts of violence that occur between people who have, or have had, an intimate relationship. While there is no single definition, the central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal and non-criminal. Domestic violence includes physical, sexual, emotional and psychological abuse. (COAG, 2011, p. 2)

This definition contains a number of components including intention related to control, coercion and making the victim fearful, as well as behavioural descriptions of what constitutes domestic violence.

Family violence is a more inclusive term referring to violence which may occur between a range of family members, as well as violence occurring between intimate partners. It is important to note that for this meta-evaluation, family violence does not include child protection incidents, and evaluation of child protection integrated systems and responses is not included. In Victoria, the term family violence is frequently used to refer to children witnessing, living with and/or experiencing domestic violence; however, in most other jurisdictions the term does not refer to child protection matters. In this report,

family violence “involves the same sorts of behaviours as described for domestic violence. As with domestic violence, the National Plan recognises that although only some aspects of family violence are criminal offences, any behaviour which causes the victim to live in fear is unacceptable” (COAG, 2011, p. 2). The term family violence is the “most widely used term to identify the experiences of Indigenous people because it includes the broad range of marital and kinship relationships in which violence may occur” (COAG, 2011, p. 2).

In addition to acknowledging a wider range of relationships than the concept of domestic violence, family violence in Indigenous contexts is understood by some Aboriginal and Torres Strait Islander people to include a larger range of behaviours, such as “self-inflicted injury” (Gordon, Hallahan, & Henry, 2002, p. 62), and “put downs about culture, and identity and negation of the cultural and spiritual self” (Gordon et al., 2002, p. 29). The definition of family violence responds in part to Indigenous frameworks, but is arguably conceptually limited in its lack of acknowledgement of collective trauma (Atkinson, 2002).

Sexual assault

Legal definitions of the offence of sexual assault vary by jurisdiction but all States and Territories define behaviours constituting sexual assault, as well as the legal meaning of consent (Duncan & Western, 2011). Definitions of sexual assault used in health, welfare and support service contexts are usually more broadly focused on victims' self-identified experiences and are intended to more appropriately inform the provision of support and other service responses.

The National Plan (COAG, 2011) defines sexual assault in the following way:

Sexual assault or sexual violence can include rape, sexual assault with implements, being forced to watch or engage in pornography, enforced prostitution, and being made to have sex with friends of the perpetrator. (COAG, 2011, p. 5)

However, the National Plan also notes an additional range of sexual or sexualised activity and interactions including unwanted touching and kissing (COAG, 2011). The circumstances in which the behaviour occurs is also meaningful including where the other person is not fully or freely participating; has not freely agreed; has been intimidated or coerced, or is unable to agree (e.g. cognitive impairment or intoxication) and which makes the person feel afraid, humiliated, pressured, harmed, distressed or exploited. Sexual assault is distinguished from sexual abuse which is more commonly accepted as sexual or sexualised interaction with someone under the age of consent (generally under 16 years) where the perpetrator is significantly older, or for other reasons such as developmental or physiological maturity is in a position of power; or under 18 years where the perpetrator is in a position of care, supervision or authority – for example, a parent, guardian or teacher (Breckenridge & James, 2014). These definitions reflect a relationship-based approach, emphasising the nature and dynamics of the relationship of victim to perpetrator. The use of power and control within and through the relationship are central tenets.

Intersections and divergences in domestic and family violence and sexual assault

There is overlap between different forms of violence against women, whereby adult sexual assault can be a constitutive part of domestic and family violence, and child sexual abuse can co-occur within the broader context of domestic and family violence. However, sexual assault is perpetrated across a wider range of contexts than just family or intimate partner relationships and so cannot be fully located within a domestic and family violence framework.

Estimations of prevalence rates for sexual assault perpetrated within intimate partnerships have been affected by a number of factors. For example, Heenan (2004) noted that it is only since 1985 that Australian laws have allowed for the possibility of rape being recognised as a criminal offence when occurring in marriage or an intimate partnership. Parkinson (2008) identified that women themselves did not always recognise (and therefore do not disclose) their partners' sexually aggressive actions as rape or sexual assault, even in extreme circumstances. While intimate partner sexual assault continues to lack public visibility, there is a growing body of evidence suggesting that sexual assault can be constitutive of domestic and family violence at a higher rate than previously thought (Duncan & Western, 2011). The World Health Organization's Multi-Country Study estimated a variable global figure from country to country of between six percent and 59 percent of women who report experiencing sexual violence by an intimate partner (World Health Organization, 2005, p. 7). The Australian component of the International Violence Against Women Survey found that over one-third of Australian women experience physical, sexual or psychological violence, or threats from a partner or ex-partner during their lifetime (Mouzos & Makkai, 2004, p. 44). Specifically, 34 percent of women who had ever had an intimate partner reported experiencing at least one form of violence during their lifetime and 12 percent experienced sexual violence from a partner (Mouzos & Makkai, 2004, p. 44).

Duncan and Western (2011) noted that despite some shared principles between domestic violence and sexual assault services, each have different priorities which have informed the respective development of service provision. The following analysis reveals a range of intersections and divergences that support an overall approach to reducing violence against women, but also draw attention to the need to consider the potential benefits of separate, tailored responses to these forms of gendered violence.

Domestic and family violence and sexual assault practice intersections

- **Women's intimate and familial relationships with men as the context for violence:**

Sexual assault may be perpetrated as part of family violence or intimate partner violence which can also include dating relationships in young adults (Duncan & Western, 2011).

- **Gender asymmetry:**

Both domestic and family violence and sexual assault are perpetrated predominantly by men against women. There are also important differences or gender asymmetries between men's and women's typical patterns of victimisation and perpetration (Braaf & Barrett Meyering, 2013). For example, women are more likely to experience violence in the home or the family, while men mostly experience violence from strangers and in public. Violence in both contexts is most often perpetrated by men (ABS, 2012).

- **Hidden nature of violence and barriers to disclosure:**

Shame, guilt, lack of community understanding and a range of other inhibitors contribute to low levels of domestic and family violence and sexual assault disclosure, and therefore, a likely underestimation of prevalence (Breckenridge & Mulroney, 2007; Clark & Quadara, 2010).

- **Significant adverse consequences on the physical, mental and social wellbeing of women and their children:** Victims can experience similar ongoing health and wellbeing issues, including the effects of trauma as a significant outcome of the abuse (Boyd, 2011; Heise, Ellsberg, & Gottmoeller, 2002; Rees et al., 2011).

- **Victim blaming:** In both domestic and family violence and sexual assault, gender stereotypes and traditional family values function together to blame victims or excuse perpetrator behaviour (Chung, Kennedy, O'Brien, & Wendt, 2000; Clark & Quadara, 2010).

Divergences in practice responses

- **Context:** Sexual assault is located not only in intimate and familial relationship settings but also within a broader range of social relationships and public contexts that are less personal (ABS, 2012; Wall & Quadara, 2014).
- **Gender of victims:** Women constitute the majority of adult sexual assault victims. The Crime Victimisation Survey put this estimate at 85 percent (ABS, 2013). However, while girls and women are also the majority of sexual assault and sexual abuse victims, one in 22 Australian men disclosed having experienced sexual violence in the Personal Safety Survey (ABS, 2012).
- **Dynamics:** Domestic and family violence is fundamentally characterised as an *ongoing* pattern of coercive controlling behaviour whereas adult sexual assault (excluding intimate partner sexual assault) can be a one-off attack or series of incidents. In domestic and family violence, the victim is often forced to engage with the perpetrator in an ongoing way outside of the criminal justice system even following separation through institutional structures such as family law, children's schooling and family contacts. Safety is a critical and a *persistent* issue for victims of domestic and family violence (Breckenridge, Walden, & Flax, 2014; Laing, 2013).
- **Chronic and/or repeat victimisation:** In domestic and family violence, perpetrator tactics and patterns of coercive control are built up over time within a close family relationship or partnership. Sexual assault is most frequently limited to a single incident or a small number of discrete events unless perpetrated as part of domestic and family violence. Moreover, while it is usually the case that a sexual assault perpetrator is known to the victim, the national Personal Safety Survey found that 3.8 percent of women reporting sexual assault had been sexually assaulted by a stranger (ABS, 2012).
- **Service responses:** Following disclosure, the experiences of domestic and family violence and sexual assault involve interventions from different service systems, including different legal, therapeutic and welfare responses. Sexual assault services have more traditionally focused on coordinating services for women reporting sexual assault by establishing working agreements across agencies or establishing one-stop shops that better allow for victims' emotional, medical and legal support needs to be met consistently (Duncan & Western, 2011; Wall & Quadara, 2014).

Many researchers note the “siloing” of the two different service structures, where responses to women’s needs are often coordinated distinctly (Duncan & Western, 2011; Olle, 2005). While sharing many commonalities, domestic violence and sexual assault service provision can and do fundamentally differ. As such, where women attempt to access services in response to, for example, intimate partner sexual violence (which is an obvious crossover between the two areas), they may find the separate practice priorities of domestic violence and sexual assault services difficult to negotiate. In light of this, integrated service provision could be a response to directly address “siloed” services. Moreover, integrated and targeted interventions respond to the multiple and complex needs of women who have experienced domestic and family violence and/or sexual assault, recognising that they are best supported holistically and comprehensively, rather than through singular service provision(s).

There is agreement in both the domestic and family violence and sexual assault literature that collaborations and partnerships with other service providers may be beneficial for their respective clients (Bennett & O’Brien, 2007; Laing, Irwin, & Toivonen, 2010; Thurston & Eisener, 2006). However, despite calls for integrated responses providing services for both victims of domestic and family violence and sexual assault, there is limited, if any, evidence of the effectiveness of such joined up responses.

Methodology

This project is conducted in two separate phases. This paper (phase one of the project):

- summarises what is known from the literature about best practice elements of coordinated, multi-agency and integrated responses;
- identifies and documents evidence of international and national interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women; and
- synthesises knowledge with the aim of identifying key themes that emerge from the reviewed data.

Phase two of the project (a meta-evaluation of the evaluations of existing interagency partnerships, collaboration, coordination and integrated interventions and service responses to violence against women) will be presented in the *ANROWS Horizons* report.

Search strategy

The research team conducted a scoping review of published studies considered relevant to the research aims, including peer-reviewed articles, grey literature and websites. Data from relevant conceptual and empirical studies from 2000-2015 was extracted and results from this extraction collected, with select thematic data synthesised in this paper.

Database search terms

Search terms in three conceptual areas were identified as key to the project and combinations of the terms were entered: **Concept One:** Interagency; Coordinated; Integrat*; and Multi agency.

Concept Two: Domestic violence; Family violence; Domestic and family violence; Intimate partner violence; and Sexual assault.

Concept Three: Best practice; Effectiv*; Evaluat*; Evidence; Evidence based; Good practice; Outcome; Review; Systematic review; Trial; and Pilot.

Databases searched

A thematic approach to identify the central, key and universal topics in the literature was applied:

- Informit: APAIS – Health; APAIS – ARSIS; APAFT; FAMILY: Australian Family and Society Abstracts Database; FAMILY: ATSSIS; and CINCH.
- ProQuest: Applied Social Sciences Indexes and Abstracts (ASSIA); Educational Research Information Centre (ERIC); International Bibliography of the Social Sciences: IBSS; National Criminal Justice Reference Service Abstracts: NCJRS; PAIS International; ProQuest Research Library; ProQuest Social Science Journals; Social Services Abstracts; and Sociological Abstracts.
- OVID: Social Work Abstracts.
- MEDLINE.
- PsycINFO.
- EBSCO: Violence and Abuse Abstracts; and Women's Studies International.
- Web of Science.
- Scopus.

Other databases including grey literature were searched: Australian Clearinghouses; New Zealand Clearinghouses;

Australian Government databases, including the AIFS Sexual Assault Databases; Google; Google Scholar; New York Academy of Medicine – Grey Literature Report; Open Grey – Grey Literature in Europe; and PolicyFile.

Appendix A details the comprehensive set of search terms used to identify relevant literature on integrated responses, as well as electronic databases searched.

Inclusion and exclusion criteria

The criteria for including or excluding material were based on the information provided in the ANROWS Expression of Interest for this research project.

Inclusion criteria were:

- peer-reviewed articles;
- grey literature; and
- website materials.

Exclusion criteria were:

- articles published prior to 2000;
- articles not written in English; and
- partnerships, collaborations or integrated approaches where children rather than women are the priority target population.

Methodology review

The methodology review reported in this paper:

- identified 426 resources through searches of electronic databases and suggestions from expert colleagues in the field;
- reviewed 426 resources for inclusion; and
- included 107 resources such as policy documents, websites, media releases and web pamphlets, excluding legislation.

These numbers are specific to this *ANROWS Landscapes* (state of knowledge) paper and may change for the final *ANROWS Horizons* (research) report.

Report structure

For this state of knowledge paper, the authors reviewed literature specific to the aims of this project including evidence of interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women.

Key points to note in the methodology adopted for this report are:

- Research studies from Australia and internationally were reviewed, with a particular focus on best practice in addressing the needs of marginalised and vulnerable groups.
- Best practice findings are derived from conceptual and empirical studies, including evaluations. This report does not focus on the quality and findings of these evaluations; these will be the focus of the final report of this project.
- There are conceptual complexities and different definitions of “integrated responses”, which are important for understanding how services are designed, implemented and evaluated. The authors therefore reviewed the conceptual literature and a summary of that literature is included.
- In order to adequately reflect the range of integrated responses, the report includes a description of the current Australian policy context.
- Data and discussion are organised around the key themes that emerged from the full search of the literature. This approach was preferred over a systematic examination of each program or framework, a method that was at risk of generating a duplication of common programmatic features rather than producing key lessons from the literature.

Conceptual approaches

There is no one way to provide an integrated response to domestic and family violence and sexual assault, but it is possible to identify key conceptual principles and practices which signal an intention to do so. Internationally, and now in Australia, integrated responses are generally accepted by government, policy-makers and service providers alike as constituting best practice in service delivery. Moreover, they are argued to have the capacity to provide a holistic and comprehensive response to violence against women, with positive outcomes for clients (Gregory, Green, & Brandenburg, 2010).

Integration's positive reception within human services has stemmed from recognition of the number of potential benefits to both clients and service providers, as outlined in Table 1.

Integration can and does mean different things to different people allowing for considerable conceptual slippage in how the term is understood by policy-makers, researchers, government and frontline practitioners. For example, efforts have been made in Australia and internationally to distinguish between horizontal integration *between* agencies and sectors at service and agency level; and vertical integration *across* different agency levels (Wilcox, 2010). However, it is often not clear what these differences mean or how various researchers and practitioners are using them.

Potito, Day, Carson and O'Leary (2009) suggested that a useful way of conceptualising integration and its associated practice is as a continuum (see *Continuum of integrated service delivery*), featuring many different integrated service delivery models sharing common aims to enhance outcomes for victims. The advantage of a continuum model is that it bypasses arguments focusing on a fixed definition of integration, thereby allowing for a more nuanced discussion of how integration may operate in different practice contexts.

Table 1 Benefits of integration to service providers and clients

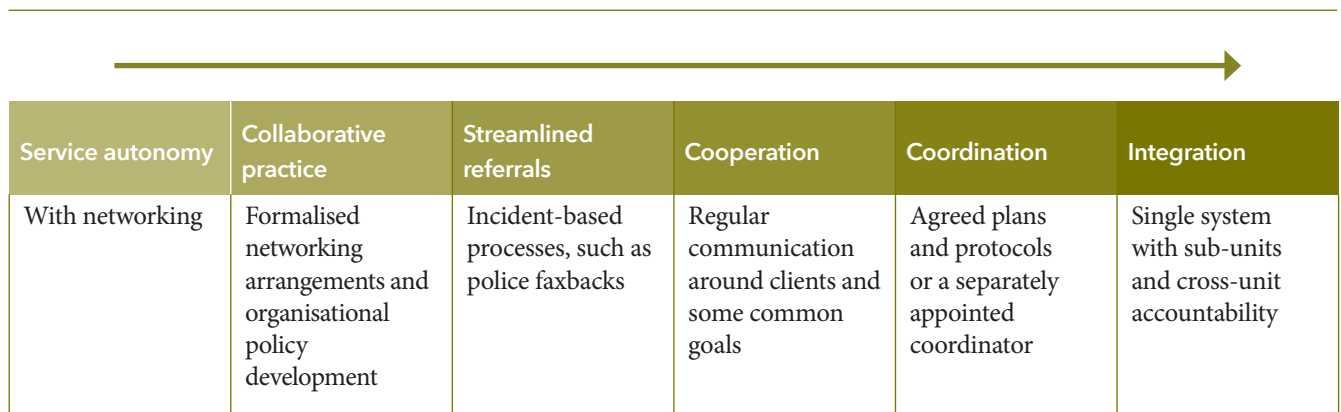
Benefits to service providers
<ul style="list-style-type: none"> • Cost-effectiveness achieved through minimising duplication of services • Formalised information sharing between services • Potential up-skilling of workers across different issues • Enhanced transparency and accountability between services and workers
Benefits to clients
<ul style="list-style-type: none"> • Simplified coordinated response to multiple client needs particularly when they are one-stop shops • Multiple entry points for intervention • Minimisation of secondary victimisation

Source: Adapted from Fine, Pancharatnam and Thomson (2000, p. 23).

Continuum of integrated service delivery

Even outside of the progressive iterations illustrated in this continuum, “integration” is a term that continues to be used interchangeably with others including “multi-agency”, “interagency”, “partnership”, “collaboration” and “coordinated response” (Healey et al., 2013; Wilcox, 2010), although definitions vary in different contexts (Dowling, Powell, & Glendinning, 2004; Wilcox, 2010). Healey et al. noted that “partnerships can range from those with loose networks of interagency update meetings, through streamlined referral

systems to more tightly woven, single integrated systems across a range of sub-unit services” (2013, p. 2). However, the literature generally accepts that integration most often requires formalised agreements between agencies, often captured in memoranda of understanding, and the explicit sharing of service provision principles and approaches.



Source: Wilcox (2010, p. 1020).

Kodner and Spreeuwewenberg (2002) conceptualised integrated service provision in terms of varying degrees of completeness, comprehensiveness and formality of integrated care. The researchers identified different contexts and circumstances influencing the degree of integrated practice across five key domains. Integration can then be conceptualised and operationalised using a combination of possible strategies for different contexts and client groups as described in the checklist developed by Kodner and Spreeuwewenberg (2002, pp. 4-5).

The point made by Kodner and Spreeuwewenberg (2002) about context and complexity of the client group affecting the need for more integrated service provision is certainly relevant to the focus of this report.

However, other drivers of integration have contributed to the development of integrated service provision. Potito et al. (2009) outlined a four point conceptualisation of the drivers of integrated service development, adapted in *Models of service*

Table 2 Strategies for conceptualising and operationalising integration

Area	Strategies
Funding	<ul style="list-style-type: none"> • Pooling of funds (at various levels) • Prepaid capitation (at various levels)
Administrative	<ul style="list-style-type: none"> • Consolidation/decentralisation of responsibilities/functions • Inter-sectoral planning • Needs assessment/allocation chain • Joint purchasing or commissioning
Organisational	<ul style="list-style-type: none"> • Co-location of services • Discharge and transfer agreements • Interagency planning and/or budgeting • Service affiliation or contracting • Jointly managed programs or services • Strategic alliances or care networks • Consolidation, common ownership or merger
Service delivery	<ul style="list-style-type: none"> • Joint training • Centralised information, referral and intake • Case/care management • Multidisciplinary/interdisciplinary teamwork • Around-the-clock (on-call) coverage • Integrated information systems
Clinical	<ul style="list-style-type: none"> • Standard diagnostic criteria (this could include screening and risk assessment tools) • Uniform, comprehensive assessment procedures • Joint care planning • Shared clinical record(s) • Continuous patient monitoring • Common decision support tools (i.e. practice guidelines and protocols) • Regular patient/family contact and ongoing support

Source: Kodner and Spreeuwewenberg (2002, pp. 4-5).

development. Chung and O’Leary suggested that the most common model of service development in Australia has been influenced by community development practice as proposed in the first model in *Models of service development*. Formation of integrated services has been organic and context-specific, often initiated through a partnership between police and a domestic violence service, and driven by leadership to bring other stakeholders into the collaboration (Chung & O’Leary, 2009; Potito et al., 2009). This grassroots approach has seen an increase in joined up services. More recently, state and territory governments in Australia have examined service models to respond to domestic and family violence, with some designing policy and implementing strategic frameworks to inform practice (Healey et al., 2013). Similarly, the delivery of sexual assault services at the grassroots level is arguably shaped by the location in which they are provided (Green, 2007; Parkinson, 2008).

Models of service development

1. Organic growth of services based on community development practices
2. Change-driven, where services are developed in response to a specific catalyst, such as an event or situation
3. Developed in response to top-down directives or implementation of policy edicts
4. Services formed through agreements made between policy-makers/funders and service managers to address need for greater effectiveness

Three core principles emerge from the literature which arguably inform all integrated service delivery in domestic and family violence and sexual assault, and are generally acknowledged by agencies engaged in such provision:

- a focus on enhancing victims’ emotional, psychological and physical safety either in the short or longer term, or both;
- minimising secondary victimisation – in this context, secondary victimisation can occur through services treating victims in such a way as to disempower them or subject them to further trauma, such as having to retell their experiences of violence to each different service provider (Wilcox, 2010); and
- holding perpetrators accountable for their actions (Potito et al., 2009).

While focused on domestic and family violence, Healey et al. (2013) articulated the following typologies of collaboration in *Understanding collaboration*.

Understanding collaboration

As *Understanding collaboration* indicates, partnerships between agencies are essential to integration, regardless of the level and type of collaboration involved. In establishing partnerships between agencies, Potito et al. (2009) proposed these key features of successful partnerships:

- communication – both formal and informal;
- trust – at each level including between sectors and agencies;
- shared goals – transparency of agreed intervention goals; shared language;
- equity between agencies – the role of each agency are equally valued; and
- leadership – some literature suggests a lead agency is helpful, but all acknowledge that management of client need is important (see also Meyer, 2014).

Integration between sectors and disciplines

Partnership/ Approach	Refers to
Multi-agency	Collaboration between individual agencies at statutory or service level
Multi-sectoral	Collaboration across multiple discrete sectors, such as domestic violence, sexual assault and criminal justice
Multi-disciplinary	Drawing together different disciplinary approaches to inform practice such as medical, educational and legal

Source: Adapted from Healey et al. (2013, p. 2).

In the context of domestic and family violence and sexual assault services, integrated responses commonly comprise some, but not necessarily all, of the following disciplinary interventions:

- police;
- other criminal justice agencies – including legal advice and representation, the courts and courts support programs;
- corrections and/or probation and parole;
- child protection – where there is a child currently affected by living with domestic and family violence or a parent's response to sexual assault;
- non-government/community organisations – often involved in the provision of short term and longer term counselling or other specific responses to homelessness, alcohol and other drug use, or mental health and trauma; and
- medical services – short term and longer term medical interventions for psychological and physical health needs of victim including forensic examinations for recent sexual assault.

Not all victims require or choose to engage with this range of professionals, and each service may be offered differently depending on whether the client has experienced domestic and family violence, sexual assault or a combination of both.

Collaboration between services

Synthesising the available domestic and family violence and sexual assault integrative services literature suggests that there are a suite of elements which may provide a shared framework and support a successful collaboration between services. These are initiative-level rather than agency-level elements and, as adapted from Mulroney (2003, pp. 9-10), include:

- shared intervention protocols and procedures;
- cross-agency written agreements, memoranda of understanding;
- clear policies which articulated intervention principles, aims and objectives – both within and between organisations;
- practice standards agreed by all organisations involved in providing the integrated response;
- best practice models reflecting current evidence;
- strategic plans for each organisation and underpinning the overarching integrated response;
- steering committees comprised of sector/local geographic representatives, monitoring the implementation of the protocol and adequacy of the service delivery responses;
- cross-agency training initiatives to ensure the consistency of the integrated response; and
- identification of a lead agency to ensure that integrated services are well coordinated and all written policies and other documentation are available to and agreed by all organisations involved in the provision of an integrated response.

Accepting that various combinations of these practice elements are important, what becomes apparent is that clearly defined governance is central to effective implementation. As part of research into the integrated response to family violence in Victoria, the Safety and Accountability in Families: Evidence and Research (SAFER) research team designed a regional governance continuum matrix of practice for partnerships. This matrix is a practice tool intended to guide those engaged with the development of partnerships to support domestic and family violence and sexual assault service delivery. Identifying eight key indicators for successful multi-agency partnerships, the matrix maps different aspects of, and milestones achieved within, each indicator to levels of integration progression (Healey et al., 2013).

Criticisms of integration

Integration has been described as the “holy grail” for service provision (O’Looney, 2007; Phillips, Jones, & Head, 2010) and conversely as a “buzzword” which automatically attracts considerable attention (Kodner & Spreeuwewnberg, 2002, p. 2). Writing in the UK context, Dowling et al. (2004) argued that collaboration in the service sector is now understood as mandatory, with both policy and legislation affirming interagency work as best practice, and thereby positioning partnerships as an imperative. They also suggested that in service provision, “the ideological environment is uncritically pro-collaboration” (Dowling et al., 2004, p. 310). In reviewing UK literature, Dowling et al. looked at the ways successful partnerships are understood and found that much of the literature is concerned with indicators of successful partnership process rather than service outcome measures. The concern related to measuring the effectiveness of integration extends to the Australian context where there appear to be few empirically-based evaluations of outcomes related to integrated service models. This latter concern is addressed in the meta-evaluation phase of this project.

Integrated services are often developed within constraints imposed by governments, particularly for efficiency and cost-effectiveness. However, in the domestic violence and sexual assault sector, integration should not be the goal in and of itself. An integrated service should be primarily client-centred and must retain a focus on its purpose to best meet the needs of victims and ensure safety for women and their children. While the list below was developed in relation to domestic and family violence (Australian Domestic and Family Violence Clearinghouse, 2010, pp. 17-18), all identified core criticisms may apply equally to integration in sexual assault service provision:

- power imbalances between agencies;
- conflict in the purpose and intervention goals of different service responses;
- privacy concerns for clients;
- scarce resources; and
- lack of performance monitoring and evaluation.

Borrowing the term “collaborative inertia” from Huxham and Vangen (2004, cited in Price-Robertson, 2012), Price-Robertson canvassed the potential problems with integration as described above and drew attention to the limited evidence demonstrating improved outcomes for clients using integrated services. A systematic review similarly found little evidence of improved outcomes through integration (Hayes et al., 2012). While the literature does not suggest that interagency work produces negative outcomes, there are calls for more nuanced assessments of these collaborations (Price-Robertson, 2012, p. 28), such as:

- What are the particular components of collaboration which work?
- Do some service users benefit more from collaboration between different service providers than others?
- Does collaboration between services/professionals pose any risks for service users and if so what would these be?

Summary

To be effective, responses to violence against women need to involve the resources of crisis and long term counselling and support, safety planning, health and mental health services, criminal justice, housing and employment services. In that respect, all effective responses to violence against women *must* be integrated.

However, formal integration between and across services and sectors (policy, service delivery, government and non-government) can take a range of forms. Each of these forms has different implications for the delivery of services and the experiences of practitioners and clients. Evidence of the negative consequences of fragmentation, and the benefits of collaboration, drive the policy aspirations to integration; yet, there are also costs to integration and the limitations of integration are not always recognised.

Lessons from international experience

Both the United States and the United Kingdom have had a marked influence on the development of policy and practice in Australia in integrated responses to domestic and family violence, and sexual assault. Select examples of integrated programs and responses from each country have been chosen to highlight the conceptual and practice influences on the development of integrated service provision in Australia.

United States

When considering a model of integrated service provision to respond to violence against women, the Domestic Abuse Intervention Project (DAIP) based in Duluth, Minnesota in the United States is often cited as the exemplar (Hague & Bridge, 2008; Pence & Shepard, 1999). Commencing in 1980 with a focus on criminal justice, the Duluth DAIP provided a coordinated response to domestic violence, working in partnership with police, shelters and other women's services in the local area (Hague, 1998, p. 441; Pence and Shepard, 1999; Pence, 1983). The DAIP was underpinned by a feminist ethos and also coordinated initiatives for community awareness and development (Hague, 1998, p. 441). It is important to note that the DAIP did not directly advocate for individual women who were victims of domestic violence; rather, it functioned "as a monitoring and coordinating organization for all the agencies and practitioners" that worked directly on individual cases (Pence & Shepard, 1999, p. 13).

The impact of the Duluth model has been wide ranging. It continues to be replicated at sites across the US (Pennington-Zoellner, 2009, p. 541) and informs integrated service provision around the world (Hague & Bridge, 2008, p. 186), inspiring programs such as the Integrated Domestic Abuse Programme (IDAP) in England and Wales (Clarke & Wydall, 2013, p. 395).

Coordinated community responses

In the US, integrated services are often referred to as "coordinated community responses" or CCRs (Hague & Bridge, 2008, p. 186; Salazar, Emshoff, Baker, & Crowley, 2007; Shorey, Tirone, & Stuart, 2014). CCRs are underpinned by legislation, supported primarily by the US *Violence Against Women Act*. They aim to provide more comprehensive support pathways and reduce the trauma of victims, as well as positively enabling criminal justice processes such as evidence collection and information sharing between agencies (Cole, 2011, p. 361). There are no set protocols for the establishment of a CCR, with each site determining its own activities (Klevens, Baker, Shelley, & Ingram, 2008, p. 347; Salazar et al., 2007). However, an "ecological approach" prioritises victim support, drawing together a wide range of community agencies to meet CCR objectives (Shorey et al., 2014, p. 364).

Despite an absence of standardised protocols, CCRs share congruent objectives, with the central goals of:

- providing victim protection;
- seeking offender accountability;
- coordinating and evaluating existing services;
- developing new services; and
- changing the social climate of tolerance for domestic violence (Salazar et al., 2007, pp. 631-632).

Slaght and Hamilton (2005, p. 46) reviewed the literature, and found evidence that collaboration between law enforcement and treatment is important to effective responses to family violence. Slaght and Hamilton (2005, p. 46) asserted that there are three essential components to an effective coordinated community response:

- criminal justice response;
- complementary treatment response; and
- collaboration between law enforcement and treatment communities.

Domestic violence coordinating councils

In the US, domestic violence coordinating councils (DVCCs) – sometimes referred to as taskforces or committees (Shepard, 1999, p. 2) – bring together representatives from a range of agencies and sectors with the broad aim to improve responsiveness to domestic violence. The core concerns of each council can vary, with foci ranging from policy and practice, to multi-sectoral communication and raising public awareness (Allen, 2006, p. 47). However, their statements of purpose relate to three core functions (Shepard, 1999, p. 2):

- assessment of the legal justice and social systems involved;
- policy development; and
- planning.

These councils promote and inform coordinated community responses, and in establishing dialogue between key organisations and sectors, the potential emerges for a more holistic understanding of the range of services required to respond to victims of domestic violence, the identification of any service gaps, and collaborative work in refining and implementing better and more coordinated service provision.

In addition to the benefits of integration canvassed in this report, the collaboration of different parties from a range of sectors through coordinating councils or taskforces also has the potential to build the capacity of member organisations (Nowell & Foster-Fishman, 2011). Research undertaken in the US with representatives from 51 domestic violence community collaborations comprising 614 member organisations found that three interrelated capacity building outcomes were experienced as a result of collaboration (Nowell & Foster-Fishman, 2011, p. 196):

- increased knowledge and awareness for service providers in different sectors (law enforcement, domestic violence service providers, prosecutors, courts, and batterer [perpetrator] intervention programs) of the community system and the issue of domestic violence, as well enhanced access to information;
- expanded social capital giving member organisations a heightened profile and increased influence; and
- improved opportunity and impact through better access to resources and an expanded ability to respond to client needs and problem solve.

Crucially, Nowell and Foster-Fishman suggest that the benefits to collaborators of capacity building have the potential to apply equally to all member organisations (2011, p. 205).

Given their potential, the task of establishing the effectiveness of coordinating councils has been recognised (Allen, 2005; 2006). A study undertaken with 41 DVCCs in a mid-western state in the US found that council leaders perceived DVCCs as having the capacity to play a key role in developing coordinated community responses to domestic violence, but are not always effective (Allen, 2006). While councils may aim to promote principles of equity in decision-making and a shared mission, these factors did not always correspond with achieving positive outcomes (Allen, 2006, p. 62). Sharing power in decision-making emerged as more important to achieving goals within the criminal justice system; while having a shared mission related more to the potential for reaching goals beyond criminal justice (Allen, 2006, p. 62). What this demonstrates, as Allen explained, is the importance of context in understanding the potential effectiveness of a DVCC – that is, “the relationship between council climate and the degree to which council goals were accomplished

depends, in part, on the nature of the collective work itself” (Allen, 2006, p. 62). Further, given the differences in foci among DVCCs, establishing a single impact measure was not possible (Allen, 2006, p. 48). This finding has particular salience for the meta-evaluation and will be revisited later in the *ANROWS Horizons* (research) report.

Zweig and Burt noted that a few studies suggest that interagency collaboration enhances service provision, but that these findings are “based on the report of program providers rather than the women receiving the services” (Zweig & Burt, 2007, p. 1151). This concern is echoed by Postmus and Hahn who noted that in many accounts of multi-agency collaboration models, the emphasis is placed on the way service workers are organised, rather than “demonstrating improved client outcomes” (2007, p. 477). With regard to evaluation, it has been noted that components of a coordinated response, rather than the response in its entirety, have often been the subject of evaluation. The problem with this can be that “the carrying out of one component may not lead to the expected outcomes in other parts of the system” (Shepard, 1999, p. 3).

Combined agencies addressing multiple issues

In an exploratory study of domestic violence and sexual assault agencies in North Carolina, respondents working in sexual assault identified the lack of policy attention across all levels of government as a key challenge, with this neglect affecting service provision (Macy, Giattina, Parish, & Crosby, 2010, pp. 21-22). Importantly, the study addressed the situation of combined agencies, comprising both domestic violence and sexual assault service provision. Respondents from sexual assault agencies raised concerns about the ability of combined agencies to provide effective sexual assault services. Respondents noted that in combined agencies, sexual assault services struggle due to limited resource allocations to sexual assault in combined agencies, as well as the different kind of work approaches between sexual assault and domestic violence, where the latter was described as intensive and ongoing (Macy et al., 2010, p. 22).

In drawing on treatment communities literature, Slaght and Hamilton (2005) underlined the importance of a coordinated response to intimate partner and domestic violence that incorporates support for other intersections such as those between domestic violence and elder abuse (Vinton, 2003; Wasylkewycz, 1994); collaborative responses to domestic violence and substance abuse (Bennett & O’Brien, 2007; Macy & Goodbourn, 2012; McLellan et al., 2003); and domestic violence and poverty (Postmus & Hahn, 2007).

Specialist teams

Specialist teams, such as Sexual Assault Response Teams (SARTs), Sexual Assault Task Forces (SATFs) or Sexual Assault Interagency Councils (SATCs), were first formed in a number of communities in the US in the 1970s (Cole, 2011, p. 361). Established as part of a grassroots approach, SARTs remain community-based (Greeson & Campbell, 2012, p. 84).

SARTs typically coordinate medical services, victim support services, and law enforcement and criminal justice. SARTs have been found to “increase the likelihood that particular services will be provided to victims compared to communities without such teams” (Zweig & Burt, 2007, p. 1151). Similar to other integrated responses already discussed, SARTs claim to share the following goals (Greeson & Campbell, 2012, p. 84):

- improve victim support;
- increase offender accountability; and
- create public awareness.

However, the focus, dynamic and operation of each SART can vary – for example, taking an informal approach to relationship building or working within a formal structure (Greeson & Campbell, 2012, p. 84).

Greeson and Campbell (2012) reviewed the small number of relevant studies undertaken to ascertain the effectiveness of SARTs. They found limited evidence to support the effectiveness of SARTs, given available literature does not canvass the perspectives of sexual assault victims themselves. The studies reviewed drew on SART stakeholders who do perceive SARTs as facilitating improved services, but, as Greeson and Campbell highlighted, “[s]exual assault responders may overestimate the effectiveness of their response to victims” (2012, p. 88).

United Kingdom

In 2014, the third review of the UK National Action Plan, *A call to end violence against women and girls*, was released by the UK Government (United Kingdom. Home Office, 2014). Similar to Australia's National Plan, this policy paper identifies multi-agency approaches as fundamental to addressing violence against women and girls, and one of the guiding principles of the UK's Action Plan is "work in partnership to obtain the best outcomes for victims and their families" (United Kingdom. Home Office, 2014, p. 34). The Action Plan regards optimal service provision as ideally including partnerships between the statutory, voluntary and community sectors, and highlights the issue of information sharing between agencies as key to risk assessment and effective referral. A commitment is made to continuing to work on multi-agency models through the National Group to tackle Sexual Violence Against Children and Vulnerable People (United Kingdom. Home Office, 2014).

Integrated responses to domestic and family violence

Similar to DVCCs, Multi-Agency Risk Assessment Conferences (MARACs) involve representatives from key agencies meeting regularly to share information and discuss cases referred by police who use a risk assessment tool when attending domestic violence incidents. The aim of MARACs is to reduce harm to domestic violence victims understood to be at high risk (Robinson, 2006, pp. 761-762). The role of MARACs is to make joint decisions regarding safety plans, as well as share information. The meetings are attended by independent domestic violence advocates (IDVAs) – trained specialists who work with victims who are at high risk of harm, address their safety needs, and help them manage the risks they face. The IDVAs act on behalf of the women at the MARAC meetings to provide independent advice and represent the victim's views, and the victim can also attend. The meetings can arrange for a police officer to regularly check on women's welfare, provide extra security, help with emergency social housing transfers, ensure schools do not allow children to leave with anyone but their mother, and arrange for a health visitor to check on the family's wellbeing. In 2010, there were 240 MARACs operating in England and Wales (United Kingdom. Home Office, 2010).

The findings of an outcome evaluation undertaken by Robinson (2006, p. 783) demonstrated that MARACs do have a positive impact on domestic violence victims, with evidence suggesting "victims experience less violence and abuse after their inclusion in a MARAC". Nevertheless, Robinson noted that the study is limited by the absence of a comparison group,

although the pre-test and post-test results are notable in that more than half of the victims had two or more previous complaints for domestic violence prior to participation and 70 percent had no further callouts for domestic violence in the 6 months afterwards (2006, pp. 777, 783, 785).

However, concerns have been raised about the equity across agencies involved in multi-agency collaborations as hierarchies can emerge between the parties involved. For example, Hague notes that in multi-agency forums with voluntary agencies in the UK, statutory agencies can often assume leadership in collaboration, possibly giving rise to negative effects (Hague, 1998, p. 446; Harvie & Manzi, 2011; Robinson, Hudson, & Brookman, 2008). Others have questioned the enthusiastic reception given to multi-agency initiatives, suggesting that these service models do not necessarily enhance women's safety because there is a separation between partnership initiatives at the sector or government level and the reality of service provision for victims of domestic violence (Welsh, 2005).

Integrated responses to sexual assault

Lovett, Regan and Kelly (2004) examined the emergence of Sexual Assault Referral Centres (SARCs) in the UK. In the late 1980s and early 1990s, the first SARCs were established in light of police responses to rape, with criticisms highlighting that specialist medical attention was often lacking. Rape Crisis Centres (RCCs), while providing a range of services to address women's needs following sexual assault, were not in a position to deliver the required medical services. The new SARC model, premised on a foundational partnership between police and health services, generated some concerns: women may experience increased pressure to report sexual assault to the police; rape may become medicalised; and SARCs may undermine the critical work the rape crisis movement had achieved in responding directly to the needs of women (Lovett et al., 2004, p. 3). However, those fears were not borne out and "[i]n 2004, it is unlikely that any SARC would be planned without including local specialist services, and especially RCCs, in its development" (Lovett et al., 2004, p. 3). In addition, RCCs can be regarded as having "laid the foundation of professional and impactful service provision that has informed the ideological and operational principles of SARCs" (Robinson & Hudson, 2011, p. 4).

The first example of the SARC model in Europe was opened in Dublin, Ireland in 1985 [where they are known as a Sexual Assault Treatment Unit, or SATU] (Eogan, McHugh, & Holohan, 2013, p. 48). The first SARC in the UK opened a year later at the St Mary's Centre in Manchester. Its integrated

response has been highly influential in informing subsequent service provision (Lovett et al., 2004, p. 6), which includes:

- forensic and medical examinations;
- counselling;
- sexually transmitted infections screening;
- emergency contraception and pregnancy testing; and
- 24-hour telephone information and support.

Robinson et al. (2008) conducted interviews with 15 members of the Cardiff SARC Implementation Group prior to its opening. Respondents were very positive about the shared goals for the collaboration and commitment to multi-agency work, and they believed the forthcoming SARC would enable better service provision for clients (Robinson et al., 2008, pp. 416-18). However, barriers were also identified, such as ensuring committed agency representation, managing the diversity of participating agency cultures, and negotiating different priorities and agendas. Some representatives “identified unique goals they expected the SARC to achieve that might not be in line with the expectations and perceived outcomes of other partner agencies” (Robinson et al., 2008, p. 421).

Research shows, however, that SARCs offer a mode of service delivery which successfully coordinates a range of services in a one-stop shop – very similar to the development of sexual assault services in Australia (Carmody, 1992). Further, SARCs act as an invaluable site of integration for the health and criminal justice systems (Robinson & Hudson, 2011, p. 9). SARCs necessarily entail interagency partnerships, yet Lovett et al. noted a disparity between such integrated service responses to sexual assault compared with domestic violence, pointing out that “apart from involvement in management committees, inter-agency links on sexual assault are minimal when compared to domestic violence” (2004, p. 70).

Do integrated services work for all women?

Integrated responses to violence against women are intended to address the multiple support needs of women who have experienced violence, and this is especially important and challenging for some groups of women: those with complex support needs, those in remote and rural areas where services are limited, Aboriginal and Torres Strait Islander women, and others whose needs are often not met by mainstream services. Specific responses to particular drivers and effects of violence may be required.

International evidence

For both domestic violence and sexual assault, the coordinated community response (CCR) model functions as a one-stop shop whereby victims are relieved from the burden of seeking support from multiple sites and are able to access a full suite of support in one overarching program. However, as Shorey et al. (2014) suggested, even with coordinated responses, access to services remains problematic for many marginalised populations of women. Services are not adequately responding to the intersectional differences that confront women. Research indicates that immigrant women and lesbian women experience barriers to accessing support services including those that are integrated. For example, women without legal resident status may avoid police contact out of fears they may be deported; and lesbian women may be a higher risk in shelters when their female partner (the perpetrator) can gain easy access to these sites (Shorey et al., 2014, p. 368). Shorey et al. (2014, p. 369) also suggested that a national protocol for CCRs may help to ensure all victims receive the services they require to remain safe.

Whitaker et al. (2007) reported on the Massachusetts Department of Public Health CCR project – Collaborative for Abuse Prevention in Racial and Ethnic Communities (CARE) which provides a range of culturally competent services to Latina women who experience either intimate partner, sexual violence or both. The CARE network model involves collaboration including resource sharing among member organisations – for example, various language skills – to enable better communication with clients, as well as cross-organisational expertise transfer. Whitaker et al. (2007) noted, however, that while CCRs have risen in prominence, such a model was considered to be in need of significant modification to best suit the specific needs of their target group, Latina women. The law enforcement focus of the prototype CCR model was viewed as potentially triggering a fear of authorities among Latina women and other racial minorities groups accessing the service. The CARE model therefore reflects a modified approach, with the following key activities designed to better serve Latina women experiencing violence (Whitaker et al., 2007, pp. 196-199):

- cultural competence, coalition-building and cross-training for and between collaborating organisations;
- outreach activities, such as presentations to agencies; resource booklets printed in Spanish; maps to support services; and community radio and television features;

- hosting an annual conference to promote cultural competence, with delegates drawn from social work, counselling, education and law; and
- sponsorship of community events within relevant communities, thereby addressing community needs more broadly, not only specifically related to violence against women.

Some important factors which emerged as key learnings for CARE in establishing collaborative culturally-competent service provision included (Whitaker et al., 2007, pp. 203-204):

- having Latina staff within the community-based organisation, and a bilingual coordinator for the collaborating organisations;
- making adaptations and changes to organisational policies and procedures to reflect the provision of a culturally-competent service;
- including men in prevention efforts; and
- acknowledging violence against women was sometimes best addressed in other contexts, such as other services or outreach activities.

Rural, remote and regional communities

Successful interagency collaborations need to respond to the particularities of their own communities. The Australian metropolitan context is markedly different from rural, remote and regional communities, and service provision in these latter contexts must meet needs specific to these communities. Interagency collaborations in rural and remote Australia experience very different challenges to those facing agencies based in large cities. Away from urban centres, imperatives for standardised service provision and urban-centric governance structures are not necessarily suited to varying socio-cultural and geographical contexts (Wendt, 2010). These challenges include (Wall & Stathopoulos, 2012, p. 2):

- isolation;
- lack of privacy for clients and staff;
- difficulty recruiting appropriate staff; and
- difficulty in providing culturally appropriate services to particular groups.

While there is no standard model of sexual assault service provision across jurisdictions, the National Plan emphasises the need for consistent service provision (Wall & Stathopoulos, 2012) and highlights the barriers that may be faced by virtue of physical location (National Council to Reduce Violence against Women and their Children, 2009). Wall and Stathopoulos (2012) consulted with six sexual assault services from different Australian rural, remote and regional locations about collaboration and its challenges. Service providers agreed that collaboration was necessary for an effective service that properly responded to clients with complex and multiple needs. However, the definition and level of integration varied among those services consulted, ranging from structured collaboration to more informal connections. The difference in the implementation of integration was therefore seen to be influenced by the kinds of relationships between services and the size of respective organisations. Key points arising from this consultation included (Wall & Stathopoulos, 2012, p. 12):

- **Importance of community collaboration:** Relationship-building with the local community fosters a better understanding of the service, and engages the community in positive messaging about preventing violence.
- **Establishing service collaborations:** A memorandum of understanding was required to ensure better and more formal connections between services such as police and medical services, and sexual assault services; these collaborations also enable multiple points of entry for clients and can facilitate other informal networks.

- **Optimising outcomes through partnership:** An example was provided of a sexual assault service partnering with a domestic violence hotline: “Instead of spending a lot of money setting up a separate service, money was used to train the local domestic violence crisis workers in sexual assault crisis care delivery”.

Wendt (2010) undertook research in a rural town in South Australia with human service workers drawn from NGOs, a domestic and family violence action group, health services, the Department of Families and Communities, police, public housing, the Aboriginal Health Service, and Community Corrections. The purpose of the research was to identify barriers to collaboration and to agree on a shared vision for future responses. In forging interagency collaborations, one of the main issues these workers identified was a lack of common understanding of and approaches to domestic and family violence between agencies and collaborative service provision. Some workers suggested that a coordinated response should build on services offered by agencies already in the community, while others suggested specialist domestic violence services and programs should be established.

Indigenous communities

The National Indigenous Reform Agreement (Council of Australian Governments, 2009) focuses on integrated service delivery and outlines a series of principles to inform design and delivery of services provided to Indigenous people. These principles refer to priority areas, such as Indigenous engagement, physical and cultural accessibility, and collaboration between Government and agencies (Council of Australian Governments, 2009). Drawing on these principles, a 2012 Secretariat of National Aboriginal and Islander Child Care (SNAICC) report examined good practice in integrated service delivery for Aboriginal and Torres Strait Islander children and families. Along with considerations of access, targeted service provision, and sustainability, the report (SNAICC, 2012) gives specific attention to the following:

- **Engagements** continuing throughout a project, and encompassing a commitment to consultation and involvement with Aboriginal and Torres Strait Islander community members “to enable genuine engagement there is a recognised need to draw and build on community strengths, harness existing capacity and build additional capacity” (SNAICC, 2012, p. 28).
- **Partnership** with commitment to building relationships based on trust, improving long-term community wellbeing outcomes, redressing inequity and/or discrimination, and “openness to working differently with Aboriginal and Torres Strait Islander peoples, recognising that mainstream approaches are frequently not the most appropriate or effective” (SNAICC, 2012, p. 37; Hughes & Snell, 2008).
- **Coordination** with emphasis on service coordination to respond to the needs of remote communities, and “independent facilitation roles, with skilled facilitators who have the capacity to broker relationships and negotiate outcomes in the common interest” (SNAICC, 2012, p. 41).

A multi-agency structure is fundamental to successful service provision for Aboriginal families. However, as noted above, community engagement and support is crucial to determine which agencies will be involved, and in what way (Lee-Hammond, 2013, p. 58; Szirom, 2003, pp. 2-3). In terms of improving integrated service provision for Aboriginal and Torres Strait Islander women experiencing family violence and/or sexual assault, the Aboriginal Family Violence Prevention and Legal Service Victoria (2010) identified a number of key areas requiring attention. Collaboration between Aboriginal and Torres Strait Islander and mainstream services emerged as a priority, with some of the areas canvassed including

(Aboriginal Family Violence Prevention and Legal Service Victoria, 2010, p. 2):

- more effective links between key Aboriginal and Torres Strait Islander and mainstream services;
- development of culturally responsive after-hours and crisis services;
- culturally appropriate counselling and healing;
- developing cultural awareness in legal professionals, and employment of more Aboriginal and Torres Strait Islander people in the legal sector; and
- greater recognition of Aboriginal and Torres Strait Islander women's imprisonment rates and the significant impact of family violence and sexual assault in the development of community services.

Wendt's (2010) research also found that the specific dynamics of family violence for Indigenous people were not well understood in the non-Indigenous community, and Indigenous and non-Indigenous workers differed on their understandings of this issue. For Indigenous workers, holism was of central importance in recognising the interconnectedness of Aboriginal families and communities, in which a violent incident does not only affect a single person, but entire networks of people. Similarly, context-shaped understandings of domestic and family violence for Indigenous workers include factors such as the effects of racism and discrimination on both victim and perpetrator. By contrast, holism and context were not key issues for non-Indigenous workers. Arguably, it may also be the case that the non-Indigenous community knows little of how Aboriginal communities construct partnerships which are commensurate with Indigenous culture.

Taking into account the difficulties faced by support service workers in rural, remote and regional locations, women who are domestic and family violence or sexual assault victims must also negotiate considerable obstacles in accessing support. Indigenous women in remote communities often face even greater barriers to support. Not all Aboriginal communities have domestic violence or sexual assault specialist services, and women may have to travel long distances to access counsellors or otherwise seek phone support (Adams & Hunter, 2007). In small communities, Aboriginal women are often reluctant to seek support and are concerned about confidentiality or about disclosing violence among tight family and community networks which makes anonymity impossible (Adams & Hunter, 2007).

Southern Domestic Violence Service (SDVS) and Nunga Mi: Minar are South Australia's only targeted Aboriginal family violence services, and they work with a range of other agencies to provide holistic services. The services came together in a partnership funded by the (then) Supported Accommodation Assistance Program for a project examining good practice in working with Aboriginal women and children experiencing family violence. While SDVS is a "mainstream" organisation, "Nunga Mi: Minar is run and managed by the Aboriginal community" (Hughes & Snell, 2008, p. 59) employing two Aboriginal project workers and an interagency case liaison officer to work as a central coordination point for agencies. In undertaking their collaborative project, some key elements of good practice emerged (Hughes & Snell, 2008, p. 60):

- community involvement and support;
- new understanding of men and women's roles in Aboriginal communities; and
- shared responsibility for, and commitment to, providing culturally appropriate services.

In establishing services in remote Aboriginal communities, cultural competence, community partnership and consultation are essential. Aboriginal communities should be involved in the development of services and control the way they are provided which better contributes to service provision that is inclusive, responsive and culturally appropriate (Adams & Hunter, 2007).

Culturally and linguistically diverse women

Challenges for women from culturally and linguistically diverse (CALD) backgrounds who have experienced domestic and family violence are also apparent. One example of a response to these challenges is the partnership that VincentCare has forged with the Immigrant Women's Domestic Violence Service to case manage the women who present to VincentCare in Victoria (Alexander, 2010). Through this association, VincentCare has developed cultural sensitivity and awareness within its generalist service approach. Considerable time is given to building a rapport with clients so that a complex range of issues can be properly addressed and support offered, including (Alexander, 2010):

- information and support regarding residency status;
- family law information and support;
- court support; and
- ethical and professional interpreting services.

VincentCare provides services to address the particular vulnerabilities of CALD women, many of whom do not seek help because without residency status, they fear deportation. Crucially, their service provision highlights the difficulties that are inherent in many iterations of domestic violence and sexual assault service provision – a focus on the criminal justice system. Over and above the generally low rate of reporting domestic violence and sexual assault crimes, if CALD women are not able to present to police for the reasons outlined above, access to support services is greatly limited.

Asylum seekers and women from refugee backgrounds are a specific client group that require specialised service responses. As a group, they experience multiple forms of trauma including exposure to gross human rights violations prior to seeking refuge, separation from family members, and periods of displacement in refugee camps, in combination with racial abuse, social, language and cultural isolation, and ongoing partner violence in the country of refuge. This necessitates service integration between, for example, specialised health and mental health services, legal practitioners, and providers of financial, social and material supports (Rees & Pease, 2007). Although migrant services working to support women from refugee backgrounds may apply an integrated response to address the complex needs of women who arrived as refugees, these dedicated coordinated programs are not well represented in the literature.

Women with disabilities

While it is difficult to establish reliable prevalence rates of violence against women with disabilities, some studies suggest that women with disabilities are at much greater risk of physical and sexual violence than women without disabilities, and are also at particular risk of institutionalised forms of violence (Bartels, 2010; Healey, Howe, Humphreys, Jennings, & Julian, 2008).

Further, it is widely recognised that women with disabilities (Healey et al., 2008, p. 113):

- have considerably fewer pathways to safety;
- tend to be subjected to violence for significantly longer periods of time; and
- experience violence that is more diverse in nature.

Compared to women without disabilities, women with disabilities are more likely to experience violence at the hands of a greater number of perpetrators (Women With Disabilities Australia, 2007) and are highly vulnerable to sexual assault, particularly those women with intellectual disabilities, psychiatric disabilities or complex communication disabilities (Murray & Powell, 2008).

There is an emerging literature examining the experiences of women with disabilities of domestic and family violence and sexual assault, but very little research either internationally or in Australia has been undertaken about this group of women's experience of help-seeking or the adequacy of services provided to them following a disclosure of violence against women. The authors found no evidence of specific integrated domestic and family violence or sexual assault policies or programs targeted at women with disabilities, and the evidence suggests constraints on the capacity of mainstream domestic and family violence and sexual assault services to meet their needs.

Women with disabilities may already be linked in with a number of other services for their disability(ies) which can require a specialist and ongoing response. This immediately makes the goal of an integrated service response more complex, as it requires collaboration between disability and other services. The *Building the evidence* report on the status of policy and practice in responding to violence against women with disabilities in Victoria (Healey et al., 2008) is one of the first studies to look at this particular issue. Based on a review of the literature, Healey et al. (2008) highlighted that family violence and sexual assault services may not understand or be equipped to respond to the needs of women with disabilities in these circumstances. Further, for women with physical disabilities there may be difficulties physically accessing

the service and women with communication difficulties may not be able to adequately tell their story to workers inexperienced in the use of communication aids such as compic boards (Baldry, Bratel, & Breckenridge, 2006). Chang et al. (2003) made a related point that disability services may be similarly challenged trying to respond to domestic and family violence and sexual assault. Healey et al. (2008, p. 38) noted a particular challenge when providing a service for women with intellectual and psychiatric disabilities suggesting that access is best understood in its broadest sense – that a client needs to know about the service, be able to make use of it, and obtain the benefits of its functions.

While integration makes sense, it is clear that integrated service provision would need to be properly resourced and workers provided with appropriate training and support. This would involve building the capacity of disability services to identify and respond to domestic and family violence and sexual assault, as well as the capacity of domestic and family violence and sexual assault services to meet the needs of women with disabilities.

Australian policy context

Arising from the United Nations Fourth World Conference on Women, Strategic Objective D1 of the Beijing Declaration and Platform for Action requires governments globally to “take integrated measures to prevent and eliminate violence against women” (United Nations, 1995, p. 52). Under D1, governments are recommended to formulate and implement, at all appropriate levels, plans of action intended to eliminate violence against women (United Nations, 1995, p. 53). When initiating this process in 2008, the Commonwealth Government established the National Council to Reduce Violence against Women and their Children (the National Council) to consider and advise on measures to reduce the incidence and impact of violence against women and their children. The National Council produced a report titled *Time for action: The National Council's plan for Australia to Reduce Violence against Women and their Children* (National Council to Reduce Violence against Women and their Children, 2009). In 2011, the Coalition of Australian Governments (COAG) released the *National Plan to Reduce Violence against Women and their Children 2010-2022* which was designed to be implemented through a series of four, 3 year Action Plans over 12 years (COAG, 2011).

Arguably, the National Plan is itself an integrated measure as it requires the Commonwealth, States and Territories to work together. Moreover, it demonstrates COAG recognition that a whole of government and community response is required at a systematic level to comprehensively address and reduce violence against women and their children. The National Plan also intends to demonstrate the Commonwealth Government's commitment to the *Convention on the Elimination of All Forms of Discrimination against Women and the Declaration to End Violence Against Women*, as well as the *Beijing Declaration and Platform for Action*. Interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women are clear priorities in the National Plan and each of the four, 3 year Action Plans is supported by four “foundations of change”. The second of these is to “integrate systems and share information” (National Council, 2009, p.15). Moreover, the Second Action Plan is currently being implemented and National Priority Three involves “Supporting innovative services and integrated systems”.

This meta-evaluation also contributes to National Outcome Four (National Council, 2009, p. 28):

Services meet the needs of women and their children experiencing violence by working towards a shift away from silos of traditional service delivery towards joined-up, integrated service delivery, marked by effort to enhance integration between the sexual assault and domestic violence specialist service systems.

State and territory governments are responsible for working towards achieving the following strategies:

- Strategy 4.1 – enhance the first point of contact to identify and respond to needs; and
- Strategy 4.2 – support specialist domestic violence and sexual assault services to deliver responses that meet needs.

As jurisdictional and national policy frameworks on domestic and family violence and sexual assault emerge, all outlining the need for agencies to collaborate, it becomes increasingly important to ensure that bottom-up community development approaches to collaborative service provision are supported by top-down government directives for the formation of integrated services (Edwards, 2009).

Currently, each jurisdiction has policy in place to:

- improve responses to violence against women;
- support victims of violence against women; and
- prevent violence against women.

Each jurisdiction specifies that integrated responses, and the coordination of a range of government and non-government organisations, are policy goals.

The key policy initiatives are summarised in Table 2 and detailed in Appendix C.

Table 2 Key policy initiatives

Jurisdiction	Initiative	Summary
Australian Capital Territory	<i>ACT Prevention of Violence Against Women and Children Strategy 2011-2017</i>	Strengthen “support available to women subject to violence. Collaboration across service delivery” systems. Joint service delivery models. Workforce training, including diversity competence.
New South Wales	<i>It Stops Here – the NSW Government’s Domestic and Family Violence Framework for Reform (2014)</i>	Prevention and early intervention, streamlined referral, person-centred service responses, workforce capacity building, and criminal justice system response, through the <i>NSW Domestic Violence Justice Strategy 2013-17</i> .
Northern Territory	<i>Domestic and Family Violence Reduction Strategy 2014-17: Safety is Everyone’s Right</i>	“Highlights actions to achieve better service delivery, partnerships and sharing of information between agencies”. Range of responses including centralised referral system, Family Safety Framework, Domestic and Family Violence Prevention Framework, workforce capacity building, “specialised support services for victims and their children.”
Queensland	<i>Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault (2014)</i>	The guidelines are “designed to promote whole-of-government interagency cooperation” and service coordination with an aim to improve governmental responses to victims of sexual assault. The Full Report of the Special Taskforce on Domestic and Family Violence in Queensland was released on 28 February 2015. Information on the Government response to the Taskforce was not available for this report.
South Australia	<i>A Right to Safety (from 2011)</i>	“Prevention, service provision, protection, performance”. Range of responses across police, courts and violence against women collaborations. Family Safety Framework. Family Safety Meetings to share information about high risk families.
Tasmania	<i>Safe at Home</i>	Integrated criminal justice response to domestic and family violence. “Aims to improve safety and security for victims, ensure accountability, reduce incidence of DFV in the longer term, minimise negative impacts of contact” with criminal justice system on victims.
Victoria	<i>Victoria’s Action Plan to Address Violence Against Women & Children 2012-2015</i>	Prevention, early intervention, responding through integrated system. Range of responses including prevention (education, promoting gender equity), crisis responses, justice responses, sexual assault reform strategy, sexual assault multidisciplinary centres.
Western Australia	<i>Family and Domestic Violence Prevention Strategy (Prevention Strategy) to 2022</i>	Prevention and early intervention, victim safety, perpetrator accountability. Family and Domestic Violence Response Teams, joint assessment of incident reports, triage, multi-agency case management. Particular focus on Kimberley region, whole of community approach.

Note: Text in quotation marks in Table 2 is directly sourced from the corresponding policy.

Western Australia's response is explicitly aligned with the National Plan. The Northern Territory's response is funded jointly by the Northern Territory and Commonwealth Governments.

Legislation to support information sharing for the purposes of child protection has been introduced in New South Wales and Western Australia, and in Western Australia the legislation is being amended to broaden this to include adult victims of domestic and family violence.

Examples of inter-departmental and whole-of-government responses at state level are the Family and Domestic Violence Senior Officers Group in Western Australia and Multi-Agency Protection Services in South Australia. In Tasmania, the integrated criminal justice response to family violence is operated in partnership by the departments of Police and Emergency Management, Justice, Health and Human Services, Education, and Premier and Cabinet.

The policy initiatives of most jurisdictions are intended to intervene across the service system, and involve initiatives directed at primary prevention, early intervention, secondary and tertiary interventions, and the courts. They involve the participation of government agencies and non-government organisations, including police, health, human services, education, and attorneys general departments, as well as specialist domestic violence and support services.

Other types of integration include common assessment frameworks and multi-agency service responses, as indicated in Table 3.

Table 3 Types of integration

Integration type	Jurisdictions	Description
Common risk assessment/ management framework	NSW, SA, WA	
Information sharing	ACT, NSW, SA, NT, WA	
Building partnerships between government agencies and NGOs	NSW, NT	
Integrated services	ACT	Family Violence Intervention Program Sexual Assault Reform Program
	NSW	New referral pathways model Safety Action Meetings
	Tasmania	“Integrated Case Coordination (ICC) meetings are held on a weekly basis in each of the four Police districts throughout the State”
	Victoria	Referral Pathways and “Integrated Support for Older Women – the Elder Abuse Prevention and Response Guidelines for Action 2012–2014” “Services Connect – extend Services Connect lead sites to incorporate family violence services, police and children’s services within an integrated service delivery model”
	WA	Family and Domestic Violence Response Teams (“Department for Child Protection and Family Support, WA Police and non-government domestic violence services”) that conduct joint assessment of domestic violence Incident Reports; triage of responses, and multi-agency case management
State level governance	NSW	“Adopting a cross government governance approach” The NSW Domestic and Family Violence Council, and the NSW Domestic Violence Reforms Delivery Board
	SA	Family Safety Framework Implementation Committee (SA Police, Families SA, Housing SA, Community Corrections, Health, Drug and Alcohol Services SA, Schools, Women’s Domestic Violence Services, Victim Support Service).
		Violence against women Collaborations to “identify and develop regional strategies to respond to and prevent violence against women”
	Tasmania	Safe at Home “operated in partnership by the departments of Police and Emergency Management; Justice; Health and Human Services; Education; and Premier and Cabinet”
	WA	“Family and Domestic Violence Senior Officers’ Group (Department of Child Protection)”

Note: Text in quotation marks in Table 3 is directly sourced from the corresponding policy.

Jurisdictional examples

In Australia, there are a diverse range of integrated responses that have been operating for some time or currently being trialled. Of these responses, some have been evaluated, either internally, independently, or a combination of both. Given the legislative and policy differences in domestic violence and sexual assault, comparing jurisdictions presents difficulties (Phillips & Vandenbroek, 2014).

Below are selected examples of current integrated responses in certain Australian jurisdictions. These only represent a small sample of the wide range of integrated responses in Australia. They were selected because, as relatively long-standing programs, more information on their aims and characteristics is available in the public domain than more recently established initiatives. Some examples detail the introduction of jurisdiction-wide integrated systems, though in some states, locally-based integration responses have been preferred models (Meyer, 2014). For domestic violence and sexual assault legislative and policy detail by jurisdiction, see Appendices B and C.

Australian Capital Territory

The Australian Capital Territory's Family Violence Intervention Program (FVIP) is an interagency collaboration that provides a coordinated response to incidents of domestic and family violence, with a commitment to enhancing the criminal justice system's response to this violence (Cussen & Lyneham, 2012). The ACT takes a pro-arrest, pro-charge approach to domestic and family violence, and the FVIP has shown an increase in arrests for this violence (Phillips & Vandenbroek, 2014). The FVIP has run since 1998 with the following key objectives (Cussen & Lyneham, 2012, p. 6):

- to maximise the safety and protection of victims of family violence;
- to work together cooperatively and effectively;
- to provide opportunities for offender accountability and rehabilitation; and
- to seek continual improvement in responses to family violence in the ACT.

As its core functions, the FVIP involves (Australian Capital Territory Government, 2015):

- a coordinating committee, chaired by the Victims of Crime Commissioner, with members drawn from partner agencies; and
- weekly case tracking meetings, convened to provide a coordinated response to incidents of domestic and family violence that police become aware of and move to prosecute.

In undertaking their evaluation of the FVIP, Cussen and Lyneham (2012) combined quantitative and qualitative methodologies, including a literature review, description of family violence data, survey of 40 ACT-based family violence victims, case file audit, and 21 stakeholder interviews. In terms of stakeholder engagement with, and advocacy for, the FVIP, the program was affirmed as a successful coordinated response (Cussen & Lyneham, 2012, p. 101). The FVIP has been cited as a good example of the move towards agency collaboration (Phillips & Vandenbroek, 2014), notable for its incorporation of the judicial system (Healey et al., 2013).

Participating agencies include (Victim Support ACT, 2015, p. 1):

- ACT Policing;
- Office of the Director of Public Prosecutions;
- ACT Law Courts and Tribunal;
- ACT Corrective Services;
- Legislation, Policy and Programs Branch, Justice and Community Safety Directorate;
- Division of Women, Youth & Children Community Health Programs, Health Directorate;
- Care and Protection Service, Community Services Directorate;
- Victims of Crime Commissioner;
- Domestic Violence Crisis Service; and
- Legal Aid ACT.

From 2013, the number of participating agencies has risen, with agreements formalised through a Memorandum of Understanding signed in 2014 (Australian Capital Territory Government, 2015).

Queensland

Some integrated services also include perpetrator programs, reflecting the principle of offender accountability (Justo, 2009; Meyer, 2014). In Queensland, the Gold Coast Domestic Violence Integrated Response (GCDVIR) maintains an emphasis on legally mandated interventions and reform including a men's intervention program. The main objectives of GCDVIR are consistent with the overarching principles of integration outlined earlier in this report. As Day et al. (2010) explained, the GCDVIR aims to:

- enhance victim safety;
- reduce secondary victimisation; and
- reduce domestic violence through interagency collaboration and the monitoring of this collaboration.

The interagency partnership program model emerged from a community forum held in 1996, the catalyst being a series of domestic homicides. Run collaboratively with Southport Community Corrections and the Domestic Violence Prevention Centre, the group-based 24-week male perpetrators program is open to men convicted of a domestic violence-related offence and who must attend as a condition of their order. Informed by the Duluth Domestic Abuse Intervention Project model in the US, the GCDVIR male perpetrators program addresses normative change, specifically (Justo, 2009):

- challenging men to take responsibility for their abuse;
- taking steps to change their behaviour; and
- fostering respectful relationships with their partners.

Day et al. (2010) conducted research looking at the impact of this men's intervention program, and while they cautioned that a reduced number of charges does not necessarily correlate with a reduction in the incidence of domestic violence, a 12-month follow-up found that men who had completed the program had a lower rate of further charges recorded (7 of 20) than those who did not complete the program (16 of 18). In some cases, the new charges were the reason for non-completion. The evaluation relied on pre- and post-intervention measures and no comparison group was used (Day et al., 2010), making it difficult to attribute any change in perpetrators' behaviour to the intervention alone. No matter how promising the results are, they cannot be attributed to the success of the program, or the integrated model in which it is located.

Integrated responses are designed and implemented to remove barriers between services, and bring together sectors that may traditionally not work together. Phillips and Vandenbroek (2014)

cited the Queensland Crime and Misconduct Commission, which found that police officers believed working with other community agencies best addressed complex client health and safety needs arising from domestic and family violence. In another study, a consultation to ascertain service providers' perspectives on women's access to legal protection from domestic violence found that frontline service providers were supportive of some form of an integrated model in service provision (Lynch & Laing, 2013). In focus groups with New South Wales domestic violence service providers working with women seeking Apprehended Violence Orders, Lynch and Laing (2013) found interagency collaboration was perceived to be of pivotal importance in delivering the best model of service delivery to clients by participants. Service providers agreed the collaborative process was effective when all parties are actively engaged; however, the researchers identified communication problems between and across different services as potentially causing frustration. Service workers confirmed the importance of cross-sectoral training, asserting that there should be more training for police and magistrates in domestic violence. The following recommendations were made for an improved integration process (Lynch & Laing, 2013):

- better coordination across services;
- more client-centred approach;
- one-stop shop or case management system;
- less of a "silo" approach; and
- more specialist domestic violence support services.

Less is known about clients' experiences of integrated service provision although it is anticipated that the meta-evaluation phase of this project may identify further information about clients' perceptions and experiences of what does or does not constitute a successful integrated intervention.

However, Meyer's (2014) research did focus on women who had experienced domestic violence and assessed their perception of wellbeing and safety following their engagement with a six-week police-led integrated response in Caboolture, Queensland. Meyer (2014) suggested that for some clients, integrated responses allowed a suite of services to be offered beyond the initial crisis period, with provision for intermediate assistance such as temporary accommodation, as well as longer term support through counselling or housing services. The study found that over time, "[t]he greatest improvement was observed for women's immediate physical safety and housing stability, along with their own emotional wellbeing and their children's overall wellbeing" (Meyer, 2014, p. 4). Parker argued similarly that sexual assault services need to "operate within their local environments" (2010, p. 3) and the suite of services offered need to combine properly over time to be innovative and flexible in addressing individual client needs.

Tasmania

Parallel to the *Family Violence Act 2004* coming into effect in Tasmania in 2005, the Safe at Home integrated, whole-of-government response to domestic and family violence, was funded in 2004 and administered by the Tasmanian Department of Justice. The commitment to intervening in domestic and family violence put Tasmania at the vanguard of legislative and policy reform in this field (Phillips & Vandenbroek, 2014).

Three key objectives drive the Safe at Home program (Success Works, 2009, p. 3):

- achieve a reduction in the level of family violence in the medium to long term;
- improve safety for adult and child victims of family violence; and
- change the offending behaviour of those responsible for the violence.

As an integrated criminal justice response, victim safety is the core concern of the program, with police the first point of contact. However, there are multiple entry points for victims to access support. Services comprising the integrated response include crisis support, policing, counselling for adults and children, court support, offender rehabilitation and child protection (Healey et al., 2013).

There are three tiers of governance for the Safe at Home program (Tasmanian Government, n.d.):

- Steering Committee – this body holds overall responsibility for the program and involves representatives from Government departments, including:
 - Department of Premier and Cabinet (Chair);
 - Department of Justice;
 - Department of Police and Emergency Management;
 - Department of Health and Human Services; and
 - Department of Education.
- Interagency Working Party – responsible for the development and implementation of the program.
- Regional coordinating committees – responsible for service delivery.

Government agencies are represented across all tiers, and are involved in processes of information sharing and case management, as well as the development of policy. Safe at Home enables both a top-down and bottom-up governance system simultaneously, where high-level directives filter down to service provision, and issues arising from frontline service are communicated back to those responsible for refining and reforming policy (Healey et al., 2013).

Victoria

Family violence response

From 2004 to 2011, Victoria undertook family violence policy reform, integrating government and non-government agencies to form a responsive and collaborative system comprised of police, support services and the criminal justice system (Masters, 2013; McCormack, 2013). These reforms have been highly influential, informing the development of the *National Plan to Reduce Violence against Women and their Children*, as well as initiatives in Western Australia and New South Wales (Masters, 2013).

This new integrated system has seen the following developments (Masters, 2013, p. 15):

- Victoria Police Code of Practice for the investigation of family violence;
- Domestic Violence Victoria Code of Practice for specialist family violence services for women and children;
- Common Risk Assessment Framework designed to help professionals identify risk factors associated with family violence; and
- Whole-of-government primary prevention initiative to stop violence before it happens.

Sexual assault response

Powell and Wright (2012) examined key stakeholders' perceptions of Victoria Police's new integrated method of investigating sexual assault. The researchers interviewed 90 professionals working in services for the victims of sexual assault, who were all familiar with the area.

The new sexual assault response model under review is comprised of two elements: specialist teams for both investigation and victim support, known as Sexual Offence and Child Abuse Investigation Teams (SOCITs); and location of all key services in one building, called a multidisciplinary centre, separate from police stations.

Key multidisciplinary centre services include (Powell & Wright, 2012):

- Victoria Police (SOCITs);
- Centres against Sexual Assault (counselling, general advice, victim support);
- Department of Human Services (child protection investigation); and
- Victorian Institute of Forensic Medicine (medical examinations of sexual assault victims).

The human services workers who were interviewed agreed on the integrity of interagency collaboration, and noted that a strength of the new Victoria Police model is the co-location of services which improves accessibility for victims. This co-location of services was reported to (Powell & Wright, 2012):

- increase referrals between services;
- improve professionals' knowledge base and relationships with service providers;
- reduce victim hesitation in reporting assault with provision to meet police informally;
- facilitate rapid decision-making due to ease of conferencing;
- enhance collaboration on case management; and
- provide a safer working environment for counsellors.

The physical multidisciplinary centre facility was also seen as a positive – that is, preserving anonymity with a neutral exterior, and no police presence evident on site.

All human services workers affirmed dialogue and maintenance of good relationships was vital to a successful interagency collaboration, which depends on the ongoing commitment of partner agencies. Additionally, strong centralised management was seen as imperative to effective service provision. Some concerns and reservations about the multidisciplinary centre interagency collaboration were raised, including:

- sustainability due to resourcing limitations; and
- co-location conflicts involving:
 - lack of respect of each other's perspectives;
 - communication problems; and
 - power imbalances, where individuals were perceived as trying to control process.

Overall, Powell and Wright's (2012) assessment of the new sexual assault investigation method in Victoria concluded that the interagency collaborations comprising the multidisciplinary centres are successful, and they provide a more effective service to victims of sexual assault.

Conclusion

Over the last two decades, the potential benefits of integration have become increasingly visible in policy and research across human services. Integration is widely regarded as a means to overcome the limitations of traditional, arguably “siloeed”, service delivery. Equally, in domestic and family violence and sexual assault programs and services, the negative consequences of fragmentation and disconnection are clear. For both these reasons, integration is a specific aim of Australian and international responses to domestic and family violence and sexual assault.

However, there are significant challenges associated with integration. The research evidence shows that it can be difficult and costly to implement, and barriers to reform come from a number of sources including organisational culture, privacy concerns, workforce capacity, trust and institutional inertia. Therefore, while the model of attempted integration is important, how that model is implemented is equally important – in other words, the *how* matters as much as the *what*.

Partly because of these implementation challenges, the evidence base on the effectiveness of integration is very limited. Relatively few robust evaluation studies of integrated responses have been carried out. The only relevant systematic review (on a similar topic) found no reliable evidence that interagency collaboration, compared to standard services, will lead to better outcomes. In addition, there are conceptual and definitional questions around integration, which further complicate the question of evidence. At this stage, however, the anecdotal and empirically derived potential benefits of integration still appear to outweigh the alternatives.

There is evidence that the costs may extend beyond the resources needed to implement this type of program. One cost may be the loss of specialisation and tailored responses. A focus on integrating services to respond to a generic umbrella of violence against women risks, for example, neglecting the particularities of domestic and family violence and sexual assault, and what is different between them. Domestic and family violence and sexual assault require different practice responses, and integrating them may be less important to client outcomes than ensuring an integrated response for people who have experienced domestic and family violence and a separate integrated response for those who have experienced sexual assault.

Notwithstanding these challenges, the current Australian policy context prioritises integration and multi-sectoral responses, and in Australia and internationally a growing number of evaluation studies are adding to knowledge about effective responses and the characteristics and components of these. This is the focus of this project’s final report.

References

- Aboriginal Family Violence Prevention and Legal Service Victoria. (2010). *Strengthening on-the-ground service provision for Aboriginal and Torres Strait Islander victims/survivors of family violence and sexual assault in Victoria*. Victoria: FVPLS.
- Adams, R., & Hunter, Y. (2007). Surviving justice: Family violence, sexual assault and child sexual assault in remote Aboriginal communities in NSW. *Indigenous Law Bulletin*, 7(1), 26-28.
- Aldunate, R. (2014). Domestic violence intervention, the law and social work. In S. Rice & A. Day (Eds.), *Social work in the shadow of the law*, (4th ed.) (pp. 96–117). Annandale: Federation Press.
- Alexander, A. (2010). The family violence challenges for CALD women and women living in remote areas. *Parity*, 23(10), 19-20.
- Allen, N. (2005). A multi-level analysis of community coordinating councils. *American Journal of Community Psychology*, 35(1/2), 49-63.
- Allen, N. (2006). An examination of the effectiveness of domestic violence coordinating councils. *Violence Against Women*, 12(1), 46-67.
- Atkinson, J. (2002). *Trauma trails – recreating song lines: The transgenerational effects of trauma on Indigenous Australia*. North Melbourne: Spinifex Press.
- Australia. Department of Social Services. (2014). *Second action plan 2013-2016 of the national plan to reduce violence against women and their children 2010-2022*. Canberra: DSS.
- Australian Bureau of Statistics. (2012). *The Personal Safety Survey, Australia 2012*. Cat. No 4906.0. Canberra: ABS.
- Australian Bureau of Statistics. (2013). *Crime victimisation: Australia 2013-14*. Cat. No. 4530.0. Canberra: ABS.
- Australian Capital Territory Government. (2015). Family violence intervention program. Retrieved from http://victimsupport.act.gov.au/victims_commissioner/family_violence_intervention_program
- Australian Domestic and Family Violence Clearinghouse. (2010). *Understanding domestic violence and integration in the NSW context: A literature review for NSW Department of Community Services*. Sydney: Department of Community Services.
- Baldry, E., Bratel, J., & Breckenridge, J. (2006). Domestic violence and children with disabilities: Working towards enhancing social work practice. *Australian Social Work*, 59(2), 185-197.
- Bartels, L. (2010). *Emerging issues in domestic and family violence research*. Canberra: Australian Institute of Criminology.
- 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.
- Boyd, C. (2011). *The impacts of sexual assault on women*. Resource Sheet, Australian Centre for the Study of Sexual Assault. Melbourne: AIFS.
- Braaf, R., & Barrett Meyering, I. (2013). *The gender debate in domestic violence: The role of data*. Sydney: Australian Domestic and Family Violence Clearinghouse.
- Breckenridge, J., Chung, D., Spinney, A., & Zufferey, C. (2015). *National mapping and meta-evaluation outlining key features of effective 'safe at home' programs that enhance safety and prevent homelessness for women and their children who have experienced domestic and family violence – State of knowledge paper*. Sydney: ANROWS .
- Breckenridge, J., Hamer, J., Newton, B., & valentine, k. (2013). *Final evaluation report for long-term accommodation and support for women and children experiencing domestic and family violence*. Sydney: Centre for Gender Related Violence Studies and Social Policy Research Centre, UNSW.
- Breckenridge, J., & James, K. (2012). Contributing to the prevention of domestic violence related homicide: A multi-systemic practice response framework. In K. Nakray (Ed.), *Gender based violence and public health: International perspectives on budgets and policies* (pp. 197-212). New York: Routledge.
- Breckenridge, J., & James, K. (2014). Child sexual abuse: The contribution of social work to the legal process. In S. Rice & A. Day (Eds.), *Social work in the shadow of the law*, (4th ed.) (pp. 63-79). Annandale: Federation Press.
- Breckenridge, J., & Mulrone, J. (2007). Leaving violent relationships and avoiding homelessness: Providing choice for women and their children. *NSW Public Health Bulletin*, 18(5-6), 90-93.

- Breckenridge, J., Walden, I., & Flax, G. (2014). *Staying home leaving violence evaluation: Final report*. Sydney: Gendered Violence Research Network, UNSW.
- Carmody, M. (1992). Uniting all women: A historical look at attitudes to rape. In J. Breckenridge & M. Carmody (Eds.), *Crimes of violence: Australian responses to rape and child sexual assault* (pp. 7-17). North Sydney: Allen and Unwin.
- Chang, J., Martin, S., Moracco, K., Dulli, L., Scandlin, D., Loucks-Sorrel, M., Turner, T., ... Bou-Saada, I. (2003). Helping women with disabilities and domestic violence: Strategies, limitations, and challenges of domestic violence programs and services, *Journal of Women's Health, 12*(7), 699-708.
- Chung, D., Kennedy, R., O'Brien, B., & Wendt, S. (2000). *Home safe home: The link between domestic and family violence and women's homelessness*. Canberra: Commonwealth of Australia.
- Chung, D., & O'Leary, P. J. (2009). Integrated response to perpetrators of domestic violence: Good practice guidelines. In A. Day, P. J. O'Leary, D. Chung & D. Justo (Eds.), *Domestic violence - working with men: Research, practice experiences and integrated responses* (p. 9-22). Sydney: Federation Press.
- Clark, H., & Quadara, A. (2010). *Insights into sexual assault perpetration: Giving voice to victim/survivors' knowledge*. Melbourne: AIFS.
- Clarke, A., & Wydall, S. (2013). 'Making safe': A coordinated community response to empowering victims and tackling perpetrators of domestic violence. *Social Policy & Society, 12*(3), 393-406.
- Cole, J. (2011). Victim confidentiality on Sexual Assault Response Teams (SART). *Journal of Interpersonal Violence, 26*(2), 360-376.
- Council of Australian Governments. (2009). *National Indigenous Reform Agreement (Closing the Gap)*. Schedule D. Canberra: COAG.
- Council of Australian Governments. (2011). *National plan to reduce violence against women and their children: Including the first three-year action plan*. Canberra: FACHSIA.
- Coy, M., Lovett, J., & Kelly, L. (2008). *Realising rights, fulfilling obligations: A template for an integrated strategy on violence against women for the UK*. London: End Violence Against Women, United Kingdom.
- Cussen, T., & Lyneham, M. (2012). *ACT Family Violence Intervention Program review*. Retrieved from Australian Institute of Criminology website <http://www.aic.gov.au/publications/current%20series/tbp/41-60/tbp052.html>
- Day, A., Chung, D., O'Leary, P., Justo, D., Moore, S., Carson, E., & Gerace, A. (2010). Integrated responses to domestic violence: Legally mandated intervention programs for male perpetrators. *Trends & Issues in Crime and Criminal Justice, 404*, 1-8.
- Department of Social Services. (2015). Women's safety: The national plan to reduce violence against women and their children 2010-2022. Retrieved from <https://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022>
- Dowling, B., Powell, M., & Glendinning, C. (2004). Conceptualising successful partnerships. *Health and Social Care in the Community, 12*(4), 309-317.
- Duncan, J., & Western, D. (2011). *Addressing 'the ultimate insult': Responding to women experiencing intimate partner sexual violence*. Sydney: Australian Domestic and Family Violence Clearinghouse, UNSW.
- Edwards, R. (2009). Community development or service integration: The experience of the New South Wales strategy to reduce violence against women. *Women Against Violence, 21*, 46-55.
- Eogan, M., McHugh, A., & Holohan, M. (2013). The role of the sexual assault centre. *Best Practice & Research Clinical Obstetrics and Gynecology, 27*(1), 47-58.
- Fine, M., Pancharatnam, K., & Thomson, C. (2000). *Coordinated and integrated human service delivery models: Final report*. Sydney: New South Wales Cabinet Office and Premier's Department. Social Policy Research Centre, UNSW.
- Gordon, S., Hallahan, K., & Henry, D. (2002). *Putting the picture together: Inquiry into response by government agencies to complaints of family violence and child abuse in Aboriginal communities*. Perth: State Law Publisher.
- Green, R. (2007). Welfare workers' experiences of rural practice: Similar but different. *Rural Social Work and Community Practice, 12*(1), 41-46.
- Greeson, M. R., & Campbell, R. (2012). Sexual assault response teams (SARTs): An empirical review of their effectiveness and challenges to successful implementation. *Trauma, Violence, & Abuse, 14*(2), 83-95.

- Gregory, R., Green, R., & Brandenburg, M. (2010). Building relationships: An example of integrating family violence programs which support women and children. *Women Against Violence*, 22, 41-49.
- Hague, G. (1998). Interagency work and domestic violence in the UK. *Women's Studies International Forum*, 21(4), 441-449.
- Hague, G., & Bridge, S. (2008). Inching forward on domestic violence: The 'co-ordinated community response' and putting it in practice in Cheshire. *Journal of Gender Studies*, 17(3), 185-199.
- Harvie, P., & Manzi, T. (2011). Interpreting multi-agency partnerships: Ideology, discourse and domestic violence. *Social & Legal Studies*, 20(1), 79-95.
- Hayes, S., Mann, M., Morgan, F., Kitcher, H., Kelly, M., & Weightman, A. (2012). Collaboration between local health and local government agencies for health improvement. *Cochrane Database of Systematic Reviews*, 7.
- Healey, L., Howe, K., Humphreys, C., Jennings, C., & Julian, F. (2008). *Building the evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria*. Melbourne: Women's Health Victoria and Victorian Women with Disabilities Network.
- Healey, L., Humphreys, C., & Wilcox, K. (2013). *Governance and interagency responses: Improving practice for regional governance – a continuum matrix*. Sydney: Australian Domestic and Family Violence Clearinghouse, UNSW.
- Heenan, M. (2004). *Just 'keeping the peace': A reluctance to respond to male partner sexual violence*. Melbourne: Australian Centre for the Study of Sexual Assault, AIFS.
- Heise, L., Ellsberg, M., & Gottmoeller, M. (2002). A global overview of gender-based violence. *International Journal of Gynecology and Obstetrics*, 79(1), 3-14.
- Hughes, M., & Snell, R. (2008). Good news from the 'too hard basket': Working toward a good practice model for Aboriginal family violence. *Parity*, 21(3), 59-60.
- Justo, D. (2009). The Gold Coast domestic violence integrated response to perpetrators of domestic violence: Political activism in practice. In A. Day, P. O'Leary, D. Chung & D. Justo (Eds.), *Domestic violence: Working with men: Research, practice experiences and integrated responses* (pp. 23-34). Annandale: Federation Press.
- Klevens, J., Baker, C., Shelley, G., & Ingram, E. (2008). Exploring the links between components of coordinated community responses and their impact on contact with intimate partner violence services. *Violence Against Women*, 14(3), 346-358.
- Kodner, D., & Spreeuwewnberg, C. (2002). Integrated care: Meaning, logic, applications, and implications – a discussion paper. *International Journal of Integrated Care*, 2(12), 1-6.
- KPMG. (2009). *Review of Queensland health responses to adult victims of sexual assault*. Brisbane: Queensland Government.
- 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), 18-30.
- Laing, L. (2013). *'It's like this maze that you have to make your way through': Women's experiences of seeking a domestic violence protection order in NSW*. Sydney: Social Work and Policy Studies, University of Sydney.
- Lee-Hammond, L. (2013). Integrated services for Aboriginal children and families. *Australasian Journal of Early Childhood*, 38(1), 55-64.
- Lovett, J., Regan, L., & Kelly, L. (2004). *Sexual Assault Referral Centres: Developing good practice and maximising potentials*. London: Home Office Research, Development and Statistics Directorate.
- Lynch, D., & Laing, L. (2013). *'Women get lost in the gaps': Service providers' perspectives on women's access to legal protection from domestic violence*. Sydney: Faculty of Education and Social Work Working Paper, University of Sydney.
- Macy, R., Giattina, M., Parish, S., & Crosby, C. (2010). Domestic violence and sexual assault services: Historical concerns and contemporary challenges. *Journal of Interpersonal Violence*, 25(1), 3-32.
- Macy, R. J., & Goodbourn, M. (2012). Promoting successful collaborations between domestic violence and substance abuse treatment service sectors: A review of the literature. *Trauma, Violence, & Abuse*, 13(4), 234-251.
- Masters, J. (2013). Rising to the case for change: Domestic Violence Victoria facilitating coordinated responses to Victorian government sector reform agenda. *Parity*, 26(2), 15-16.

- McCormack, F. (2013). Family violence reforms: A collective effort. *Parity*, 26(5), 38-39.
- McLellan, A., Gutman, M., Lynch, K., McKay, J., Ketterlinus, R., Morgenstern, J., & Woolis, D. (2003). One-year outcomes from the CASAWORKS for families intervention for substance-abusing women on welfare. *Evaluation Review*, 27(6), 656-680.
- Meyer, S. (2014). Victims' experiences of short-and long-term safety and wellbeing: Findings from an examination of an integrated response to domestic violence. *Trends and Issues in Crime and Criminal Justice*, 478, 1-7.
- Mouzos, J., & Makkai, T. (2004). *Women's experiences of male violence: Findings from the Australian component of the international violence against women survey*. Canberra: AIC.
- Mulroney, J. (2003). *Trends in interagency work*. Sydney: Australian Domestic and Family Violence Clearinghouse, UNSW.
- Murray, S., & Powell, A. (2008). *Sexual assault and adults with a disability: Enabling recognition, disclosure and a just response*. Canberra: AIFS.
- National Council to Reduce Violence against Women and their Children. (2009). *Time for action: The National Council's plan for Australia to reduce violence against women and their children 2009-2021*. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs.
- Nowell, B., & Foster-Fishman, P. (2011). Examining multi-sector community collaboratives as vehicles for building organizational capacity. *American Journal of Community Psychology*, 48(3-4), 193-207.
- Olle, L. (2005). A lifetime of violence: Older women and mental health. *O&G*, 7(4), 33-36.
- O'Looney, J. (2007). Marking progress toward service integration: Learning to use evaluation to overcome barriers. *Administration in Social Work*, 21(3-4), 31-65.
- Parker, R. (2010). *Evaluation in family support services*. Melbourne: AIFS.
- Parkinson, D. (2008). *Raped by a partner: Nowhere to go, no-one to tell*. Victoria: Women's Health Goulburn North East.
- Pence, E. (1983). The Duluth domestic abuse intervention project. *Hamline Law Review*, 6, 247-275.
- Pence, E., & Shepard, M. (Eds.) (1999). *Co-ordinating community responses to domestic violence: Lessons from Duluth and beyond*. London: Sage.
- Pennington-Zoellner, K. (2009). Expanding 'community' in the community response to intimate partner violence. *Journal of Family Violence*, 24(8), 539-545.
- Phillips, J., & Vandenbroek, P. (2014). *Domestic, family and sexual violence in Australia: An overview of the issues*. Canberra: Parliament of Australia.
- Phillips, R., Jones, A., & Head, B. (2010). Service integration: The holy grail for human services. *Parity*, 23(8), 16-17.
- Postmus, J. L., & Hahn, S. A. (2007). The collaboration between welfare and advocacy organisations: Learning from the experiences of domestic violence survivors. *Families in Society: The Journal of Contemporary Social Services*, 88(3), 475-484.
- Potito, C., Day, A., Carson, E., & O'Leary, P. (2009). Domestic violence and child protection: Partnerships and collaboration. *Australian Social Work*, 62(3), 369-387.
- Powell, M., & Wright, R. (2012). Professionals' perceptions of a new model of sexual assault investigation adopted by Victoria Police. *Current Issues in Criminal Justice*, 23(3), 333-352.
- Price-Robertson, R. (2012). Interagency collaboration: Good in theory, but... *DVRCV Quarterly*, 3, 26-29.
- Rees, S., & Pease, B. (2006). *Refugee settlement, safety and wellbeing: Exploring domestic and family violence in refugee communities*. Melbourne: Immigrant Women's Domestic Violence Service.
- Rees, S., & Pease, B. (2007). Domestic violence in refugee families in Australia: Rethinking settlement policy and practice. *International Journal of Immigrant and Refugee Studies*, 5(2), 1-19.
- Rees, S., & Silove, D. (2014). Why primary health-care interventions for intimate partner violence do not work. *The Lancet*, 384, 229-229.
- Rees, S., Silove, D., Chey, T., Ivancic, L., Steel, Z., Creamer, M., Teesson, M., McFarlane, A., ... Forbes, D. (2011). Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function. *Journal of the American Medical Association*, 306(5), 513-521.

- 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.
- Robinson, A., & Hudson, K. (2011). Different yet complementary: Two approaches to supporting victims of sexual violence in the UK. *Criminology & Criminal Justice, 11*(5), 515-533.
- Robinson, A., Hudson, K., & Brookman, F. (2008). Multi-agency work on sexual violence: Challenges and prospects identified from the implementation of a Sexual Assault Referral Centre (SARC). *The Howard Journal, 47*(4), 411-428.
- Salazar, L., Emshoff, J., Baker, C., & Crowley, T. (2007). Examining the behavior of a system: An outcome evaluation of a coordinated community response to domestic violence. *Journal of Family Violence, 22*(7), 631-641.
- Secretariat of National Aboriginal and Islander Child Care. (2012). *Integrated service delivery for Aboriginal and Torres Strait Islander children and families*. North Fitzroy, Victoria: SNAICC.
- Shepard, M. (1999). *Evaluating coordinated community responses to domestic violence*. Harrisburg, PA: VAWnet.
- Shorey, R., Tirone, V., & Stuart, G. (2014). Coordinated community response components for victims of intimate partner violence: A review of the literature. *Aggression and Violent Behavior, 19*(4), 363-371.
- Slaght, E., & Hamilton, N. (2005). A coordinated response to intimate partner violence. *Journal of Community Practice, 13*(2), 45-59.
- Success Works. (2009). *Review of the integrated response to family violence: Final report*. Hobart: Department of Justice.
- Szirom, T. (2003). Good practice in domestic violence services. *Australian Domestic & Family Violence Clearinghouse Newsletter, 14*, 1-4.
- Tasmanian Government. (n.d.). Safe at Home. Retrieved April 30, 2015 from <http://www.safeathome.tas.gov.au/about-us>
- Thurston, W. E., & Eisener, A. C. (2006). Successful integration and maintenance for screening for domestic violence in the health sector: Moving beyond individual responsibility. *Trauma, Violence, & Abuse, 7*(2), 83-92.
- United Kingdom. Home Office. (2010). Call to end violence against women and girls. Retrieved from <https://www.gov.uk/government/publications/call-to-end-violence-against-women-and-girls>
- United Kingdom. Home Office. (2014). *A call to end violence against women and girls: Action plan 2014*. London: Home Office.
- United Nations. (1995). *Beijing declaration and platform for action, Beijing +5 political declaration and outcome*. Retrieved from UN Women website <http://www.unwomen.org/en/digital-library/publications/2015/01/beijing-declaration>
- Victim Support ACT. (2015). Victim support: Family violence intervention program. Retrieved February 19, 2015 from <https://victimsupport.act.gov.au/victims-commissioner/family-violence-intervention-program>
- Vinton, L. (2003). A model collaborative project toward making domestic violence centers elder ready. *Violence Against Women, 9*(12), 1504-1513.
- Wall, L., & Quadara, A. (2014). Under the influence? Considering the role of alcohol and sexual assault in social contexts. *ACSSA Issues Paper, 18*.
- Wall, L., & Stathopoulos, M. (2012). A snapshot of how local context affects sexual assault service provision in regional, rural and remote Australia. *ACSSA Wrap, 13*.
- Wasylkewycz, M. (1994). The elder abuse resource center, a coordinated community response to elder abuse. *Journal of Elder Abuse & Neglect, 5*(4), 21-33.
- Welsh, K. (2005). The disassociation between domestic violence service provision and multi-agency initiatives on domestic violence. *International Review of Victimology, 12*(3), 213-234.
- Wendt, S. (2010). Building and sustaining local coordination: An Australian rural community responds to domestic and family violence. *British Journal of Social Work, 40*(1), 44-62.
- Whitaker, D., Baker, C., Pratt, C., Reed, E., Suri, S., Pavlos, C., Jacklin Nagy, B., & Silverman, J. (2007). A network model for providing culturally competent services for intimate partner violence and sexual violence. *Violence Against Women, 13*(2), 190-209.

Wilcox, K. (2010). Connecting systems, protecting victims: Towards vertical coordination of Australia's response to domestic and family violence. *The University of New South Wales Law Journal*, 33(3), 1013-1037.

Women With Disabilities Australia. (2007). *Resource manual on violence against women with disabilities*. Tasmania: WWDA.

World Health Organization. (2005). *WHO multi-country study on women's health and domestic violence against women: Summary report of initial results on prevalence, health outcomes and women's responses*. Geneva: WHO.

Zweig, B., & Burt, M. (2007). Predicting women's perceptions of domestic violence and sexual assault agency helpfulness: What matters to program clients? *Violence Against Women*, 13(11), 1149-1178.

Appendix A

Search strategy

Table 4 Database and search terms

Database	Concept 1	Concept 2	Concept 3
Informit APAIS – Health APAFT FAMILY – Australian Family and Society Abstracts Database FAMILY – ATSI CINCH ProQuest Applied Social Sciences Indexes and Abstracts (ASSIA) Educational Research Information Center (ERIC) International Bibliography of the Social Sciences (IBSS) National Criminal Justice Reference Service Abstracts (NCJRS) PAIS International ProQuest Research Library ProQuest Social Science Journals Social Services Abstracts Sociological Abstracts OVID Social Work Abstracts MEDLINE PsycINFO EBSCO Violence and Abuse Abstracts Women's Studies International Web of Science Scopus	Interagency Coordinated Integrat* Multi agency	Domestic violence Family violence Domestic and family violence Intimate partner violence Sexual assault	Best practice Effectiv* Evaluat* Evidence Evidence based Good practice Outcome Review Systematic review Trial Pilot
Google Google Scholar New York Academy of Medicine – Grey Literature Report			

Database	Concept 1	Concept 2	Concept 3
Open Grey – Grey Literature in Europe PolicyFile The Cochrane Library Australian Clearinghouses New Zealand Clearinghouses AIFS Sexual Assault databases			

Appendix B

Australian legislation by jurisdiction

Table 5 Australian legislation by jurisdiction

Note: All text in this table, unless otherwise specified, is directly sourced from the corresponding legislation or policy, and the location of any relevant resources is indicated in the Notes column.

State	Legislation	Section of interest	Detail	Notes
Commonwealth	<i>Family Law Act 1975</i>	67ZBA	Where interested person makes allegation of family violence	The Act requires the court to ensure that any orders made: <ul style="list-style-type: none"> • have regard to any family violence order; and • do not expose a person to an unacceptable risk of family violence.
		68B	Injunctions	
		Parenting Orders	Residence / Supervised Visitation	
Australian Capital Territory	<i>Domestic Violence and Protection Orders Act 2008</i>	10	What conduct do domestic violence orders restrain?	An Act about orders to protect people from domestic violence and personal violence, and for other purposes. Domestic Violence and Protection Orders Regulation 2009: other legislation applies in relation to offences against this regulation
		11	What conduct do personal protection orders restrain?	
		35	What interim order may contain (prohibit respondent from being on premises where the aggrieved person lives or works)	
		48	What final orders (other than workplace orders) may contain	
	<i>Crimes Act 1900</i>	35	Stalking	
		50 (with s54)	Meaning of sexual intercourse; sexual intercourse without consent	
	<i>Domestic Violence Agencies Act 1986</i>			Domestic Violence Prevention Council Office of Domestic Violence Project Coordinator Crisis support organisations

State	Legislation	Section of interest	Detail	Notes
New South Wales	<i>Crimes (Domestic and Personal Violence) Act 2007</i>	15	Application for making domestic violence order by court	An Act to protect persons from domestic and personal violence; to repeal Part 15A of the Crimes Act 1900 ;and to make consequential amendments to other Acts and instruments. The <i>Crimes (Domestic and Personal Violence) Act 2007</i> (the Act) is a stand-alone Act for apprehended violence orders. A court may make an ADVO where it is satisfied that a person who has, or has had, a domestic relationship with another person has reasonable grounds to fear/does fear the commission of a personal violence offence, or conduct which intimidates them.
		16	Court may make apprehended domestic violence order (ADVO)	
		17	Matters to be considered by court in making a ADVO	
		22	Interim Court Orders	
		35	Prohibitions & Restrictions imposed by AVO	
	<i>NSW Crimes Act 1900</i>	61	Offences in the nature of rape, offences relating to other acts of sexual assault etc	
		Div. 1	Homicide	
		Div. 3	Attempts to murder	
		Div. 6	Acts causing danger to life or bodily harm	
		Sched. 11, Part 8	AVOs	
	<i>Children and Young Persons (Care and Protection) Act 1998</i>	Chapter 16A	Exchange of information and co-ordination of services	<p>The Act provides the framework for promoting a partnership approach to child protection. The legislation recognises that this responsibility is shared.</p> <p>“It is no longer necessary to obtain consent of parents, carers, children or young people to exchange information about the safety, welfare or wellbeing of a child or young person. However, it is best practice to inform families that their personal information may be or is being provided to other agencies/organisations. Clients can still access their information through the Freedom of Information process. Information exchange legislation covering this commenced on 30 October 2009.</p> <p>“The new provisions apply to all mandatory reporters and non-government organisations (NGOs) and NSW Government agencies who are identified as prescribed bodies. The new rules permit authorised staff in prescribed bodies to exchange information. For the purposes of information exchange, NGOs will be considered prescribed bodies under Section 248 and Chapter 16A.” Source: http://www.keepthemsafe.nsw.gov.au/resources/frequently_asked_questions/faqs/information_exchange/what_do_the_new_information_exchange_provisions_mean_and_when_did_they_commence</p>

State	Legislation	Section of interest	Detail	Notes
Northern Territory	<i>Domestic and Family Violence Act 2007</i>	19	Matters to be considered in making Domestic Violence Order (DVO)	An Act to provide for the protection of persons in a domestic relationship against violence, and for related purposes.
		22	Premises access order	
		24	A court DVO may include an order requiring the defendant to take part in a rehabilitation program.	
		84	Power to remove and detain	
	<i>Criminal Code Act 1983</i>	192 (ss3)	A person is guilty of a crime if the person has sexual intercourse with another person: (a) without the other person's consent; and (b) knowing about or being reckless as to the lack of consent.	
192B	Coerced sexual self-manipulation			
Queensland	<i>Domestic and Family Violence Protection Act 2012</i>	Part 3 Domestic Violence Orders	Div. 1, 2, 3, 6 – Protection Orders; Temporary Protection Orders; Consent Orders; Voluntary Intervention Orders	An Act to provide for protection of a person against violence committed or threatened by someone else if a relevant relationship exists between the persons.
			Div. 4 – Naming persons on Domestic Violence Orders	
			Div. 5 – Conditions of Domestic Violence Orders	
			Div. 7 – Relationship between Domestic Violence Orders and family law orders	
	Part 4	Police powers		
<i>Criminal Code Act 1899</i>	347 – 349 (with s1)	Definitions; Meaning of Consent; Rape		
352	Sexual Assaults			

State	Legislation	Section of interest	Detail	Notes
South Australia	<i>Domestic Violence Act 1994</i>		CEASED – repealed by <i>Intervention Orders (Prevention of Abuse) Act 2009</i>	
	<i>Intervention Orders (Prevention of Abuse) Act 2009</i>	6	Grounds for issuing an intervention order	An Act to provide for intervention orders and associated problem gambling and tenancy orders in cases of domestic and non-domestic abuse; and for other purposes.
		12	Terms of Intervention Order	
		18	Interim Intervention Order	
		32	Landlord not to allow access to excluded defendant	
	<i>Criminal Law Consolidation Act 1935</i>	48 (with ss 5(1), (3))	Rape	
48A		Compelled sexual manipulation		
Tasmania	<i>Family Violence Act 2004</i>	14	Police Family Violence Order	<p>The primary purpose of the Act, as stated in its long title, is “to provide for an integrated criminal justice response to family violence which promotes the safety of people affected by family violence”. Section 3 of the Act provides that “[i]n the administration of this Act, the safety, psychological wellbeing and interests of people affected by family violence are the paramount considerations”.</p> <p>In summary, the Act:</p> <ul style="list-style-type: none"> • “ratifies the criminal nature of family violence; • defines family violence broadly and recognises that it extends beyond physical violence; • is limited to ex-/spouses/partners within a significant relationship; • recognises risk screening and safety audits as important tasks; • enables police to issue protective orders as well as the courts; • includes a presumption against bail; • prevents police from issuing bail orders following a breach of an Order; • considers the presence of a child an aggravating factor in sentencing; and • includes rehabilitation programs as a sentencing option” see p. 3 <p>Source: http://www.safeathome.tas.gov.au/__data/assets/pdf_file/0007/305647/2012-13_Annual_Report.pdf</p>
		16	Family Violence Order	
	<i>Criminal Code Act 1924</i>	185	Rape	
		127A	Aggravated sexual assault	

State	Legislation	Section of interest	Detail	Notes
Victoria	<i>Family Violence Protection Act 2008</i>	81	Conditions to be included in family violence intervention order	<p>The purpose of this Act is to—</p> <ul style="list-style-type: none"> a. maximise safety for children and adults who have experienced family violence; and a. prevent and reduce family violence to the greatest extent possible; and a. promote the accountability of perpetrators of family violence for their actions. <p>Division 5 covers conditions of family violence intervention orders.</p>
		82	Exclusion of respondent from residence	
	<i>Crimes Act 1958</i>	38	Rape	
		38A	Compelling sexual penetration	
Western Australia	<i>Children and Community Services Act 2004</i>			<p>Amendments are currently underway to the <i>Children and Community Services Act 2004</i> (the Act) with regard to exchange of information between prescribed authorities. The ability for agencies to exchange relevant information, where necessary without the consent of the people the information relates to, is integral to working effectively with vulnerable children, adults and families to provide support and prevent harm. This is particularly in the case of victims of family and domestic violence.</p> <p>In legislation currently before Parliament (due to come into effect in mid-2015) these information sharing powers are being broadened and extended to the community services sector to enable prescribed authorities to also exchange relevant information with certain community services and with schools in the non-government sector. Increasingly, providers in the community services sector are being engaged to deliver services on Government's behalf. Enabling greater collaboration between government and community sector services in this environment will help promote the wellbeing of children, other individuals, families and communities. The service or school will be able to provide the information without incurring legal or professional liability for doing so, provided the information is disclosed in good faith.</p>
		24A	Authorities other than the Department may disclose or request information	Enables the CEOs of certain public authorities ("prescribed authorities") to exchange information with one another if the information is relevant to the wellbeing of a child or a class or group of children ("relevant information"). These information sharing powers were introduced in 2011 to remove barriers to the exchange of relevant information between government agencies dealing with matters in which the (then) Department for Child Protection was not necessarily involved.

State	Legislation	Section of interest	Detail	Notes
	<i>Restraining Orders Act 1997</i>	11A	When violence restraining orders may be made	An Act to provide for orders to restrain people from committing acts of family and domestic or personal violence by imposing restraints on their behaviour and activities, and for related purposes.
		13	Restraints on respondent	
		30	Restraints that may be imposed (police order)	There are provisions in the <i>Restraining Orders Act 1997</i> that allow for the exchange of prescribed information between interested parties, if the parties agree that the provision of such information is necessary to ensure the safety of a person protected by a violence restraining order, or the wellbeing of a child affected by such order. All information provided must be done in confidence.
		34	Grounds for a misconduct restraining order	
		36	Restraints on respondent	
	<i>Criminal Code Act 1913</i>	319 (read with ss325-326)	Terms used; sexual penetration without consent; aggravated sexual penetration without consent.	

Appendix C

Australian policy by jurisdiction

Table 5 Australian policy by jurisdiction

Note: All text in this table, unless otherwise specified, is directly sourced from the corresponding legislation or policy, and the location of any relevant resources is indicated in the Notes column.

State	Policy	Details
Commonwealth	<i>The National Plan to Reduce Violence against Women and their Children 2010 – 2022</i>	<p>Source: http://www.dss.gov.au/</p> <p>The National Plan (COAG, 2011) is available at: https://www.dss.gov.au/sites/default/files/documents/08_2014/national_plan1.pdf</p> <p>The National Plan brings together the efforts of governments across the nation to make a real and sustained reduction in the levels of violence against women. It is the first plan to coordinate action across jurisdictions. The National Plan “focuses on the two main types of violent crimes that have a major impact on women in Australia—domestic and family violence and sexual assault. Research shows there is a strong link between violence against women and their children and how people view the roles of women and men. The National Plan focuses on stopping violence before it happens in the first place, supporting women who have experienced violence”, stopping men from committing violence, and building the evidence base so that we learn more about ‘what works’ in reducing domestic and family violence and sexual assault (Department of Social Services, 2015).</p> <p>The National Plan is underpinned by the belief that involving all governments and the wider community is necessary to reducing violence in the short and longer terms. No government or group can tackle this problem alone.</p> <p>Working together – areas of responsibility</p> <p>“All systems need to work together to make a major difference to the prevalence and impact of violence against women. The National Plan will build on the current work of all Australian governments and non-government organisations. Government departments and agencies will need to partner with relevant community and business organisations to achieve this change. The National Plan will drive an unprecedented level of collaboration with the broader community and governments who will share information with each other. Many areas of business and the community are already playing their part in reducing violence.</p> <p>The National Plan will be implemented through four three-year plans, with the “First Action Plan: Building Strong Foundations” for 2010 to 2013 published in this plan.</p> <p>First Action Plan (2010–2013) – Building a Strong Foundation establishes the groundwork for the National Plan, putting in place the strategic projects and actions that will drive results over the longer term while also implementing high-priority actions in the short term. During this period, governments will work with services to support women, build a solid evidence base and establish the frameworks and approaches that</p>

State	Policy	Details
		<p>will achieve the attitudinal and behavioural change that is necessary for stopping violence against women in the future (Department of Social Services, 2015).</p> <p>Second Action Plan (2013–2016) – Moving Ahead will take stock of what has worked well in the first three years and consolidate the evidence base for the effectiveness of the strategies and actions implemented to date.</p> <p>Third Action Plan (2016–2019) – Promising Results will deliver solid and continuing progress in best practice policies, with governments using data of far greater detail, accuracy and depth due to the improvements made in data collection and analysis. The long term initiatives put into place during the first two Action Plans are expected to be delivering results.</p> <p>Fourth Action Plan (2019–2022) – Turning the Corner is expected to see the delivery of tangible results in terms of reduced prevalence of domestic violence and sexual assault, reduced proportions of children witnessing violence, and an increased proportion of women who feel safe in their communities.</p> <p>Six National Outcomes and their strategies:</p> <p>National Outcome 1 – Communities are safe and free from violence</p> <ul style="list-style-type: none"> 1.1: Promoting community involvement 1.2: Focus on primary prevention 1.3: Advancing gender equality <p>National Outcome 2 – Relationships are respectful</p> <ul style="list-style-type: none"> 2.1: Build on young people’s capacity to develop respectful relationships 2.2: Support adults to model respectful relationships 2.3: Promote positive male attitudes and behaviours <p>National Outcome 3 – Indigenous communities are strengthened</p> <ul style="list-style-type: none"> 3.1: Foster the leadership of Indigenous women within communities and broader Australian Society 3.2: Build community capacity at the local level 3.3: Improve access to appropriate services <p>National Outcome 4 – Services meet the needs of women and their children experiencing violence</p> <ul style="list-style-type: none"> 4.1: Enhance the first point of contact to identify and respond to needs 4.2: Support specialist domestic violence and sexual assault services to deliver responses that meet needs 4.3: Support mainstream services to identify and respond to needs <p>National Outcome 5 – Justice responses are effective</p> <ul style="list-style-type: none"> 5.1: Improve access to justice for women and their children

State	Policy	Details
		<p>5.2: Strengthen leadership across justice systems</p> <p>5.3: Justice systems work better together and with other systems</p> <p>National Outcome 6 – Perpetrators stop their violence and are held to account</p> <p>6.1: Hold perpetrators accountable</p> <p>6.2: Reduce the risk of recidivism</p> <p>6.3: Intervene early to prevent violence</p> <p>First Action Plan 2010-2013 is available at: https://www.dss.gov.au/sites/default/files/documents/07_2014/first_action_plan_1.pdf</p> <p>Second Action Plan 2013-2016 is available at: https://www.dss.gov.au/sites/default/files/documents/09_2014/dss012_14_book_tagged_reduced.pdf</p>
<p>Australian Capital Territory</p>	<p><i>ACT Prevention of Violence Against Women and Children Strategy 2011-2017</i></p> <p><i>Our responsibility: Ending violence against women and children</i></p>	<p>Source: http://www.communityservices.act.gov.au/</p> <p>The Strategy is available at: http://www.communityservices.act.gov.au/__data/assets/pdf_file/0019/231337/ACT-Prevention-of-Violence-Against-Women-and-Children-Strategy-2011-2017.pdf</p> <p>The Strategy has been developed in the context of the ACT Government's commitment to the National Plan. The development of the National Plan was informed by the National Council to Reduce Violence against Women and their Children. This new ACT Strategy outlines four primary objectives which align with the six outcome areas of the National Plan and are informed by consultation at the local level.</p> <ol style="list-style-type: none"> 1. Women and children are safe because an antiviolence culture exists in the ACT <ol style="list-style-type: none"> 1.1 Increase safety and security for women and children in public spaces 1.2 Promote and support public discussions about violence against women and children 1.3 Build respectful relationships initiatives, identify gaps and new target groups for education 2. Aboriginal and Torres Strait Islander women and children are supported and safe in their communities <ol style="list-style-type: none"> 2.1 Develop an effective response by consulting with Aboriginal and Torres Strait Islander community members 2.2 Build understanding and knowledge of cultural competence in our community 2.3 Develop collaborative service practices for supporting Aboriginal and Torres Strait Islander women and children 3. Women and children's needs are met through joined up services and systems <ol style="list-style-type: none"> 3.1 Identify first point of contact agencies in order to strengthen responses 3.2 Build understanding and knowledge of competence in understanding diversity 3.3 Achieve an integrated continuum of care comprising prevention, early intervention, secondary and targeted services

State	Policy	Details
		<p>4. Men who use violence are held accountable and supported to change their behaviour</p> <p>4.1 Identify gaps in current services and examine best practice approaches for support and education of men who use or are at risk of using violence</p> <p>4.2 Expand options for men who use violence beyond existing justice</p> <p>4.3 Strengthen legal frameworks and instruments</p> <p>Women and children's needs are met through joined up services and systems</p> <p>Joined up services and systems will strengthen the support available to women subjected to violence. Collaboration across the whole service delivery system including whole-of-government and whole-of-community service sector will ensure better knowledge transfer across sectors. Better communication between agencies will ensure the needs of individual women and children are met. A shared commitment, strong partnerships and collaborative approaches across sectors underpin this work. The ACT Government is committed to collaborative policy development and planning, working with non-government organisations as advocates and service providers, continuing to build the evidence base and accountability to the community on progress. This Primary Objective aims to promote the development and use of formal mechanisms to embed collaborative and coordinated efforts.</p> <p>Work in this area has a strong foundation in the ACT with the Family Violence Intervention Program (FVIP) and the Sexual Assault Reform Program (SARP) providing formal mechanisms of collaboration. SARP and FVIP provide an integrated approach to support victims and to ensure that perpetrators are held to account. They have provided better connections between police and support agencies, a domestic violence pro-arrest policy, and increased support for victims in the justice system. The outcome of this focus has been increased reporting of violence against women and children. Both programs have an ongoing plan of action, and there are opportunities to build incrementally on their work to date. Work under this objective will include evaluating and improving these programs to inform evidence based best practice approaches.</p> <p>Key actions</p> <p>3.1 Identify first point of contact agencies in order to strengthen responses</p> <p><i>Short term</i></p> <p>3.1.1 Identify ACT Government services and community agencies which are a first point of contact for women and children subjected to violence</p> <p>3.1.2 Pilot a joint service delivery model between a first point of contact agency and violence against women specialists</p> <p>3.1.3 Ensure that all front line workers know that 1800RESPECT is a referral pathway for women subjected to violence and also provides debriefing support to front line workers outside the domestic and family violence and sexual violence fields</p> <p><i>Medium/long term</i></p> <p>3.1.4 Develop a strategy for training front line workers in supporting women and children who have been subjected to violence</p> <p>3.1.5 Provide regular opportunities for cross sector training and information sharing for police, lawyers, judicial officers, specialist support agencies and front line workers</p>

State	Policy	Details
		<p>3.2 Build understanding and knowledge of diversity competence</p> <p><i>Short term</i></p> <p>3.2.1 Build on the work of the Women with Disabilities Accessing Crisis Services report undertaken by the Women’s Centre for Health Matters, Domestic Violence Crisis Service and Women with Disabilities ACT to increase accessibility and responsiveness for women with disability</p> <p>3.2.2 Identify gaps in service provision for specific vulnerable communities such as children, Aboriginal and Torres Strait Islander, women, women with disability, women from Culturally, Linguistically and Religiously Diverse backgrounds, young women, older women and lesbian, gay, bi-sexual, transgender and intersex (LGBTI) community members</p> <p>3.2.3 Ensure services for men who are subjected to domestic/family/sexual violence are available and appropriate</p> <p><i>Medium/long term</i></p> <p>3.2.4 Explore the potential for cross sectoral responses to enhance service provision to address the needs of vulnerable communities in the <i>ACT Prevention of Violence Against Women and Children Strategy 2011–2017</i></p> <p>3.3 Achieve a continuum of care approach for women and children which ranges from primary prevention through to tertiary intervention models of service</p> <p><i>Short term</i></p> <p>3.3.1 Identify and prioritise strategies to address gaps in the continuum of care, including prevention responses, crisis responses, on-going follow up and support responses, operational responses including the criminal justice system and child protection services, housing responses and referral pathways.</p>
	<p><i>Existing Integrated Service:</i></p> <p><i>ACT Family Violence Intervention Program (FVIP)</i></p>	<p>ACT FVIP review (2012) is available at: http://www.aic.gov.au/media_library/publications/tbp/tbp052/tbp052.pdf</p> <p>ACT FVIP 2013-2014 strategic plan is available at: http://cdn.justice.act.gov.au/resources/uploads/New_Victim_Support/FVIP_strategic_plan_2013-14.pdf</p> <p>The ACT Family Violence Intervention Program (FVIP) commenced in 1998. It is an integrated and coordinated criminal justice and community program designed to respond to family violence incidents that come to police attention and proceed to prosecution. The FVIP is a program that integrates the activities of the police, prosecution, courts and corrections in the criminal justice system, and coordinates externally with other key agencies such as domestic violence advocacy services.</p> <p>The purpose of the ACT FVIP is for partner agencies to collaborate and implement a best-practice response to family violence which:</p> <ul style="list-style-type: none"> • ensures the best possible outcomes for all those affected by family violence, including the victim, offender and their families; and • reduces the incidence of family violence in our community. <p>The FVIP partner agencies include:</p> <ul style="list-style-type: none"> • ACT Policing; • Office of the Director of Public Prosecutions;

State	Policy	Details
		<ul style="list-style-type: none"> • ACT Law Courts and Tribunal; • ACT Corrective Services; • Legislation, Policy and Programs Branch, Justice and Community Safety Directorate; • Division of Women, Youth & Children Community Health Programs, Health Directorate; • Care and Protection Service, Community Services Directorate; • Victims of Crime Commissioner; • Domestic Violence Crisis Service; • Canberra Rape Crisis Service; and • Legal Aid ACT.
	<p><i>Existing Integrated Service:</i></p> <p><i>ACT Sexual Assault Reform Program (SARP)</i></p>	<p>Source: http://www.aic.gov.au/</p> <p>ACT SARP evaluation is available at: http://www.aic.gov.au/media_library/publications/tbp/tbp051/tbp051.pdf</p> <p>In 2005 the Australian Capital Territory (ACT) Office of the Director of Public Prosecutions (DPP) and the Australian Federal Police (AFP) produced a report, <i>Responding to sexual assault: The challenge of change</i> (DPP & AFP 2005), which made 105 recommendations for reforming the way sexual offence cases are handled by the ACT's criminal justice system. The Sexual Assault Reform Program (SARP) is one key initiative developed in response to these recommendations. Managed by the ACT Justice and Community Safety Directorate, SARP's main objective is to improve aspects of the criminal justice system relating to:</p> <ul style="list-style-type: none"> • processes and support for victims of sexual offences as they progress through the system; • attrition in sexual offence matters in the criminal justice system; and • coordination and collaboration among the agencies involved. <p>In November 2007, the ACT Attorney-General announced \$4 million of funding for several SARP reforms. This funding provided for additional victim support staff; a dedicated additional police officer, prosecutor and legal policy officer; and an upgrade of equipment for the Supreme Court and Magistrates Court, including improvements in technology to assist witnesses in giving evidence, and the establishment of an off-site facility to allow witnesses to give evidence from a location outside of the court.</p> <p>The Wraparound process is the primary vehicle for coordinating key stakeholder agencies. An integral part of SARP, Wraparound is the coordinated response to victim/survivors of sexual offences reporting to ACT Policing. The primary function of Wraparound is to provide a mobile counselling and support service that responds to the victim/survivors when they first present to police or forensic/medical services.</p> <p>Wraparound is designed to:</p> <ul style="list-style-type: none"> • ensure appropriate and adequate support is provided to victims who report sexual offences to the police; • provide a coordinated response to victims' case management; and • provide information to, and communicate with, victims throughout their involvement with the criminal justice process (see http://www.aifs.gov.au/acssa/ppdb/wraparound.html).

State	Policy	Details
		<p>The following agencies are members of Wraparound:</p> <ul style="list-style-type: none"> • Canberra Rape Crisis Centre; • Service Assisting Male Survivors of Sexual Assault (this is a service run by CRCC); • ACT Policing, Australian Federal Police; • Victim Support ACT; • Children at Risk Health Unit; • Care and Protection Services; • Forensic and Medical Sexual Assault Care; and • Office of the Director of Public Prosecutions.
New South Wales	<p><i>It Stops Here - the NSW Government's Domestic and Family Violence Framework for Reform</i></p>	<p>Source: http://www.women.nsw.gov.au/_data/assets/file/0003/289461/It_stops_Here_final_Feb2014.pdf</p> <p>The refined Domestic and Family Violence Framework aims to deliver five outcomes:</p> <ul style="list-style-type: none"> • Domestic and family violence is prevented; • Domestic and family violence is identified early; • Victims are safe and supported to recover; • Perpetrators stop using violence; and • A supported, professional and effective sector is developed. <p>The Domestic and Family Violence Framework is built on five priority elements:</p> <p>Element 1: a strategic approach to prevention and early intervention</p> <p>Element 2: streamlined referral pathways to support victims' safety and support their recovery</p> <p>Element 3: accessible, flexible, person-centred service responses that make the best use of resources</p> <p>Element 4: a strong, skilled, and capable workforce</p> <p>Element 5: a strengthened criminal justice system response.</p> <p>The new framework addresses the concerns raised by the Auditor General and the NSW Parliament's Standing Committee on Social Issues by:</p> <ol style="list-style-type: none"> 1. Providing a framework for reform under which agencies can work together to respond to domestic and family violence 2. Establishing a shared policy definition of domestic and family violence and guiding principles applicable to all agencies and services working in the domestic and family violence sector 3. Establishing minimum service standards applicable to all services responding to domestic and family violence 4. Addressing the privacy issues relating to information sharing to ensure consistent responses to victims and to support early intervention and access to support services

State	Policy	Details
		<ol style="list-style-type: none"> 5. Investing in strategic approaches to prevention and early intervention through building the evidence base as well as developing and investing in exemplar projects and strategies 6. Improving the integration and coordination of services through the establishment of a new referral pathways model 7. Establishing Safety Action Meetings across NSW to better protect victims at high risk 8. Actively consulting and building on partnerships with the non-government sector throughout the framework's development and implementation phases 9. Adopting a cross government governance approach in respect of governance which involves improved coordination across agencies and key non-government organisations. <p>Implementation of the Framework will occur in three distinct phases.</p> <ol style="list-style-type: none"> 1. The first phase is already underway and comprises the Domestic Violence Justice Strategy which is already underway as well as a \$9.8 million domestic and family violence prevention investment program. 2. The second phase is the launch of new referral pathways, which will occur in a staged rollout starting in the first half of 2014 and then, subject to evaluation findings, will be progressed to the whole of NSW. In addition, a skills strategy will be rolled out in this phase to support the workforce to implement the Domestic and Family Violence Framework. 3. The third and final phase involves service realignment and the implementation of evidence-based partnership projects. <p>Safer Pathway is element 2 of the reforms and involves coordinated, victim-oriented services, implemented through a Central Referral Point, Local Coordination Points, a threat assessment tool and Safety Action Meetings.</p> <p>The NSW Domestic Violence Justice Strategy 2013-2017 outlines the approaches and standards justice agencies in NSW are adopting to improve the criminal justice system's response to domestic violence. Its objectives are to make victims safer, hold perpetrators accountable and prevent domestic violence from reoccurring.</p> <p>The Domestic Violence Justice Strategy is available at http://www.crimeprevention.nsw.gov.au/domesticviolence/Pages/DomesticViolenceJustice/Domestic_Violence_Justice_Strategy.aspx</p>

State	Policy	Details
Northern Territory	<i>Domestic and Family Violence Reduction Strategy 2014-17: Safety is Everyone's Right</i>	<p>Source: http://www.domesticviolence.nt.gov.au/</p> <p>The Strategy is available at http://www.domesticviolence.nt.gov.au/documents/Domestic_Violence_Strategy.pdf</p> <p>The Northern Territory Government's Strategy aims to increase the safety of victims and their children, reduce rates of intergenerational trauma caused by exposure to domestic and family violence, increase accountability of perpetrators and establish integrated service delivery systems that are sustainable and adaptable. The victim-focused, integrated strategy aims to create an improved and coordinated approach to reduce and prevent domestic and family violence.</p> <p>The Strategy is jointly funded by the Australian and Northern Territory Governments, and highlights actions to achieve better service delivery, partnerships and sharing of information between agencies. An integrated approach will see 11 Government departments and non-government organisations work closely together to deliver a localised and individual approach for victims of domestic and family violence. The long-term commitment to reduce domestic and family violence is strengthened by increasing funding for support services.</p> <p>At the core of the Strategy is an integrated response by Government and non-government agencies to reduce the negative impacts of service fragmentation on vulnerable victims. The Strategy will expand successful trials in Alice Springs of SupportLink and the Family Safety Framework and strengthen the role of non-government agencies to provide appropriate support and referrals for victims.</p> <p>Resources will focus on eight key points of intervention between victims and frontline workers:</p> <ul style="list-style-type: none"> • hospitals and community clinics; • police; • courts; • child protection; • housing; • schools; • correctional services; and • non-government organisations and local government. <p>Some of the key components include:</p> <ul style="list-style-type: none"> • the Domestic Violence Directorate to provide leadership and support; • a centralised referral system – SupportLink – to identify victims and intervene early; • the Family Safety Framework – to protect high risk victims from further harm; • specialised support services for victims and their children to protect and help victims rebuild their lives; • a Domestic and Family Violence Prevention Framework; • indigenous men's leadership grants that prevent, respond and speak out against violence towards women and children; • build the capacity of front line workers across the eight critical points of Intervention through improved information sharing and domestic violence training; • ensure all Northern Territory funded perpetrator programs are evidence based and comply with national standards; and • review of all domestic and family violence legislation.

State	Policy	Details
		<p>Five key areas for change are:</p> <ol style="list-style-type: none"> 1. Prevention <ul style="list-style-type: none"> • Develop an evidence based Prevention Framework for the Northern Territory • Support Indigenous leaders to drive domestic and family violence prevention • Build community capacity 2. Early Intervention <ul style="list-style-type: none"> • Intervene early to prevent violence • Develop and trial new models to improve and strengthen Police responses • Improve responses to children exposed to domestic violence, with Indigenous children as a priority 3. Protection – safety for victims <ul style="list-style-type: none"> • Enhance the first point of contact for victims • Build the expertise and capacity of the workforce to identify and respond effectively to domestic and family violence, including sexual assault 4. Rebuilding the lives of victims and their children <ul style="list-style-type: none"> • Support and expand specialist domestic violence and sexual assault services to deliver responses that meet needs • Support culturally responsive services • Adopt a strengths based approach to rebuilding victims' lives 5. Accountability and positive change for perpetrators <ul style="list-style-type: none"> • Reduce recidivism • Establish mechanisms to improve system accountability • Develop evidence-based behaviour change programs.

State	Policy	Details
Queensland	<i>Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland</i>	<p>The Full Report of the Special Taskforce on Domestic and Family Violence in Queensland was released on 28 February 2015.</p> <p>The report is available at: http://www.qld.gov.au/community/documents/getting-support-health-social-issue/dfv-report-vol-one.pdf</p> <p>The Special Taskforce on Domestic and Family Violence in Queensland (the Taskforce), chaired by The Honourable Quentin Bryce AD CVO, was established on 10 September 2014. The Taskforce was requested to deliver a report to the Premier of Queensland by 28 February 2015. The Taskforce's role has been to define the domestic and family violence landscape in Queensland, and make recommendations to inform the development of a long term vision and strategy for Government and the community.</p> <p>The Taskforce considers the best practice approach is through integrated service responses to domestic and family violence. Integrated service responses need to build on the strengths of current responses to develop a comprehensive and integrated response tailored to, and flexible enough to meet, the needs of victims of domestic and family violence across all areas of the State. A guided, flexible approach to design and implementation of integrated responses can provide better outcomes for communities and victims affected by domestic and family violence.</p> <p>The report outlines recommendations for various areas including building an integrated service response.</p> <p>Chapter 7: Getting Help: building an integrated service response</p> <p>A key theme throughout the review has been the need to develop comprehensive, integrated responses across Queensland to incidents of domestic and family violence. The Terms of Reference specifically asked the Taskforce to consider “holistic, coordinated and timely responses to domestic and family violence...”. This Chapter deals with the key planks of an integrated, holistic, coordinated, and timely service response framework and makes recommendations (see recommendations 71-89) aimed at building a framework that will deliver the best possible service to those who need it. Queensland is vast and diverse. A one-size-fits-all approach to designing and delivering integrated service responses across Queensland will not work. Challenges faced by victims and service providers in rural and remote communities are significantly different from those faced by victims in urban communities. Those in our most vulnerable communities, like Indigenous and culturally and linguistically diverse communities, face unique problems not experienced by others. This Chapter outlines how a guided, flexible approach to design and implementation of integrated responses can provide better outcomes for communities and victims. Core elements are discussed including the need for adequate emergency and long term accommodation services, a common risk assessment framework, better information sharing and effective perpetrator intervention programs.</p> <p>Integrated responses help victims of domestic and family violence navigate the system by:</p> <ul style="list-style-type: none"> • providing access to accurate and timely advice; • enhancing victim safety; • reducing secondary victimisation (e.g. ‘victim blaming’ which can traumatise victims of violence); and • decreasing the incidence of domestic and family violence through monitoring of interagency cooperation and collaboration.

State	Policy	Details
	<p><i>Response to sexual assault:</i></p> <p><i>Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault (2014)</i></p>	<p>Source: https://publications.qld.gov.au/storage/f/2014-09-12T03%3A43%3A29.165Z/qld-govt-guidelines-for-responding-to-sexual-assault.pdf</p> <p>The guidelines are designed to promote whole of-government interagency cooperation and service coordination with an aim to improve governmental responses to victims of sexual assault. The need for enhanced coordination and cooperation has long been recognised and resulted in the development of the 2001 Queensland Government Interagency Guidelines for responding to adult victims of sexual assault.</p> <p>Given the often violent and complex nature of sexual assault, an interagency approach is essential. The Queensland Police Service (QPS), Queensland Health (QH), the Department of Justice and Attorney-General (DJAG) and the Department of Communities, Child Safety and Disability Services (DCCSDS), each have a different but fundamental role in responding to sexual assault. Each of these agencies should assist each other in understanding and supporting their role and be familiar with, and sensitive to, their differing and complementary roles. An interagency approach provides opportunities to discuss and address issues of mutual concern across departments.</p> <p>The government agencies acknowledged in the document (QPS, QH, DJAG and DCCSDS) have committed to the principles, roles, approaches and procedures articulated in the guidelines. This commitment aims to ensure that individuals who have experienced sexual assault are provided with timely, high quality and coordinated service delivery responses appropriate to their needs and appropriate to the role played by departmental officers. Key service providers are encouraged to use this document as a framework to develop local level arrangements and protocols to ensure best practice, quality service and support to people who have experienced sexual assault.</p>
	<p><i>Existing Integrated Service: Gold Coast Domestic Violence Integrated Response (GCDVIR)</i></p>	<p>Source: http://www.qld.gov.au/community/documents/getting-support-health-social-issue/dfv-report-vol-one.pdf and http://www.domesticviolence.com.au/pages/gcdvir.php</p> <p>Established in 1996, the Gold Coast Domestic Violence Integrated Response (GCDVIR) is a coordinated, multi-agency response to domestic violence in the Gold Coast community. The GCDVIR facilitates better agency responses to domestic violence incidents through enhanced coordination, information sharing and partnerships among key local stakeholders. 32,664 mostly female contacts have been logged with the service in the last twelve months. The GCDVIR is overseen by a Coordinating Committee chaired by the Domestic Violence Prevention Centre Gold Coast Inc. Also on the Committee are key government agencies such as the Queensland Police Service, along with other relevant organisations such as Legal Aid Queensland, local hospitals, and women's refuges. Through driving interagency cooperation and connecting key stakeholders, the GCDVIR aims to deliver better outcomes for victims. The GCDVIR was one of the first domestic violence integrated responses initiated in Australia. It was started following a series of domestic homicides in the area; these events had demonstrated the need for agencies to work together to prevent domestic violence. Since its inception, the GCDVIR has won a number of awards including a Queensland Domestic and Family Violence Award (2010) and a Queensland Police Service Commissioner's Award (2006).</p> <p>An effective integrated response to domestic and family violence is incomplete without an appropriate range of services to address and change the violent behaviour of perpetrators. Gold Coast Domestic Violence Integrated Response (a multi-agency response) runs a program that targets male perpetrators of domestic and family violence called Men's Domestic Violence Education and Intervention Program. Run in partnership with Queensland Corrective Services, the program is a probation or parole condition for men convicted in court of a domestic violence related offence. Identified participants are legally required to attend the program for a minimum of 24 weekly sessions of two hours each. Each participant is required to sign a detailed contract that stipulates requirements, safety mechanisms and sanctions for non-compliance. The Program employs the Domestic Abuse Intervention Model (often referred to as the Duluth Model), which prioritises safety of the victims. Regular contact is maintained with the</p>

State	Policy	Details
		<p>female partners of offenders undertaking the program, as well as feedback to program facilitators being provided regarding their safety. Furthermore, screening, monitoring and safety checks are also incorporated into the program. The program has been shown to increase perpetrator awareness of the nature of their behaviour, demonstrate that perpetrators have less violent supportive attitudes, and increased confidence that they would not act violently again (Day et al., 2010, p. 6).</p> <p>Other key programs include:</p> <ul style="list-style-type: none"> • Police Assisted Referrals Program; • Hospital Referral Program; • Domestic Violence Court Support Information Advocacy Program; and • Safety First Program.
	<p><i>Existing Integrated Service: Partnership Response at Domestic Violence Occurrences (PRADO)</i></p>	<p>Source: http://www.qld.gov.au/community/documents/getting-support-health-social-issue/dfv-report-vol-one.pdf</p> <p>PRADO is a multi-agency response to high risk domestic and family violence cases operating in Caboolture and the North Coast.</p>
	<p><i>Existing Integrated Service: Dovetail</i></p>	<p>Source: http://www.nqdvrs.org.au/dovetail.html and https://www.alrc.gov.au/publications/29.%20Integrated%20Responses/integrated-responses-context-family-violence#_ftn27</p> <p>Townsville and Thuringowa in northern Queensland have developed an integrated response to family violence, known as Dovetail. Government partners include Centrelink, Corrective Services, Department of Child Safety, Department of Communities and Department of Housing. Dovetail partners also include the legal sector—Family Court, Legal Aid, Legal Services, Townsville Magistrates Court—as well as the police; city councils; and non-government services, including the North Queensland Domestic Violence Resource Service, Salvation Army, and women’s services.</p> <p>Responsibilities include:</p> <ul style="list-style-type: none"> • to meet regularly, exchange information and be committed to the Dovetail philosophy and processes; and • to monitor domestic and family violence programs within the Townsville and Thuringowa community. <p>Programs include Fax-Back, Court Support and Men’s Program.</p>

State	Policy	Details
<p>South Australia</p> <p>See Appendix B for detail provided by ANROWS Advisory Group</p>	<p><i>A Right to Safety: The next phase of the South Australia's Women's Safety Strategy 2011- 2022</i></p>	<p>Source: http://www.officeforwomen.sa.gov.au/_data/assets/pdf_file/0003/19767/Taking-A-Stand.pdf</p> <p>The State Government launched <i>A Right to Safety – the next phase of South Australia's Women's Safety Strategy</i> in December 2011. The strategy is organised around four key themes:</p> <ul style="list-style-type: none"> • prevention; • service provision; • protection; and • performance. <p>The main initiatives that have commenced under this strategy are:</p> <ul style="list-style-type: none"> • the implementation of a South Australia Police domestic violence strategy; • a commitment to establish a Coronial Domestic Violence Information System to track domestic violence related deaths and provide analysis; • the commencement of the Intervention Orders (Prevention of Abuse) Act, which allows police and courts to issue intervention orders if there is a reason to suspect a defendant may commit an act of abuse; • the operation of a Family Safety Framework in 19 regions across South Australia, which coordinates responses to individual high-risk cases; and • the operation of Violence Against Women Collaborations, which are longer-term partnerships to respond to and prevent violence against women, involving government agencies, non-government organisations and local government. <p>In fulfilling an election commitment, the State Government this year established a Multi-Agency Protection Service. MAPS brings together staff from police, corrections, education, health, Housing SA and Families SA in one location to share information and intervene early in domestic violence and child protection matters. The first stage of this service – dealing with domestic violence is now in operation. By co-locating these staff, agencies will be able to share information faster and identify emerging patterns of harm before they escalate so that at-risk families do not slip through the net.</p> <p>A Right to Safety is available at: http://www.officeforwomen.sa.gov.au/_data/assets/pdf_file/0010/5140/A-Right-to-Safety.pdf</p>
	<p><i>Taking a Stand: Responding to Domestic Violence (policy paper)</i></p>	<p>Taking a Stand, launched on 16 October 2014, is available at: http://www.officeforwomen.sa.gov.au/_data/assets/pdf_file/0003/19767/Taking-A-Stand.pdf</p> <p>This document includes a number of policy responses – some directly relating to the issues raised by the Coroner following the Inquest into the death of Zahra Abrahamzadeh who was murdered by her estranged husband in 2010, as well as other broader measures to help prevent domestic violence.</p> <p>These responses include:</p> <ul style="list-style-type: none"> • a Women's Domestic Violence Court Assistance Service; • an Early Warning System designed to increase accountability and provide an escalation point when there have been flaws in responding to domestic violence; • ensuring all State Government agencies gain White Ribbon Workplace accreditation; and • strengthening penalties for people who are proven to be consistent domestic violence offenders.

State	Policy	Details
	<i>Family Safety Framework</i>	<p>Source: http://www.officeforwomen.sa.gov.au/womens-policy/womens-safety/family-safety-framework</p> <p>The Family Safety Framework (the Framework) was developed under the auspice of the South Australian Government's Women's Safety Strategy and Keeping Them Safe – Child Protection Agenda, to drive improved, integrated service responses to violence against women and children in South Australia.</p> <p>The Framework seeks to ensure that services to families most at risk of violence are provided in a more structured and systematic way, through agencies sharing information about high risk families and taking responsibility for supporting these families to navigate the system of services to help them. The state-wide implementation of the Family Safety Framework was completed in November 2013.</p> <p>The Framework involves an agreement across Departments and Agencies for a consistent understanding and approach to domestic and family violence that has a focus on women's and children's safety and the accountability of perpetrators.</p> <p>The implementation of the Framework is managed by the Office for Women, in conjunction with the Family Safety Framework Implementation Committee made up of representatives from participating agencies. The core agencies involved are:</p> <ul style="list-style-type: none"> • South Australia Police; • Families SA; • Housing SA – Department for Communities and Social Inclusion; • Community Corrections; • Health Services (inc. community, women's health, aboriginal health, midwifery, nursing and hospital staff); • Adult Mental Health Services; • Drug and Alcohol Services SA; • Schools – Department for Education and Child Development; • Women's Domestic Violence Services (NGO); and • Victim Support Service (NGO). <p>Family Safety Meetings are held regularly (usually fortnightly) in 19 police local service areas in South Australia. The Family Safety Framework Practice Manual is available at: http://www.officeforwomen.sa.gov.au/_data/assets/pdf_file/0018/5139/FINAL-Family-Safety-Framework-Practice-Manual-Version-5-October-14-A11860637.pdf</p>
	<i>Violence Against Women Collaborations</i>	<p>Source: http://www.officeforwomen.sa.gov.au/womens-policy/womens-safety/violence-against-women-collaborations</p> <p>Violence Against Women (VAW) Collaborations strengthen partnerships between agencies that respond to women and children experiencing domestic and Aboriginal family violence and/or sexual assault. The Collaborations identify gaps in service provision and provide an opportunity for the development of strategic regional responses to women experiencing domestic and Aboriginal family violence, sexual assault and homelessness due to violence.</p> <p>VAW collaborations are different to the Family Safety Framework. The Family Safety Framework seeks to ensure that services to families most at risk of violence are provided in a more structured and systematic way. This is done through agencies sharing information about these families and sharing responsibility to support these families.</p>

State	Policy	Details
		<p>VAW Collaborations are multi-agency partnerships which will identify and develop regional strategies to respond to and prevent violence against women. The Collaborations will build community capacity to prevent and reduce the incidence of violence against women in local regions by working to create cultural and attitudinal change within the community that addresses the underlying causes of this violence.</p> <p>The Violence Against Women Collaborations aim to increase sector capacity to provide integrated responses to women and children experiencing violence, including those women who are homeless as a result of violence.</p> <p>Every region across South Australia has its own unique strengths and challenges and regions will determine the agencies involved which may include but are not limited to:</p> <ul style="list-style-type: none"> • Specialist Domestic and Aboriginal Family Violence Services (NGO); • Housing SA – Department for Communities and Social Inclusion; • Community and Home Support SA; • Families SA –Department for Education and Child Development; • Sexual Assault Contact Workers; • South Australia Police; • Community Corrections; • Adult Mental Health Services; • Health Services (including community, women’s health, Aboriginal health, midwifery, nursing, hospital staff); • Drug and Alcohol Services SA; • Department for Education and Child Development; • Victim Support Service (NGO); • Legal Services; • Local Government; and • Other relevant services. <p>VAW Collaborations bring together service providers to develop strategic regional responses including:</p> <ul style="list-style-type: none"> • Regional Action Plans – developed in each region to identify the gaps, prioritise the work and develop the response plan; • Supportive housing – supporting the fair and equitable allocation of supportive houses within a region; and • Complex case management – ensuring clients who have complex and/or multiple needs receive a joined-up case management response. <p>Each region will have ownership of their local VAW Collaboration and determine the governance arrangements (chair and executive support) within the group.</p> <p>The Department for Communities and Social Inclusion will provide the framework and templates for VAW Collaborations and will participate as partners in regional groups.</p> <p>Regional VAW Collaborations will provide six-monthly reporting. The information will enhance government knowledge and help to shape future policy direction to prevent violence against women in South Australia.</p>

State	Policy	Details
Tasmania	<i>Safe at Home</i>	<p>Source: http://www.safeathome.tas.gov.au/</p> <p>The Safe at Home 2012-2013 Annual Report is available at: http://www.safeathome.tas.gov.au/_data/assets/pdf_file/0007/305647/2012-13_Annual_Report.pdf</p> <p>Safe at Home is the Tasmanian Government's integrated criminal justice response to family violence. The Safe at Home service system is underpinned by the <i>Family Violence Act 2004</i>. Operated in partnership by the departments of Police and Emergency Management; Justice; Health and Human Services; Education; and Premier and Cabinet, it aims to:</p> <ul style="list-style-type: none"> • improve the safety and security for adult and child victims of family violence in the short and long term; • ensure that offenders are held accountable for family violence as a public crime [and change their offending behaviour]; • reduce the incidence and severity of family violence in the longer term; and • minimise the negative impacts of contact with the criminal justice system on adult and child victims. <p>It is founded on the principle of the “primacy of the safety of the victim” and uses a pro-arrest, pro-prosecution strategy to realise this principle.</p> <p>A key feature of the Safe at Home service response is integrated case coordination. Integrated Case Coordination (ICC) meetings are held on a weekly basis in each of the four Police districts throughout the State.</p> <p>The aim of the ICC approach is to contribute to the safety of adult and child victims of family violence and mitigate against the risk that an offender will repeat or escalate their violence by coordinating an integrated service response that is proactive, timely, holistic and effective. More specifically, case coordination involves developing a series of agreed goals, interventions and responsibilities that provide a cohesive and integrated approach to address the identified risk and safety needs of a case. ICCs are attended by representatives from:</p> <ul style="list-style-type: none"> • the Department of Police and Emergency Management Victim Safety Response Teams; • Police Prosecution, Family Violence Counselling and Support Service; • Court Support and Liaison Service; • Child Protection Service; and • Defendant Health Liaison Service.

State	Policy	Details
Victoria	<p><i>Victoria's Action Plan to Address Violence Against Women & Children 2012-2015: Everyone has a responsibility to act</i></p>	<p>The Plan is available at: http://www.dhs.vic.gov.au/data/assets/pdf_file/0009/736056/preventing_violence_against_women_and_children_action_plan_102012.pdf</p> <p>The Victorian Government initiatives to address violence against women and children fall within three streams:</p> <ul style="list-style-type: none"> • preventing violence against women and children by educating to change attitudes and behaviours and to promote respectful non-violent relationships and engaging organisations and communities to promote gender equity and stop violence; • intervening earlier by identifying and targeting individuals and groups who exhibit early signs of violent behaviour or of being subjected to violence; and • responding through an integrated system which provides consistent, coordinated and timely responses to women and children who experience family violence to protect and empower them to rebuild their lives and to get tougher on perpetrators and prevent re-offending. <p>Prevention initiatives are grouped into two areas of focus: educate to change attitudes and behaviours and to promote respectful, non-violent relationships; and engage organisations and communities to promote gender equity and stop violence.</p> <p>Early intervention initiatives are grouped into two areas of focus: identify women and children at greatest risk of violence; and target interventions to those who are at risk of committing violence.</p> <p>Response initiatives are grouped into two areas of focus: protect and empower women and children to rebuild their lives; and get tougher on perpetrators and prevent re-offending.</p> <p>Current response initiatives</p> <ul style="list-style-type: none"> • Immediate crisis care services – such as emergency accommodation and support for women and children, crisis care responses including through Crisis Care Units, after hours services, police and legal support services. • Service responses – such as women and children's counselling, family violence support services, including outreach support, safe at home options, services for Aboriginal women experiencing family violence and extended after hours support. • <i>Family Violence Protection Act 2008</i> – legislation that aims to protect victims of family violence and hold perpetrators to account. • Justice responses – includes specialist family violence court services and intervention, Child Witness Service, specialist sexual offences lists in the Magistrates' Court and the County Court, training for judges and the legal profession on issues surrounding sexual assault, a forensic nursing network, specialist Sexual Offences Units within the Office of Public Prosecutions, legal support services for Aboriginal women experiencing family violence. • Sexual Assault Reform Strategy – reforms to the justice system's response to sexual assault to meet the objectives of increasing rates of reporting and improving the experience of sexual assault victims in the justice system. • Sexual Assault Multidisciplinary Centres – three centres are currently operating involving co-located partners: police investigators, sexual assault counsellor/advocates and child protection workers, to provide improved support for adult and child victims of sexual assault, enhanced investigation of sexual offences and child abuse, improved quality of evidence in sexual offence cases, increased reporting and reduced complaints withdrawn from justice and ongoing improved engagement with health and support systems.

State	Policy	Details
		<ul style="list-style-type: none"> • Statewide Advisory Services – including the Domestic Violence Resource Centre, Domestic Violence Victoria, Women with Disabilities Victoria, In Touch Multicultural Centre Against Family Violence, No to Violence and Indigenous Men’s Resource and Advisory Service. • Strengthening Risk Management Demonstration Projects – two sites testing the implementation and delivery of coordinated multi-agency approaches to strengthen family violence risk management, providing for consistent and timely responses when assessing, planning and responding to the needs of a woman and her children, regardless of whether she reports family violence to police or other services. • Indigenous Healing Services – services for families who have experienced family violence. • New Statewide Aboriginal Women’s Response Services in Mildura and Morwell. • Sexual Assault Support Services – provide counselling, advocacy and support to child and adult victim/survivors of sexual assault. • Referral Pathways and Integrated Support for Older Women – the Elder Abuse Prevention and Response Guidelines for Action 2012–2014 raise awareness and ensure appropriate service responses are available to older women in the family violence and homelessness sectors. • Sexual Offences and Child Abuse Cross Training – cross training between Sexual Offences and Child Abuse Investigation Teams and other service providers to improve responses to women and children. • Disability and Family Violence Crisis Response Pilot – provides immediate disability support to women who have a disability or who have a child with a disability so they can access family violence crisis accommodation response or remain safely in their own home. • Family and Reproductive Rights Education Program – supports culturally-sensitive, participatory work with affected communities, prioritises women’s empowerment and seeks to increase access to, and improve, sexual, reproductive and mainstream health services for those at risk, or affected by female genital mutilation. • Responses to sex trafficking – Sex Industry Coordination Unit established within Victoria Police to monitor legal and illegal brothels and develop intelligence capabilities around human trafficking, including sexual servitude. Victoria Sex Industry Strategic Management Group established, to oversee a multi-agency enforcement program against illegal sex work. • Victoria Police Enhanced Family Violence Service Delivery Model – implementation of the enhanced service delivery model to ensure consistency of service delivery across the state whilst maintaining capacity for local innovation and response. • Family Violence Teams – increased Victoria Police Family Violence Teams, especially in high incidence areas as well as Family Violence Advisers and Family Violence Liaison Officers. • Victoria Police Code of Practice for the Investigation of Family Violence – ongoing implementation of the code to enhance safety and support for victims, early intervention, investigation and prosecution of criminal offences, and to minimise family violence in the community. <p>Further initiatives</p> <ul style="list-style-type: none"> • Services Connect – extend Services Connect lead sites to incorporate family violence services, police and children’s services within an integrated service delivery model. • Koori Family Violence Police Protocols – expansion to three more sites in the Grampians, Shepparton and Dandenong in addition to existing sites in Mildura, Darebin and Bairnsdale. • Expanded Women’s and Children’s Counselling and Case Management – to support those women and children experiencing family violence.

State	Policy	Details
		<ul style="list-style-type: none"> • Sexual Assault and Child Abuse Multidisciplinary Centres – three additional centres to be established to provide improved support for adult and child victims of sexual assault. • Expanded Sexual Assault Support Services – for adult and child victim/survivors of sexual assault. • Sexual Assault Reform Strategy – further work on the use of remote witness facilities, consideration of the most appropriate way for dealing with historical sexual assault matters and exploration of processes to more effectively identify and deal with sexual assault occurring in family violence contexts. • Support to Culturally and Linguistically Diverse women who have been trafficked – to identify options for leaving the sex industry. • Resources regarding available protection for service providers and clients – to help manage contact from offenders and prisoners known to have perpetrated family violence. • Strengthened Risk Management Framework and Guidelines.
	<p><i>Indigenous Family Violence Primary Prevention Framework</i></p>	<p>Source: http://www.dhs.vic.gov.au/</p> <p>The framework (2012) is available at: http://www.dhs.vic.gov.au/_data/assets/pdf_file/0005/718439/Indigenous-family-violence-prim-preventionframework.pdf</p> <p>This framework meets the commitment made to develop an Indigenous specific prevention framework for family violence identified in Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities Ten Year Plan (2008).</p> <p>The framework is designed to support:</p> <ul style="list-style-type: none"> • Aboriginal family violence primary prevention capacity building; • effective, sustainable activities; and • ownership and leadership within Aboriginal communities. <p>The framework also provides evidence of the range of community led initiatives that are contributing toward the prevention of family violence in Aboriginal communities in Victoria. The framework is a resource for Aboriginal communities to guide the development and evaluation of prevention initiatives. It is also a tool for mainstream organisations and government partners who may be working or be intending to work in the prevention of Aboriginal family violence.</p> <p>The framework recognises a need for “Partnership, collaboration and leadership”. Preventing Aboriginal family violence is not the sole responsibility of any one agency, any one community or any one person. Indigenous Family Violence Regional Action Groups (IDVRAG) have been developing partnerships over many years; within the community, across the community and with mainstream organisations. These partnerships and the leadership role of the IFVRAGs contribute to the success of primary prevention activities. Partnerships and collaboration enable prevention activities to have a broader reach, and allow more people to share the load in designing, implementing and participating in activities. Prevention activities targeting Aboriginal people are most successful when they are community led. They also create opportunities to nurture and build community leaders.</p>

State	Policy	Details
		<p>Actions to support partnership, collaboration and leadership include:</p> <ul style="list-style-type: none"> • build on the partnerships of the IFVRAGs; • continue to fund and support the leadership role of the IFVRAGs; • mainstream organisations must consult with and seek advice from IFVRAGs; • acknowledge, resource and appreciate the time needed to nurture relationships and to build partnerships; and • encourage Aboriginal and mainstream organisations to work together, apply jointly for prevention funding and share resources where appropriate.
<p>Western Australia</p> <p>Detail provided by Sherrilee Mitchell, Director, Family & Domestic Violence Unit, Department for Child Protection and Family Support, Government of Western Australia</p>	<p><i>Family and Domestic Violence Prevention Strategy (Prevention Strategy) to 2022: Creating Safer Communities</i></p>	<p>The <i>Prevention Strategy</i> provides a framework for action over a ten year period, until 2022. It sets out a commitment by WA to reduce the incidence of family and domestic violence through a focus on integration and reform over the longer term.</p> <p>The <i>Prevention Strategy</i> continues the reforms outlined in the WA Strategic Plan for Family and Domestic Violence 2009-2013, building on the work already being undertaken across the state. By incorporating the existing family and domestic violence priorities, a solid foundation for the new Prevention Strategy was established, facilitating an environment for change and innovation that will be used to shape future directions.</p> <p>The <i>Prevention Strategy</i> is designed in three year stages allowing for flexibility in the development and implementation of actions that address new and emerging issues as circumstances change. An enduring focus on three primary outcomes of prevention and early intervention, victim safety, and perpetrator accountability will remain for the life of the Prevention Strategy, with targeted actions supporting the achievement of these primary outcomes. The stages are as follows:</p> <ol style="list-style-type: none"> 1. Sustaining change: strengthening the foundation and supporting further reform (2013-2016) 2. Consolidating change: recognising achievements and assessing results (2016-2019) 3. Achieving change: continuing the reform beyond the life of the Prevention Strategy (2019-2022). <p>The Prevention Strategy is aligned with the <i>National Plan to Reduce Violence Against Women and their Children</i> and the National Action Plans produced for each three year period.</p> <p>The <i>Prevention Strategy</i> is available at: http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/WA%20FDV%20Prevention%20Strategy%20to%202022.pdf</p> <ul style="list-style-type: none"> • The <i>Prevention Strategy</i> Achievement Report to 2013 is available at: https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/Achievement%20Report%20to%202013.pdf

State	Policy	Details
	<p><i>State Planning Governance –Family and Domestic Violence Senior Officers Group and Community Sector Roundtable</i></p>	<p>The Family and Domestic Violence Unit (FDVU) at the Department for Child Protection (the Department) convenes a Family and Domestic Violence Senior Officers’ Group (SOG) comprising senior representatives of key state and Commonwealth government agencies and the Women’s Council for Domestic and Family Violence Services, to inform the development and implementation of family and domestic violence strategic plans. In 2014, sub-groups were convened for the Kimberley project (explained below) and perpetrator intervention.</p> <p>Current governance arrangements are being amended to include a standing community sector roundtable and issues focused roundtables/ consultations. The proposed new arrangements include that the community sector roundtable will play an advisory role to SOG, and feedback from the discussions/consultation will be presented to the Senior Officers’ Group.</p> <p>In addition, issues focused roundtables may be formed to discuss priority areas/projects. Membership to the roundtables may be broader than the community sector roundtable, with Senior Officers’ Group.</p>
	<p><i>Freedom from Fear: Working towards the elimination of family and domestic violence in Western Australia 2015-2016</i></p>	<p>To support implementation of the <i>Prevention Strategy</i> the action plan <i>Freedom from Fear: Working towards the elimination of family and domestic violence in Western Australia 2015-2016</i> outlines the next key actions required to work towards improvements in prevention, early intervention and responses to perpetrators of violence.</p> <p>The aim of the action plan is to increase the safety for women and children who are at risk of, or experiencing family and domestic violence through integrated, accountable and effective interventions targeting perpetrators of violence and abuse.</p> <p>Its vision includes:</p> <ol style="list-style-type: none"> 1. Women, children and men are safe and live in communities free of violence 2. Perpetrators of violence are held accountable 3. Responses to family and domestic violence are integrated 4. Responses are accountable for the safety of adult and child victims 5. Responses are informed by assessments of risk. <p>The plan details several actions grouped under five broad themes that reflect a continuum from primary prevention through to tertiary intervention. These themes are:</p> <ol style="list-style-type: none"> 1. Promote understanding and awareness about family and domestic violence 2. Target communities and populations at greatest risk 3. Trial and evaluation innovative approaches to perpetrator intervention 4. Promote consistent quality practice in engaging and responding to men who use violence 5. Increase the capacity and authority of the service system to stop perpetrators of family and domestic violence when they are identified. <p>The implementation of the action plan will be overseen by the Senior Officers’ Group.</p>

State	Policy	Details
	<i>Kimberley District Regional Planning</i>	<p>One of the priorities of the action plan is “target communities and populations at greatest risk” which included a commitment to work towards improved safety for Aboriginal people, families and communities, focusing on the Kimberley region in the first instance.</p> <p>The focus on Aboriginal people is in recognition of the significant over-representation of Aboriginal women and children as victims of family violence. It is estimated that as many as one in two Aboriginal women and children have experienced family violence. Aboriginal women are 35 times more likely to be hospitalised for domestic assault and Aboriginal people are significantly more likely to be the victim of domestic homicide.</p> <p>The Kimberley region was selected as a priority location for further work due to concerning data trends that demonstrated per head of population, the rate of reported family violence was between 2.3 and 8.8 times higher than any other regional or metropolitan location in Western Australia and had increased by 79.1 percent over the last five years, compared to an overall 42.8 percent increase observed state wide.</p> <p><i>Safer families, safer communities: Kimberley family violence regional plan</i> (the Kimberley Plan) aims to increase the health, safety and wellbeing of women, children and men living in the Kimberley region by working towards a reduction in family violence. This will be achieved through a whole of community approach that promotes:</p> <ul style="list-style-type: none"> • shared responsibility for the safety and wellbeing of children, individuals and families; • developing culture and community based responses to family violence; • supporting strong and safe communities; • developing services and a service system that is integrated, culturally secure, client centred, accessible and effective. <p>The Kimberley Plan is underpinned by the principles outlined in the <i>Prevention Strategy</i>, and is informed by the understanding that safe and effective responses with sustainable outcomes require a whole of community approach.</p> <p>To support implementation of the Kimberley Plan, actions have been outlined in a 12-month work plan including strategies to be pursued and the lead agency responsible. These actions fall under the key outcome areas listed above.</p>
	<i>Common Risk Assessment and Risk Management Framework (CRARMF)</i>	<p>The <i>Family and Domestic Violence Common Risk Assessment and Risk Management Framework</i> (CRARMF) refers to a standardised approach to identifying, assessing and responding to family and domestic violence. All service providers, mainstream and specialist, operate under the common framework to ensure service responses are client and safety focused, seamless and streamlined.</p> <p>Development and implementation of a family and domestic violence common risk assessment and risk management framework is critical to the success of an integrated response to family and domestic violence. Victoria introduced a family and domestic violence common risk assessment and risk management framework in 2007, with the (then) Department for Child Protection in Western Australia obtaining permission from the Family Violence Reform Coordination Unit, Office of Women’s Policy in the Victorian Department of Planning and Community Development to adapt this Framework for use in Western Australia.</p> <p>CRARMF is used by a range of service providers, which can be broadly grouped into three categories: family violence services, mainstream services, and legal and statutory services. It sets common practice standards for family and domestic violence screening, risk assessment, risk management and risk monitoring for all services in the Western Australian service sector (mainstream, specialist, government and non-government).</p> <p>The purpose of the framework is to:</p> <ol style="list-style-type: none"> 1. Support better identification of, and response to, victims of family and domestic violence regardless of what area of the service sector they come into contact with;

State	Policy	Details
		<p>2. Ensure service responses are client and safety focused; and</p> <p>3. Support interagency collaboration so responses are timely, holistic, streamlined and coordinated.</p> <p>CRARMF second edition is currently being finalised and will be made available soon, however the original framework is available at: http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/CRARMF.pdf</p>
	<p><i>Family and Domestic Violence Response Teams and Multi-Agency Case Management</i></p>	<p>The Family and Domestic Violence Response Teams (FDVRT) were formed in early 2013 as a partnership between the Department for Child Protection and Family Support, WA Police and non-government domestic violence services that aims to improve the safety of child and adult victims of family and domestic violence through a collaborative approach that focuses on timely and early intervention following a police call out to a domestic violence incident. The non-government services includes:</p> <ul style="list-style-type: none"> • Anglicare WA; • Lucy Saw Centre; • Mission Australia; • Patricia Giles Centre; • Ruah Community Services; • Koolkuna; • Share and Care Community Services; • Waratah; and • Women's Health and Family Services. <p>The FDVRTs conduct:</p> <ul style="list-style-type: none"> • joint assessment of domestic violence incident reports (provided by WA Police); • triage of responses; and • multi-agency case management on a needs basis (all partners share responsibility for this process). <p>A key feature of the FDVRT is multi-agency case management, which provides the platform for agencies to share information, develop comprehensive risk assessments, plan strategies to mitigate risks and work towards child and adult victim safety and perpetrator accountability. Multi-agency case management is a shared responsibility of all FDVRT partner agencies to manage the process and to participate. Other agencies are contacted on a needs basis to help manage risk.</p> <p>Guidelines for multi-agency case management (2013) are available at: https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/FDVRT%20multi%20agency%20Case%20management%20guidelines.pdf</p> <p>The FDVRT Operating procedures (2013) is available at: https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/FDVRT%20Operating%20Procedures.pdf</p> <p>The FDVRT Monitoring and Evaluation Framework is available at: https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/FDVRT%20Monitoring%20and%20Evaluation%20Framework.pdf</p>

State	Policy	Details
	<i>Memorandum of Understanding</i>	<p>The Department for Child Protection and Family Support (the Department) is signatory to a Memorandum of Understanding (MoU) between 14 government agencies, and eight non-government agencies that formalises uniform arrangements for the exchange of information between signatory agencies. This MoU was created in 2011 and establishes the protocols that govern the exchange of information between the agencies on matters of mutual interest and responsibility, in order to address family and domestic violence in the community, reduce risks and enhance the future safety of victims.</p> <p>The MoU is available at: http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/MOU%20FDV%20Information%20Sharing.pdf</p> <p>The MoU was amended in 2013 to reflect the Family and Domestic Violence Response Teams and multi-agency case management.</p>

This page has intentionally been left blank.

ANROWS

ANROWS

