ANROWS

Horizons

Research report | March 2017

Women's specialist domestic and family violence services: Their responses and practices with and for Aboriginal women: *Final report*

Issue 01 | 2017

Design
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Women's specialist domestic and family violence services: Their responses and practices with and for Aboriginal women: *Final report*

March 2017

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Acronyms

Term	Meaning
ACOSS	Australian Council of Social Services
ACT	Australian Capital Territory
ANROWS	Australia's National Research Organisation for Women's Safety
ASWS	Alice Springs Women's Shelter
AWAVA	Australian Women Against Violence Alliance
DFV	Domestic and family violence
DVCS	Domestic Violence Crisis Service
DVO	Domestic Violence Order
KPI	Key performance indicator
MoU	Memorandum of Understanding
NESB	Non-English-speaking background
NPYWC	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council
NPYWC DFVS	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Domestic and Family Violence Service
NT	Northern Territory
PSS	Personal Safety Survey
SA	South Australia
SNAICC	Secretariat of National Aboriginal and Islander Child Care
WA	Western Australia
WESNET	The Women's Services Network

Women's specialist domestic and family violence services: Their responses and practices with and for Aboriginal women

Key terms and concepts

Domestic and family violence (DFV)

Some Aboriginal people prefer the term "family violence". However, much of the statistical data from service providers (e.g. police, hospitals) and from the partner services' client profiles indicate that much of the violence experienced by women is "domestic violence", that is, by an intimate or former intimate partner. We therefore have used the term "domestic and family violence" (DFV) throughout to capture the spectrum of violence, and the predominance of domestic forms of violence.

Women's specialist DFV services

These services are the focus of the project. There are multiple services across Australia that seek to address DFV. However, the bulk of the responses are designed to support victims of DFV and therefore primarily women and children (Royal Commission into Family Violence [RCFV], 2016). Typically, women's specialist DFV services have lengthy histories as agents for change and in providing support for women and their children, and often grew out of the refuge movement. Chapter 2 describes the sector in more depth.

Indigenous population/Aboriginal and Torres Strait Islander background/Aboriginal people

At a national level and in statistical data, it is usual for the names Indigenous Australians and those that identify as being of Aboriginal and Torres Strait Islander background to be used. Women who were involved in the project preferred to be called Aboriginal women and/or identified themselves by more local or regional language and cultural groupings—for example, Anangu, Koori. As a result, we primarily use the term "Aboriginal women", unless there is more specific identification with a particular group or we are citing other research, publications or statistical data.

Chapter 1: Project overview

Introduction

Helping women who have experienced or been affected by domestic and family violence (DFV) is vital but not straightforward. Often women are in crisis and suffering trauma from both the immediate situation and from past histories of violence, abuse and controlling behaviours. They are often the primary carers of children who are also in need of support and assistance. Since the first refuges of the 1970s, specialist women's services have sought to provide assistance to these women. Over time the services have evolved and changed, buffeted by funding cycles and influenced by shifts in policy, service delivery and practice. The number and type of services has expanded; so too has the body of knowledge and evidence that continues to shape and underpin responses to victims and survivors of domestic and family violence.

Today there are many services that offer some kind of help to women and children affected by DFV, often as programs that form part of a larger suite of services that are non-DFV specific. However, there remains a significant number of women's specialist services for which DFV is their core business. All of their work, be it crisis accommodation, court advocacy and support, community education, legal advice and assistance, or individual counselling and long-term support, centres on this core business. Over the years, these services have learnt from their experience of working with the multiple and diverse needs of women and their children and to varying degrees have adapted their responses and practices. In Australia, with its history of colonialism and immigration, women come from a wide range of cultural and socio-economic backgrounds and many services have had extensive experience with working with Aboriginal women or migrant women.

This report presents research undertaken with three women's DFV specialist services over more than a year. The focus was on learning from these services and from the Aboriginal women who have contact with these services, as clients and community members, or who work with or within the services. The next section explains this focus by describing the context out of which the project was born, including a review of the literature that sharpened the focus and methodology.

Project context

Women's specialist DFV services and Aboriginal women

The backbone of the DFV sector are women's specialist DFV services, many of which have been in operation for many years. At the outset of the project, despite the lack of information on the extent of the use of such services by Aboriginal women, it was assumed many were being accessed by Aboriginal women, especially in regional and remote Australia. Some services have a long history of working with, being influenced by or led by Aboriginal women. However, we know very little about how service delivery has been tailored to respond to Aboriginal women, and we know less about what Aboriginal women—who use or work with the services—value in such services.

There has been a profound impact of government policy at a federal and state level on funding for women's specialist services (including increasing short-term funding cycles and in some jurisdictions an effective reduction in funding) (Australian Women Against Violence Alliance [AWAVA], 2016). In many places it has created uncertainty for service management and reduced flexibility in service responses. Broader federal government policies have also had a major impact on service delivery, especially for Aboriginal communities and in regional and remote regions, where there is an underlying tension between competitive tendering and accountability and the emphasis placed on social justice objectives, community engagement, capacity building and local ownership (Holder, Putt, & O'Leary, 2015).

Whether these macro-trends have disproportionately affected Aboriginal users of women's specialist DFV services has not been investigated. However, available data highlights that Aboriginal women are over-represented as victims of domestic (intimate-partner/ex-partner) violence and homicides, and that the risk of more serious and multiple abuse is more pronounced in regional and remote Australia (Blagg, Bluett-Boyd, & Williams, 2015; Holder et al., 2015).

What the research literature told us

The literature review undertaken during the first stage of the project carefully engaged with Aboriginal activist and academic critiques of government and the women's movement (Holder et al., 2015). The review found no single voice and much contestation among Aboriginal activists and academics. Some have focused on what they see as an acceptance, minimisation

or a silencing of the issue of violence against Aboriginal women (e.g. Greer, 1989; Price, 2009). Others have targeted feminism for having a dominant gendered lens that "whites out" the significance of race, and is complicit in continuing to perpetuate "white privilege" (e.g. Atkinson, 2002; Behrendt, 1993; Huggins, 1987). From a service provision point of view, the review illustrated how advocates and scholars have drawn attention to community activism and the critical role of Aboriginal people in leading or supporting new and hybrid services for Aboriginal people, such as safe houses, night patrols, and health and wellbeing centres. As a corollary, mainstream services have been urged by Aboriginal activists and academics to adapt, to become more flexible and culturally safe and to engage staff more skilled at responding to diversity (see Holder at al., 2015 for more detail).

The review also captured the grassroots perspectives found in existing research literature on what supports Aboriginal women and progressive responses (Holder et al., 2015). Based primarily on small-scale, qualitative studies, the main conclusions were that:

- Aboriginal women clients have said they want practical and material support, that trust in service providers is important, and that services should be flexible and responsive; and
- Australian service providers stress that services should address client-centred needs, act as a bridge between clients and other services and as an advocate, be culturally safe with competent practices and staff, and have Aboriginal and non-Aboriginal staff working together.

However, the literature review (Holder et al., 2015) revealed two obvious gaps in research and evaluation which we saw the project helping to fill. They were:

- Firstly, that there is a "thin" research base. Much of the literature canvassed for our review was found to be "descriptive, thematic, and lacking in specificity" (Holder et al., 2015, p. 25). Moreover, there is little research that has simultaneously involved both services and Aboriginal women users/clients. As a result, the research lacks the detail and specificity of what services currently do and practice, and women's views of the services.
- Secondly, a recurring refrain in reviews is the paucity of outcome evidence for Australian programs and initiatives related to the reduction and prevention of DFV against Aboriginal women (e.g. Blagg et al., 2015; Day, Francisco, & Jones, 2013; Holder et al., 2015; Olsen & Lovett, 2016).

To help address these gaps, the project involved a participatory methodology to investigate and document service practice.

Rather than working from a deficit premise that services and their practices are problematic, the initial assumption was made that services have learnt a lot along the way, producing undocumented practice-informed evidence, and that they want to be in a position to ensure they continue to learn from Aboriginal stakeholders and clients of their services. In addition, the partner services were committed to improving how they define and measure outcomes, so that they can build on existing knowledge and expertise. As a result, the project involved exploring with the partner services and with women who had contact with the services what they define as "effective" and positive outcomes. In effect, the project was seeking to identify processes that can enhance and inform the methodologies that produce evaluation evidence.

Project aims

The project sought to:

- Document specialist DFV services that work in regional and remote settings and explore their challenges as small, non-government organisations providing support to Indigenous women and their families.
- Investigate the contributions of feminist and intersectional philosophies and practices to work with and for Indigenous women, and the ways in which Aboriginal women shape and influence feminist, intersectional approaches (Crenshaw, 1991; Gilmore, 2013; Nancarrow, 2006).
- Advance conceptual and practical understanding of core areas of practice. In particular, this project aimed to clarify types of advocacy for different contexts, adaptations to safety planning for community relevance, and outreach as a flexible and adaptive practice for clients with complex and multiple needs.

With these objectives in mind, the project was guided by four interrelated questions:

- What are effective approaches to working with Aboriginal women who have experienced domestic and family violence in remote and regional Australia?
- What are Aboriginal women's perspectives on and priorities for women's specialist services in remote and regional Australia?
- How can Aboriginal women's views be more effectively integrated into service practice and delivery in remote and regional Australia?
- What are useful methods and resources for regional and remote services that work with Aboriginal women experiencing domestic and family violence?

By addressing these questions, the overall goal of the project was to improve the evidence base on and resources for key areas of concern to women's specialist DFV services, namely advocacy, safety planning and outreach, which incorporates Aboriginal women's perspectives and priorities in responding to family and domestic violence in remote and regional Australia.

Project approach

Partnership with three DFV services

At the heart of the project was a partnership with three DFV services with long track records of working with women who have experienced DFV. The three services were invited to join the project because of their extensive track records, service models, interest in the research questions, and ongoing commitment to improving their practice. The lead researchers had worked with the three services in the past—although not necessarily at the same time—and prior connections and trust existed between them and service leaders, and between service leaders. The three partner services were the:

- Domestic Violence Crisis Service (DVCS) in the Australian Capital Territory (ACT);
- Alice Springs Women's Shelter (ASWS) in Alice Springs, the Northern Territory (NT); and
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Domestic and Family Violence Service (NPYWC DFVS), based in Alice Springs and providing services in the cross-border, tri-state region of central Australia.

As the project made clearer, all three partner services share much in common but have their own histories, distinctive practices and service-focus. The strong women-focused and feminist-informed approaches of the three organisations[1] allowed for critical reflection on past and current practices, and the continuing relevance of women's specialist DFV services (Kelly et al., 2014). The town-based ASWS, established for 35 years originally as crisis accommodation, has broadened its services to include an outreach service in the town and, more recently, to remote communities, and court support.

Established in 1994, the key focus of the NPYWC DFVS is on pathways to protection and support for women. The NPYWC DFVS has a primary prevention program, facilitates access to the criminal justice system and provides crisis intervention and case management for women living in the geographically large region of central Australia.

Since 1988, the DVCS has served the ACT and surrounding region with a 24-hour crisis line, crisis intervention, court support and advocacy, practical assistance, support groups and a program for primary-aged children and their families.

Leaders and staff in the three partner services were instrumental in guiding the project through their participation in research activities and by collaboratively determining the priorities for the project and the detail of its methodology. In particular,

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[1] It is important to note that the service delivery model of NPYWC DFVS has been informed by the cultural knowledge of NPYWC members and the directors of the Women's Council.

three partner workshops were held throughout the life of the project—two in Alice Springs and one in Canberra; these were critical opportunities to share knowledge and views, to discuss and agree on areas of focus, and to review progress and findings. The partner organisations made a significant in-kind contribution to the project, in addition to some dedicated funds from the project budget to help with the costs associated with interstate project meetings and research activities.

A place-based approach was adopted to build in-depth case studies with the partner services, so that the project was examining the same key research questions in different contexts: a remote region and in two regional centres. The project was not a comparison between the three services, nor was it an evaluation of them. Rather, the partner services opened themselves up in order for us to become better acquainted with and more aware of their frontline and everyday practice and their service models within the geographical, socio-economic and cultural contexts in which they operate.

Participatory and iterative methodology

The project drew on participatory and iterative methodology that is particularly suited for activist partners and for disadvantaged and disengaged individuals and communities (Fine, 1992; Tuhiwai-Smith, 2012).[2] Through "appreciative cycles of inquiry" partner-participants were actively part of every aspect of the project and are joint owners of the research results and attendant outputs.

In practical terms, this meant that the project evolved and changed over time as different components produced outcomes that guided the next steps. Key people within the partner services were involved in much of the design and implementation of the project, and service staff were invited to participate in interviews, workshops and surveys. The level of engagement was very high, and reflected the organisational commitment to learning and review despite the fact the services were under considerable strain and upheaval during the life of the project. In all three locations, former or current staff were co- or lead researchers and acted as facilitators, discussants, and interviewers.

Engagement of Aboriginal women

Aboriginal women were involved in all facets of the research—as leaders and staff in the partner services, as women who were clients or former clients of the services, as researchers, and as stakeholders (see Table 1.1 for more detail). Aboriginal women constituted fewer of the stakeholder and staff participants

compared with non-Aboriginal women, and were the majority of the clients and ex-clients who participated. This made it even more imperative that a cornerstone of the project was to conduct research that was ethical and safe, and to generate information about results (both in terms of content and medium) that was relevant and meaningful to local Aboriginal women.

DFV is a sensitive subject to research. The emphasis in the research was on service responses, not on the experience of DFV itself. For many individuals and communities, it is distressing, shameful and potentially harmful to talk about DFV, to be reminded of it or to be known to be involved in research that focuses on DFV. In order to conduct safe and ethical research with victims of DFV (Langford, 2000),[3] the project relied on the partner services' experience and local knowledge to both approach and to engage with women. The partner services— through their own staff and by employing people with existing relationships with local Aboriginal women—had the most direct contact with women through research activities that endeavoured to identify, articulate appropriately and reflect Aboriginal women's views of what they valued from services.

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2   Professor Adrian Miller and scholars Heron Loban and Krystal Lockwood at Griffi h University provided invaluable insights for the project through seminars and discussions on Indigenous research and methodologies.

3   Before research commenced, the project proposal went through an ethical review process with the University of New England Human Research Ethics Committee and the Central Australian Ethics Review Committee.

With each of the projects, there were different groupings of people who were involved and took the lead as researchers.

ASWS: A staff member was given time away from her usual work to talk with women at the shelter about their views and experiences. She and a member of the research team did the file reviews. The ASWS Aboriginal staff mentors provided helpful guidance, as did the manager of the service. Women who were residing in the shelter at the time were invited to have conversations (to "yarn") and at later stages to comment on tools to enable feedback discussions with residents. Over a 6-month period and during the four stages of the project, at least 20 women residents contributed to the research.

NPYWC DFVS: The first part of the project involved senior women from the NPY Lands who'd already been part of an action research project run by the research team. They and the women involved in running the project held a workshop for our project. A former manager of the service, Jane Lloyd, who has many decades of experience living and working in central Australia, was employed as a consultant by the NPYWC at the time. She was present at the workshop and in the second stage, she undertook all the research activities with women, the file reviews, and the writing up of the findings Discussions and interviews of varying length and depth were held with nine women and the researcher had a prior relationship or contact with seven of the nine women. Five of the interviewees were clients whose files were selected as sample client files to review.

DVCS: Several staff were involved, along with a member of the research team, in designing and running focus groups with women. A local Koori researcher, Tracey Whetnall, who has extensive experience of undertaking research on DFV with Aboriginal women, was engaged to assist the project, and she participated in several focus groups, ran one on trust, and undertook several one-on-one interviews with Aboriginal women. Another member of DVCS staff was responsible for designing and conducted the research project on the domestic violence order process in courts. The women were invited to participate in the focus groups firstly via text message to women who were assessed as currently safe and who had contact with the service in the preceding 6 months; secondly, through an Aboriginal community organisation; and thirdly, by asking women who were detained in the local prison.

Project methods

The overall design involved three key components that informed and interacted with one another:

- Firstly, reviews were conducted of the literature, of past reviews and reports, and of relevant existing programs and practices. This resulted in a published paper (Holder et al., 2015) and informed the next two approaches: that of case studies and of participatory action research.

- Secondly, a case study methodology in three sites which had a historical and a contemporary focus. This involved reviewing past reports and other relevant information, as well as interviews with past stakeholders and staff. It also involved working closely with past and present managers and staff. The purpose was to build each service's profile, and to document their evolution, current service focus and practices.

- Thirdly, each partner service developed its own research activity to review, develop and trial ways to capture Aboriginal women's assessments of their priorities, safety and wellbeing. The aim was to build organisational capacity for self-directed and self-managed evaluation and research, and to generate guides and practical resources for other practitioners and services. Box 1.1 describes in more detail the collaborative research process of the partner projects.

Overall, the project was a mixed method study that combined interviews, focus groups, consultations, surveys, documentary analysis and participatory practice. With the assistance of the project partners, primary evidence was drawn from:

- documents and reports held by or on the partner services;
- client interviews, focus groups and discussions;
- staff interviews, survey and workshops;
- stakeholders and ex-staff interviews; and
- file audits/case reviews.

In addition, a survey[4] was conducted of women's specialist services across Australia. The aim of this was to see the extent to which the findings from the in-depth research accorded with other services' experiences and practices.

Table 1.1 shows the breakdown in the number of participants by different elements of the methodology. A total of at least 263 people participated in the project, almost all of whom were women. Of the total number of participants, 166 were staff, ex-staff or stakeholders, and 97 were clients or former

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4   Throughout the report, where this survey is referred to, it is called a "national" survey. Although services from every jurisdiction participated, it was not on the scale of what might be normally considered a national survey. However, calling it a national survey made it easier to distinguish it from the survey of workers conducted with the three research partners.

clients of the three partner services. In several contexts it was not known nor asked whether participants were of Aboriginal and/or Torres Strait Islander background—notably practice discussions with staff and in the survey of managers of services across Australia.[5] However, based on where women had identified as being Aboriginal, the total proportion of Aboriginal women participants was less than half (42%). Just over one in 10 staff or stakeholders and seven out of 10 clients or former clients were Aboriginal women.

The difference in the proportion of Aboriginal women staff/ stakeholder participants compared with the proportion of clients or former clients is broadly similar to that found for the combined staff profile and the combined client profile of the three services. Aboriginal women make up the minority of staff across the three services. However, one service only has Aboriginal women clients, one has mainly Aboriginal women clients and one has a small proportion of clients who identify as being of Aboriginal and Torres Strait islander background. As a result, when the client profiles are added together for the three services, the majority of clients are Aboriginal women.

More is said in each of the report's chapters about the different elements of the research and how the primary material generated from the project informs the contents. Chapter 2, with its focus on the sector, draws on the case study material and relies on multiple sources, including published information on services in Australia and the national survey of women's specialist services across Australia. Chapter 3 gives a fuller picture of the survey with workers. Chapter 4 outlines the steps taken, and the process of collating data on key areas of practice. Chapter 5 and chapter 6 provide a more detailed account of the participatory research with clients and former clients, and of file reviews. For key research instruments developed and used in the project see Appendix A, which includes copies of information sheets, semi-structured interview schedules and the questionnaires for the surveys of workers and services.

There are limitations to any research project that employs a case study approach and participatory methods. The project's findings rely heavily on the views and perceptions of a relatively small number of women who work in the sector or are directly involved in the three partner services, and of women who have been recent or are current clients of the partner services. With

in-depth qualitative research there are always concerns about the sample of participants and whether it is representative, and how generalisable the findings and conclusions are. One of the reasons for the survey of services across Australia was to see how well the findings from the three sites resonated with other services—their practice and responses with and for Aboriginal women. Although the survey was also relatively small-scale, our conclusion is that many of the themes and conclusions in the report would be echoed in many other settings. This is a hypothesis that can only be tested through further studies, including national mapping, and more rich, in-depth and participatory studies such as this one.

Table 1.1 Participants in the research project

Type of participant and method	Number of Aboriginal participants	Total number of participants
Stakeholders/staff		
Interviews		
Historical	2	6
Stakeholders (including board members and police)	3	9
Workers/staff	3	24
Workshops		
Partner workshops (x 3)	2	16
Focus groups		
Practice discussions (x3)	Don't know	29
Police	0	3
Surveys		
Staff	2	36
Non-partner services	Don't know	43
Total	12 (13% of where known)	166
Clients/ex-clients/community members		
Interviews/conversations	36	41
Focus groups (x 6)	17	41
Workshop	15	15
Total	68 (70% of where known)	97
GRAND TOTAL	80 (42% of where known)	263

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5 It was not considered appropriate in the practice discussions with groups of workers to ask the question of whether participants identified as being of Aboriginal and/or Torres Strait Islander origin. Several Aboriginal workers had already stated a preference to give their input through face-to-face conversations and to not be "singled out" in group situations. With the national survey, the question was not asked of participants as the questionnaire focused on the characteristics of the service, not the identity of the service managers who completed the questionnaire.

Project outputs

It is not possible to do justice to all of the material generated by the project in a single report. Where appropriate and agreed, separate summary reports have been provided to the project partner services and to participants. For example, each partner service has been given a report that summarises the historical background collected for the component of the project on their service.

Figure 1.1 links the key methods used in the project to the main outputs that the project has generated. The main outputs relate to the lessons learnt from partner services, Aboriginal women's views on service provision, tools that elicit women's feedback on service response and for more general evaluative activity, and resource material. The diagram shows that some research methods contributed to more than one output. Some themes also emerged from multiple sources and this report endeavours to weave together the themes into a coherent whole, while still making clear the source material on which they depend.

Outline of the report

This chapter presented an overview of the project, the approach and the methods used. The rest of the report presents the research results before ending with a concluding chapter. The ensuing five chapters cover the women's specialist DFV services sector, frontline and core practices, the involvement and influence of Aboriginal women, and research undertaken to measure crisis outcomes.

The second chapter provides an overview of the wider landscape of women's specialist DFV services by summarising what is known about the extent and use of these services across Australia, and how they have changed over time. It describes key characteristics of the workforce and service models, as well as service perceptions of core attributes and focus.

The third and fourth chapters describe and analyse the inner and core practices of women's specialist DFV services. These draw on the literature and the interviews, focus group discussions and surveys undertaken with the workers of the partner services. The third chapter closely examines workers' perspectives and experiences, including their perceptions of the frontline context, their role and level of contact with clients, and the wider service context. The fourth chapter focuses on three core practices, with a section on safety planning, advocacy and outreach. Framed by key issues found in the literature, the chapter presents the views of, and insights from, workers on day-to-day practice with clients, and constraints and challenges.

The fifth chapter explores the influence and involvement of Aboriginal women on the three partner services. It describes initiatives that services have undertaken over the past 20

Figure 1.1 The relationship between project methods and outputs

Method	Review: partner services' documents Workshops: staff Interviews: past staff and stakeholders Interviews: current staff and stakeholders Surveys: current staff and other services	Interviews: clients/ex-clients Focus groups: clients/ex-clients Interviews and workshops: staff/practitioners/community women Interviews and consultations: stakeholders	Interviews: clients/ex-clients Focus groups: clients/ex-clients	Workshops: staff Focus groups: staff/clients/ex-clients File reviews	Review: literature Surveys: current staff and other services Interviews: current and past staff Focus groups: staff
Output	Lessons learnt from partner services	Aboriginal women's view on service provision	Tools: eliciting women's feedback on service responses	Tools: more general evaluative activity by services	Resources: practice areas

years or more at structural, process and program levels. The chapter considers informal and formal forms of influence and involvement, with a focus on how Aboriginal women as users and clients of services have affected service models and worker practice. The final section discusses culturally informed responses.

The sixth chapter documents the challenges of measuring short-term outcomes from crisis responses. It summarises the collaborative research process and results from the individual research projects undertaken by each of the partner services. A core component of the partner projects was working with recent or current clients to define and measure outcomes. The chapter explains the rationale, focus and methods of the partner projects, and discusses the lessons learnt from the process.

The final chapter summarises each of the chapters and considers the lessons learnt from the women, frontline workers and services involved in the project. At the end, the discussion centres on what governments and funding agencies can learn from the project, and the wider implications for other services and locations.

Chapter 2: The specialist service sector

"*The current state of domestic violence and sexual assault service delivery can be described as a "**black box**"[6] because the inner workings of the services, the critical service practices, and the crucial components of effective services remain largely unknown.*" *(Abel, 2000, cited in Macy, Giattina, Sangster, Crosby, & Montijo, 2009)*

"*We have maintained a client focus. We are client driven…We tend to do things rather than not do things…We manage to, within the parameters of with what we're working and within our policies and procedures, we can still provide people with an individualised response based on what their needs are…**We will step outside the box if we need to**.*" *(Interview CA2)*

Introduction

Many women and their children across Australia seek help when they experience DFV. There has not, however, been a comprehensive national mapping of the services that these women and children access, nor has there been an analysis of the range of these services. It was not within the scope of the project to undertake such mapping and, instead, it relies on what could be gleaned from available statistics, relevant literature and from project research—a national but relatively small-scale survey of services and research with the project partners.

Based on this material, the aim of this chapter is to describe specialist services that aid women and children affected by DFV and to illustrate key characteristics of the services and the organisations that provide them. The first section summarises the extent and use of women's specialist DFV services, including Indigenous-led services, and explores how DFV services have changed over time. The second section looks at the nature of the services by focusing on key themes that emerged from the project: the services' strong sense of identity and their commitment to advocate for and empower women, the police as critical collaborators in crisis responses, and locally informed and specific responses. The next chapter will consider in more depth the everyday practices that contribute to the provision of services.

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6   A "black box" refers to an electronic recording device placed in an aircraft and which can assist investigation of a crash or incident. It is used here as a metaphor where the outside is visible but the contents are opaque or not known.

The extent and use of women's specialist DFV services

Changes over time

Rooted in the feminist activism from the 1960s on, women-specific services grew rapidly for several decades and addressed multiple needs. Typically in the non-government sector, independent community-based organisations developed specialist services that focused on providing women support and assistance and had a significant impact on policy through their activism and advocacy (AWAVA, 2016). In particular, women-only and women-led organisations[7] played a crucial role in establishing emergency accommodation and crisis support for women who had experienced DFV and sexual violence.

A recent project that identified and counted women-specific agencies and services in Australia shows that by 2013 the predominant categories of services were women's health, refuges and services against sexual violence (Andrew, 2013).[8] Covering the period from 1970 to 2013, the project showed there was rapid growth in agencies and services until the mid-1990s, when the numbers plateaued.[9] By 2013, there were 134 refuges, 65 sexual violence services and 49 women's health centres. By 2013, 17 services were identified as domestic violence support services (that were not women's refuges). All of these, along with the refuges, were run by non-government organisations. In contrast, the services against sexual violence were a mix of government and non-government organisations.

The increase in the number of organisations that provided specialist women's services against DFV and sexual violence was not the only change over the period. As pointed out in the AWAVA (2016) policy brief, many changed from small, grassroots women's organisations, with collective models of decision-making, to organisations with more formal governance and management structures, more professionalised workforces and with contracts and funding from government to provide services. Larger community service organisations are nowadays more likely to incorporate a DFV program as part of a suite of services, which is all part of a complex, less specialised DFV service sector (AWAVA, 2016). Women's specialist DFV services have diversified their services and endeavoured to keep up with increases in demand and client numbers.

These trends are illustrated by the three services that were partners to the research project (see Table 2.1 for more detail).

All three services grew rapidly during the first decade. All three were started because of advocacy and agitation by women. In the case of DVCS and ASWS, the services were started by non-Aboriginal women's activist organisations. In NPYWC it was Aboriginal women of the region who supported the establishment of the Domestic and Family Violence Service (DFVS).

Both DVCS and ASWS had core functions: for the former, a telephone crisis line, call-outs to incidents attended by police, and court work; ASWS was a shelter providing crisis accommodation. While these core functions remain to this day, there have been shifts in practices internally and in partnership arrangements, as well as a significant increase in the past decade in other services that they provide.[10] NPYWC DFVS has also expanded in size but it is the NPYWC itself (as the umbrella body) which has increasingly provided a range of social (non-DFV) services to the region. For all three services, client numbers have increased, as have staff numbers. An overview of how one of the services has changed over time was given in the following account by a woman who has worked at DVCS, on and off, since the early days:

> The service has evolved—how best to do things. Become more aware of safety, advocacy issues. Lots more services than in old days. Can provide a more holistic service, know about resources. For example, the court advocacy service was a real gain: better than going to a legal aid lawyer, especially for NESB women. Used to do it ourselves, fill out forms for orders if legal orders. Priority—telephone service when incident occurs. Ongoing changes with police—phases—have an active link. Sometimes just give a phone number. In the old days, police gave us a heads-up. Now get a message and job number and brief description, then call to see if required. Before, used to go straight out, lurk in corners outside, wait to see if they got the go-ahead from police. Impossible now given number of calls police get. (Interview CA8)

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7   Many of the women's refuges were set up by volunteers and with the support of religious groups, churches and philanthropic organisations.

8   The project was part of a larger enterprise mapping women's movements and activism in Australia (see Maddison & Sawer [2013]).

9   For example, the number of refuges went from one in 1970 to 77 organisations by 1980, and 122 by 1990. By 2000 the number was 137 organisations and ten years later it was 136 organisations (Andrew, 2013).

10   Some of the additional services in the past decade include the outreach service and victim advocacy and support service at ASWS, and the young people outreach program and support groups run by DVCS. Both services also provide support for partners or ex-partners of men involved in Men's Behaviour Change Programs.

Table 2.1 Partner services: structure, client and staffing numbers, current service provision and funding (previously and present day)

Heading/Theme	NPYWC DFVS	DVCS	ASWS
Organisation structure/ governance	Aboriginal-controlled Register of members (in NPY region) Corporation Directors meet 4-5 times per year. AGM attended by members	Management committee at outset Independent Board of governance Membership (50+)	Origin: Aboriginal women's committee in parallel (1978) Current: incorporated organisation, board of governance
Current service components	DFVS: legal assistance, advocacy, case management, practical help Other NPYWC programs may interact	24/7 helpline Court advocacy Criminal justice focus worker Young people outreach program Support groups Community education Partner contact (corrections)	24/7 shelter access Crisis shelter (30 beds) Outreach Court support Counselling Partner contact (Men's Behaviour Change Program) Young women's respectful relationships workshops
Funding	Multiple funding streams NPYWC 1981 $29,000 2014-15: NPYWC: $13.7 million DFVS: $1.7 million	2015: $2.3 million	
Early client numbers	1994-96: Average of 59 per year	First year: 309 crisis calls per month, 70-140 contact visits per month 1997-98: 5,672 calls to crisis line, approximately 300 follow up visits, 300 court support contacts, and 380 crisis visits per month	1987-88: 954 women and children accommodated
Client numbers	Approximately 500 to 600 women a year (excluding children)	2014/15: 1000 incoming crisis contacts/month 12 (av.) police notifications /day 100 (av.) crisis visits/ month 2-10 percent Aboriginal	2014/15: 948 women and children accommodated. Total 1500+ women and children from 85 different communities across 4 states. Approximately 80 percent Aboriginal (97% for crisis) accommodated, including 34% under 9 years
Staffing profile	Founding NPYWC staff 75 percent Aboriginal DFVS: 50/50 at commencement, two staff 2015: Equivalent 14 FTE (one Aboriginal staff)	1988: 15 staff 1997-98: Decision to employ male staff 2016: 36 staff (including 9 relief crisis workers)	2015: 40 staff (approximately)

The service components listed in Table 2.1 are those that are provided to women and children.
All three also provide training to other service providers and community education.

The current women's specialist DFV sector

The recent report from the Royal Commission in Victoria refers to "specialist family violence services for women and children" delivered through community service organisations. They divide the services into three main types—support services, accommodation services and family violence counselling services—but note that some organisations deliver more than one type of service and that organisations that run them range from small, stand-alone organisations to larger organisations that work in multiple policy areas and operate in many parts of Victoria (RCFV, 2016: vol.2, 8:2). The Victorian Code of Practice defines the sector by services' aims, target groups, and range of activities (Domestic Violence Victoria [DVV], 2006). The services are defined in the Code of Practice (DVV 2006, pp. 27-30) as follows:

- a resource or tool for women to utilise to enhance their and their children's level of safety and wellbeing and reduce the impact of family violence on their lives and the lives of their children;

- principal providers of assistance to women and children who are experiencing an immediate crisis due to family violence; are recovering from experiences of family violence; or are at risk of being unsafe due to family violence;

- aiming to support women to enhance their and their children's safety and wellbeing, supporting women to have control over their lives, and advocating for structural change to increase the safety levels of women and children in the community; and

- covering programs and services such as crisis services, outreach services, women's refuge services, services providing specialist support to specific client groups, after-hours services, private rental brokerage, intensive case management programs, individual counselling services for women and children, services providing support groups for women and children, and Indigenous family violence healing and time out services.[11, 12]

The national survey of women's specialist services across Australia conducted for the project found that of the 43 services, the majority defined themselves as being in the DFV sector (either homelessness or community services); were independent of government—either non-government or not-for-profit—and small, with an average of seven full-time staff, a large part-time or casual workforce, and with 40 percent having an average of fewer than 50 clients per week.

The survey showed the current diversity of programs and activities undertaken by the services. Out of a list of eight categories, the most common was information and referral (95% of respondents), but more than half also provided community education (70%), outreach service (70%), court support (70%), counselling (70%) and crisis accommodation (53%). When the city or metropolitan area responses were compared with responses from country areas, it was apparent that it was more likely that multiple programs or services were being run outside of the city, with a higher proportion offering crisis accommodation, outreach services, court support, support groups and community education. The only service that was more common among city-based services was legal advice and assistance, whilst counselling and information and referral had similar proportions. In no way are these results a definitive picture of what services are delivered where, but it intuitively makes sense that multi-program specialist DFV services will be located in regional and remote areas where there is not the resourcing or population to support a wide range of single-focus specialised services.

Indigenous-led services

In their recent paper on innovative responses to violence against Indigenous women in Australia, Blagg et al. (2015) provide examples of Indigenous-led family violence programs. Few programs have a specific focus on or are led by Aboriginal women. Many of the initiatives cited work with men or families using a holistic and healing framework, or centre on alternative processes to mainstream criminal justice. The review gives examples of projects involving Aboriginal women's services—such as some community-based night patrols, the Marninwarntikura Fitzroy Women's Resource Centre and the Aboriginal Women Against Violence Program. There is, however, very little said about service delivery catering explicitly for the immediate and practical needs of Aboriginal women and children who have been victims of and affected by DFV.

The only example in the review of an Indigenous-led service or program that does focus on Aboriginal victim/survivors is the network of Family Violence and Prevention Legal Services (FVPLS) comprising 13 member organisations located in 31 rural and remote locations. The primary function of the FVPLS is described as providing "legal assistance, casework, counselling and court support to Aboriginal and Torres Strait Islander adults and children who are victim/survivors of family violence" (2012).

More generally, Aboriginal community-controlled organisations deliver services (in, for example, the legal and health sectors) that may be party to inter-agency partnerships or a collaborative network that seeks to prevent and reduce violence against women and their children (e.g. the Alice Springs Integrated Response to FDV project). Often, it is a regional or local women's specialist DFV service that provides direct assistance to victim/survivors, both Aboriginal and non-Aboriginal women and

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11   In America, the core domestic violence and sexual assault services that emerged from a review of published material and agency guidelines and manuals were 24-hour crisis services with an emphasis on maintaining a telephone hotline, legal advocacy, support groups, individual counselling and emergency shelter (Macy et al., 2009, p.361).

12   The more recent report of the Victorian Royal Commission summarised specialised family violence services by listing key activities. In addition to refuge accommodation, the report lists the services as doing: "risk assessments and safety planning; case management–including coordination and support; the receipt of referrals after police attend a family violence incident; information and referral–including to refuge accommodation; advocacy for complex matters–including legal, financial and health and wellbeing needs." (RCFV, 2016: vol. 2, 8, p.2)

children. This is one of the reasons for our research project. But it also begs the question as to whether there are more women's specialist services run by Aboriginal community-controlled organisations that we do not know about, and if there are not, why is that the case.[13]

In the project's national survey of service managers, two services were Aboriginal community-controlled organisations. This is a very small number which makes it problematic to report separately on their responses except at a very general level. Both were based in a city, one was in the community DFV—sector and the other in the legal sector; more than 80 percent of their clients were Aboriginal women; and they employed a large number of Aboriginal staff (when compared with other services). One respondent stressed the importance of a service being culturally safe but the two respondents differed in their views on the reliability of support that women might receive from their own community when seeking help in relation to DFV.

Overall, the national picture of direct service delivery to victim/survivors of DFV is unclear, whether the focus is "mainstream" services or Aboriginal community-controlled ones. However, a tentative assessment is that few Aboriginal community-controlled organisations in Australia provide core services for women and children who have experienced and been affected by DFV—such as crisis accommodation and support—except for the legal services that offer legal assistance and court support. A notable exception is the NPYWC DFVS. The service therefore takes on a very special, if not unique, significance. The work of the DFVS is one of a constellation of services that falls under the governance of the NPYWC and its directors. The NPYWC members and the directors are Aboriginal women from the tri-state, cross-border region of central Australia. The work of the DFVS is therefore directed and guided by local Aboriginal women, which gives the service an authority (to intervene, to support) in situations where women have experienced DFV.

Current demand

In Australia, the most recent Personal Safety Survey (PSS) asked questions about help-seeking by women. It highlighted that, for the most recent incident of physical assault by a male cohabiting partner, the most common source of support women had was from friends and family (50.5%), followed by almost equal proportions that sought support from a general practitioner or health professional (23.6%); a counsellor, support worker or telephone hotline (23.6%); and police (22.1%) (Cox, 2015, p. 112). More detailed analysis also indicated that where the woman had experienced violence from a male cohabiting partner, those that had demographic characteristics associated with social disadvantage reported accessing more support and advice (Cox, 2015, p. 114).[14]

Although these statistics do not indicate the level of use of services by women across Australia, they certainly suggest that the demand is there. A recent policy brief by AWAVA stresses that demand for DFV and sexual assault services has been increasing and that counselling and support services are struggling to keep up with demand, with signs that demand is unmet[15] (AWAVA, 2016). A comparable picture is drawn for Victoria, where the Royal Commission on Family Violence drew on statistics on recent trends in homelessness assistance, legal aid assistance, new family violence cases taken on by community legal services, and, most tellingly, a 218 percent increase in case numbers over four years among family violence services (RCFV, 2016).

The Victorian Royal Commission described the trend as a significant and rapid rise in demand driven in part by an increase in referrals by police that has outstripped the capacity of services to meet clients' needs (RCFV, 2016). The stress being felt by many services was evident in the survey of services across Australia undertaken as part of the project. Open-text responses to a question about the biggest challenge facing them in their day-to-day work revealed that meeting or managing demand was the biggest challenge, especially in the context of limited resources and funding uncertainty (37% of respondents referred at a general level to funding or lack of resources). Another key issue raised in 20 percent of the responses was a chronic shortage of housing, and more specifically transitional, supported or affordable housing. A slightly lower proportion (15%) referred to difficulties with the legal or justice system, including the family court. Examples given by participants in their open-text responses of the biggest challenge facing their day-to-day work included:[16]

> The volume of requests as compared to our resources. Our inability to resource a robust outreach program for clients exiting our services to help sustain good outcomes.

> The system. Constant change as part of restructures that erodes staff numbers. Not having access to money via FSF "poverty funds" that used to be available to help women. Being allowed and resourced to be flexible.

> The frustration of seeing women try to battle with the various systems, in particular legal systems around DV and family law matters.

> (Responses in the national survey of women's specialist services)

Client profile

What services are Aboriginal women and their children currently accessing when they experience DFV, and where are they most

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13   We could not locate any national research that mapped specialist service delivery across the country to victim/survivors of DFV whether Aboriginal or non-Aboriginal.

14   In the United States, where a lot more studies of services and DFV have been done compared to Australia, it has been estimated that between 10 and 15 percent of violence survivors seek help from community-based DV and sexual assault agencies, and in a 24-hour period in 2007, a total of 53,203 victims were provided with shelter, advocacy or counselling services by 1346 agencies (an average of 40 victims per agency in a 24-hour period) (Macy et al., 2009, p. 360).

15   The indicators of unmet demand in the AWAVA policy brief included 2013-14 statistics on the number of people turned away by community legal services, the 2014 ACOSS survey that showed more than half of refuges and other accommodation services, and nearly half of counselling and individual support services, said they were unable to meet demand. They also refer to the recent analysis of PSS data that showed that a key reason that women had returned to an abusive partner was because they had nowhere else to go (AWAVA, 2016, pp. 4-5).

16   In this report, when using anonymous quotes from both the national and the workers' surveys, no identific tion is used. An identifying reference number is used for quotes from individual interviewees.

likely to access services? This is an important question to ask, as the answer should influence the policy focus on the type and distribution of service responses. However, the only national collection that provides data on DFV service use by Indigenous people is that which relates to specialist homelessness services (AIHW, 2016). Regarding Indigenous clients of specialist homelessness services that identified DFV as the main reason for homelessness, in 2014-15:

- They were one in four of all Indigenous clients (24%) which equates to approximately 67 clients a day across Australia.
- As a proportion of all clients, the percentage who identified DFV as the main reason for homelessness was similar for Indigenous (24%) and non-Indigenous clients (25%)
- There were similar proportions of Indigenous clients in major cities (25%), inner regional (23%), and outer regional areas (25%), but a greater proportion in remote or very remote areas (34%). In terms of the number of clients there were 40,571 Indigenous clients in major cities, and a total of 23,476 clients in inner regional, outer regional and remote or very remote areas.

Table 2.2 presents the results of the question in the national survey of women's specialist services conducted for this project that asked about characteristics of their clients they have contact with in their day-to-day work. Respondents were asked to indicate for 13 categories the estimated proportion of clients ranging from "hardly any" to "all" (and including an option for "don't know").[17]

As can be seen from Table 2.2, based on the managers' views, clients were most likely to be women, trauma-affected, English speaking, primary carers for children and aged between 25 and 40 years. More services had clients who were likely to be Aboriginal (55% said some and 17% mostly) than born outside Australia (43% said some and 7% mostly). Most services thought they had few clients who were perpetrators or had a physical disability or were physically incapacitated in some way, while somewhat more services thought they had some clients who had a mental disability or incapacitation (47% said some and 40% a few).

As Table 2.2 shows, just over half of the respondents said that "some" of their service's clients were Aboriginal. One respondent did indicate they had none as they were a migrant/multicultural service.

Another survey question asked the respondents to estimate the proportion of clients that were Aboriginal women. Nearly half of the respondents (46%) said that the proportion was less than or equal to 20 percent. A third (34%) estimated the proportion as being more than 20 percent and less than 60 percent. A lower number (19%) estimated it was more than 60 percent, with a few saying it was more than 80 percent.

Although it is impossible to gauge how representative the sample is for specialist DFV services across the whole of Australia, the results do indicate that although a significant number of services likely have Indigenous clients, most constitute a minority (for half of the sample, fewer than one in five clients are Aboriginal women). Fewer services work predominantly with DFV clients who are Aboriginal women.

Table 2.2 Perceptions of the services' client profiles, by key characteristics (%)

	Hardly any (%)	A few (%)	Some (%)	Mostly (%)	All (%)	Not applicable (%)	Weighted average
Women	0	0	5	49	47	0	4.42
Are trauma-affected in some way	0	0	16	58	26	0	4.09
English-speaking	0	2	10	76	12	0	3.98
Are primary carers of children	0	2	19	74	5	0	3.81
Between 25 and 40 years	0	0	35	60	2	2	3.67
Aboriginal	2	17	55	17	7	2	3.10
Under 25 years	0	7	84	5	2	2	3.02
More than 40 years	0	26	62	7	2	2	2.85
Are primary carers of other family members	7	37	47	9	0	0	2.58
Have a mental disability or are mentally incapacitated in some way	5	40	47	7	0	2	2.57
Born outside Australia	12	36	43	7	0	2	2.46
Have a physical disability or are physically incapacitated in some way	21	57	19	0	0	2	1.98
Perpetrators	30	19	16	0	0	35	1.79

Source: National survey of women's specialist services, Advocacy for safety and empowerment project, April-May 2016

Note: n=42 or 43

17   Note that these are perceptions of clients and not based on organisational statistics.

These services are more likely to be in remote areas or regional centres, which is similar to the profile that emerged from the AIHW specialist homelessness services data (see page 19). The research project also conducted a more targeted survey of workers employed by the three partner services. Results of this survey suggest that workers' perceptions of the characteristics of their clients are similar to the perceptions given in the national survey. The workers responding to the partner survey said that their clients were mostly women,[18] aged between 26 and 40 years, trauma-affected, and the primary carers of children. Respondents also indicated that they thought a few clients were also primary carers of other family members. Respondents perceived that they served quite a lot of clients from English-speaking backgrounds and a few who were born overseas. Similarly, workers perceived that only a few of their clients had a physical incapacity or were mentally incapacitated in some manner. A marked difference was in workers' perceptions of the proportion of Aboriginal clients assisted by their service. Those who worked for the NPYWC and for the ASWS indicated they "mostly" had Aboriginal clients and those working for the DVCS indicated that they had "a few" Aboriginal clients.

It may be an obvious point but the results of both our national and partner services surveys and the AIHW data do highlight commonalities across service clients. The majority of clients are women, trauma-affected in some way, aged between 25 and 40, English-speaking and primary carers of children. Virtually all DFV specialist services are being accessed by Aboriginal women. At the same time, there are clearly major differences in the proportion of clients that are identified as Aboriginal women, and Aboriginal women are more likely to be the majority of clients in remote and very remote areas.

Staff profile

There is no national data on the women's specialist services workforce. However, the Victorian Royal Commission on Family Violence found that the workforce is predominately female and, compared with other "community-managed housing and support" services, specialist DFV workers are different. The workforce is ageing, largely tertiary-educated, and about one in four are planning to leave the sector in the next 2 years. More than half are employed part-time, and they undertake significant amounts of unpaid overtime:[19]

As noted previously, the national survey of services conducted for our research project indicates that many women's specialist services are relatively small, with a core workforce of fewer than ten full-time staff and additional casual or part-time staff.

Based on the data provided by respondents, there were more part-time staff than full-time, and several identified that they employed casual staff as well. The average number of full-time staff was seven, but more than half of the services employed fewer than five full-time staff. At the other extreme were four services that employed 20 or more full-time staff. The range was more concentrated for part-time staff, with the majority employing fewer than ten part-time staff and only one having more than 20 part-time staff. The average number of part-time staff per service was seven.

More than half of the services (58%) that participated in the survey employed Aboriginal people or had dedicated positions. Among these services, the average number of positions for or held by Aboriginal people was two, with one service having 11. Fewer city-based services had Aboriginal staff or positions[20] (55% compared with 61% for country areas) and the average number of staff was lower.

Judging by the survey results, the three partner services in this research are at the bigger end of the spectrum for organisational size and workforce. DVCS and ASWS have had a total of 35 to 40 staff for the past few years, although up to a third are part-time or casual in part because of their 24/7 operations. All three services emphasise flexibility—to meet the needs of both clients and staff—and all three endeavour to foster family-friendly employment practices and work environments.

All staff at ASWS and NPYWC DFVS are women. DVCS made the decision to employ men almost 10 years ago and a few have been engaged since then. All three services have employed Aboriginal women, although they have been and continue to be in the minority. This is discussed further in Chapter 5. The workforce in the three partner services substantially reflects the description of the workforce by the Victorian Royal Commission. Staff involved in direct contact with clients total approximately 74 people working in different roles and capacities (full-time, part-time and casual).[21]

Staff were invited to participate in an online survey and 37 took the opportunity to do so. Box 2.1 gives more detail on the participants' qualifications and socio-demographic and work experience backgrounds. The majority had experience in community services and at least several years' experience in the DFV sector. From interviews and the workers survey, it was clear that DVCS had a core of both senior staff and workers who had many years' experience with the service. This is currently less the case for the two services based in Alice Springs. As a regional centre in a remote location, Alice Springs generally experiences a higher turnover in the local workforce across sectors and professions.

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18 Two of the three services describe their focus as being on women only. The DVCS in the ACT also assists men (as victims, families, support people, perpetrators).

19 Details drawn from the Domestic Violence Victoria submission to the Victorian Royal Commission on Family Violence (June, 2015, p. 41) derived from a report into the community-managed housing and support sector workforce by KPMG (2007).

20 The questionnaire did not distinguish between positions or staff, as the survey was only a snapshot of the current situation. A number of respondents in their comments did refer to difficulties in filling desig   ted Aboriginal positions.

21 Approximate distributions at the time of the survey: DVCS n=30, ASWS n=38, NPYWC DFVS n=6. Numbers don't include administrative, support and management staff. NPWCWC DFVS was recruiting more staff at the time that the survey was undertaken.

The nature of women's specialist DFV services

Definitions of "women's specialist DFV services", "feminist services", and "family violence services" overlap. They share characteristics associated with other women's specialist services (e.g. specialist women's health services) but with the explicit aim of promoting the safety of women and their children. At the first research workshop held with the partner services, the descriptions of their services and organisations illustrated in more detail these key characteristics.[22] The next section attempts to convey some of these qualities of the sector and its services, based on the national survey of women's specialist services, as well as insights from the three partner services. Key themes are clustered under the following headings:

- A sense of identity;
- A commitment to advocate for and empower women;
- The police as critical collaborators and the focus of system advocacy in the early days; and
- The way in which they have adapted and developed what they do to the local contexts in which they work.

A sense of identity

An awareness of their origins and pride in the longevity of their service was evident in interviews with current and past workers and leaders in the three partner services. At a national level, the number of DFV and sexual assault services in Australia peaked in the mid-1990s (Andrew, 2013). More than half of the organisations that participated in our project's national survey had been operating for more than 20 years. Box 2.2 illustrates how accounts of their origins refer to the women's activism that led to the organisations' establishment, the compelling need for a service for women victim/survivors, and the extremely basic resources available at the start.

There was a sense of passionate commitment that pervaded interactions and interviews with past and present workers and leaders of the partner services. We found that there was pride in:

- their resilience ("we keep going");
- their dedication and willingness to do what it takes ("we will step outside the box if we need to");
- a fiercely guarded sense of being independent and not part of government ("independence matters");
- having the knowledge and expertise of DFV that other services lack;
- having a strong culture of shared responsibility; and
- being ethical, "respectful" and purposeful.

Since they began, the three partner services have:

- shared a commitment to empowering and acknowledging the agency of women;
- advocated for individual and social change; and
- adopted practical and communal engagement strategies with women.

The brief summaries of the partner services' timelines indicate change over two or more decades, although each has been collated with a particular focus in mind. The first, Table 2.3, shows how the NPYWC has acted as a strong advocate for system and service reform in the region. The second, Table 2.4, reveals that ASWS had a very turbulent first decade and that engagement with local women, especially Aboriginal women, has been interwoven into its activities and programs for the past two decades. The third, Table 2.5, reveals how DVCS went through

Box 2.1 Socio-demographic backgrounds and work experience of workers in the partner services

Where socio-demographic information was provided by participants in the workers' survey conducted with staff in the three partner services, the following profile emerged:

- All were women.
- A considerable age range was represented, from 23 to 62 years, with an average of 41 years.
- The majority were Australian-born, with five born overseas and two speaking a language other than English at home.
- Two identified as being of Aboriginal and/or Torres Strait Islander background.
- Almost all (82% of 24 respondents) had completed a university degree.
- Most had qualifictions or past experience in the social services sector–in community service work (50%, which was half of the 26 respondents), community development work (23%), social work (19%) or as a counsellor (15%).
- Other backgrounds included health, policing and crisis work, as well as qualifictions in gender studies, social sciences, anthropology and law studies.
- More than one in four (27%) said they had "lived experience" relevant to their current employment.
- The majority had at least several years' experience in the DFV sector, with just over half (54%) having worked in the DFV sector for longer than three years. Fewer had been in the sector for one to three years (27%) and less than a year (19%).
- Close to equal proportions had been with their current employer less than a year (35%) or more than three years (38%), with the remainder for one to three years (27%).

Note: n=37

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22   The research project included three two-day workshops between the partner services and researchers. The first hosted by the NPYWC, took place over 5-6 May 2015. The second, hosted by the ASWS, took place over 18-19 August 2015. Both workshops were held in Alice Springs. The third and final workshop took place over May 3-4, 2016 in Canberra. It was hosted by the DVCS.

a major period of change in the late 1990s which resulted in a more inclusive service model and language. Throughout this change and subsequent expansion in service delivery, there has remained a foundational commitment to empowering women. In the report of the first evaluation of DVCS, "empower" was defined as to "give information or assistance of some kind which enables a woman to take greater control of her own life and assist her as a victim to become a survivor" (Kelly, 1989, p.13).

Box 2.2 Origin stories of the three partner services

Excerpts or illustrations of the origin stories of the three partner services include:

NPYWC DFVS:

"Heroes standing in the gap between victims and perpetrators." (Margaret Smith [NPYWC chairwoman])

"We had been told to be quiet and leave. We all had something to say." (Nganyinytja OAM [dec.])

(Minyma Rapa 20-year history video, 2014)

DVCS:

"There were a whole lot of untapped women who were coming in through police but not going anywhere." (CA3)

"Fought very hard for it not to be in government… wouldn't have scope to push boundaries." (CA3)

ASWS:

"A small house on Bath Street." (AS12)

"Aboriginal women were just turning up and needing refuge, needing services." (AS15)

Table 2.3 Brief timeline of NPYWC: a history of advocacy

Self-determination and an independent voice	Emergence of service delivery and tackling hard issues	High profile advocacy
From 1980	From 1990	From 2000
Pre-1980: Negotiation for the South Australian Pitjantjatjara Land Rights Act, discussion largely dominated by men	1993: Disability Support Project commences (Commonwealth-funded)	2003: NPY tri-jurisdictional round table
1980: Women gathering to discuss the issue and their desire to be involved in the negotiations leads to establishment of NPYWC	1994: DFVS *Atunypa Wiru Minyma Uwankaraku: Good Protection for all Women* commences (pilot at Mutitjulu)	2003: NPYWC submission on customary law
Limited police stationed on NPY lands	1994-onwards: Carer respite brokerage, Tjanpi Desert Weavers, child nutrition program, mobile childcare, emotional and social wellbeing, petrol sniffing project, youth programs, aged care support program	2005: Introduction of Opal (low octane) fuel
1983: Numerous actions for land rights and protection of sacred sites		2007-08: Six women die following DV assaults
1988: Commence campaign for alcohol sales restrictions in outlets close to the NPY communities	1995-onwards: Protocols with Northern Territory, Western Australia, South Australia Police Services on DFV	2008-09: Revision of WC Constitution and included guiding principles
	1996: Bolger Review of Cross-Border DV Project	2008-09: Cross-border justice legislation
	2003-04: Information-sharing protocols with police	2009: Mulligan Inquiry—NPYWC submission on shelter options
	2016: DFVS service review	2013-current: Alice Springs integrated response to DFV

Table 2.4 Brief timeline of ASWS: a history of engagement

First decade (1975-1985)	Second and third decades (1985-2005)	Fourth decade (2005-present)
Battles	Consolidation	Expansion from crisis to outreach
1975: Established by Women's Electoral Lobby	1980s: Women's centres started in the communities, which make a huge difference—"able to try and sort things out there" (shelter worker)	2007-08 report: 30-bed accommodation service, 94 percent of clients are Indigenous
1977: New collective—service run by and for all women, "black and white"	1980s: Northern Territory government critical of the number of Aboriginal women who keep returning to the shelter	Provide education and support groups for women and children in town camps and wider community
Aboriginal Women's Council established by Aboriginal women	1990: Purpose-built shelter	2008: First increase in funding in 10 years
Inadequate premises under pressure, with more and more Aboriginal women from town camps and communities accessing them	Building additions made in following years	2007-09: Women's social activities at healing centres in town camps
Anti-Aboriginal locals who highlight over-crowding side with one faction of the mainly non-Aboriginal management collective	Services offered include a bus to transport people to services around town and appointments, also helping with trying to find accommodation after the shelter	2010: Funding for outreach program, estimated 16 percent of clients are non-Aboriginal women
1980: Funding from NT government lost—seen as only catering for Aboriginal women	1991: Renamed the Alice Springs Women's Shelter	2012: Alice Springs Integrated Response to FDV project started. ASWS core agency
Premises bulldozed	Late 1990s: Funding for one outreach worker	Funding for new court advocacy and support position
1981: Funding commenced, new premises—The Women's Community House		Funding to provide partner/ex-partner support as part of new Men's Behaviour Change Program (run by Tangentyere Council)
Aboriginal women's committee effectively cease functioning		2013-14: Launch of diversity policy
1984: Clients lock out the management committee		2015: Funding to extend outreach program to four remote communities
		2016: Project to better engage young women

Table 2.5 Brief timeline of DVCS: a history of empowerment

First decade (1988-late 1990s)	Second decade (2000-10)	Third decade (2010-present)
Establishment and change	Consolidation and integration with the justice system	Expansion in non-crisis services
1988: Established as crisis telephone line and direct crisis intervention at scene of incident	Priority given to children and their safety	Increase in the volume of crisis line calls and police call outs
1988: ACT Policing MoU	2004: FVIP MoU with ten core agencies including DVCS	Re-shaping of children's program into YPOP
1992: ACT Community Law Reform Commission review of legislation and complementary AIC research	2004 onwards: Significant changes to DVCS, including mechanism to share information with prosecution with consent of clients, creation of court-based client service coordinator, contracted by corrections to provide partner support	Expansion of court advocacy and support program plus a dedicated criminal justice focus worker
1997-98: Major review of service and extensive process of change	2007: Young People's Outreach Worker Program (with CPS) funded	2014: Funding of support groups
Major changes in language to "persons who use violence" (PUV) and "persons subject to violence" (PSV) and expansion of the service to include all persons	2007: Independent review of DVCS (Urbis, 2007) describes DVS as informed by a framework of feminist and narrative ideas with open-case management	Moved to fee-for-service community education
Men encouraged to access DVCS and decision made to employ male staff	By 2007 there is no discrete program for men; men as PUV and PSV seen as core business	Fund-raising increasingly a focus
DVCS Men's Line established		Advocates for a Safe at Home program in the ACT
DVCS key member of the inaugural Domestic Violence Prevention Council		
1998: FVIP established		

Table 2.6 Perceptions of key characteristics of women's specialist DFV services: main themes from open-text responses in the national survey of women's specialist services

Key characteristic	First (n=42)		Second (n=41)		Third (n=41)		Total	
	n	%	n	%	n	%	n	%
Focus	**11**	**26**	**12**	**29**	**4**	**10**	**27**	**22**
• safety	7	17	5	12	3	7	15	12
• women and children	7	17	8	20	2	5	17	14
Understanding/knowledge of DFV	**9**	**21**	**4**	**10**	**4**	**10**	**17**	**14**
• gender analysis	6	14	1	2	0	0	7	6
• feminist	4	10	1	2	0	0	5	4
Type of service	**14**	**33**	**9**	**22**	**10**	**24**	**33**	**27**
• crisis response/accommodation	5	12	2	5	0	0	7	6
• support	5	12	1	2	3	7	9	7
Staff qualities	**6**	**14**	**1**	**2**	**4**	**10**	**11**	**9**
Practice qualities	**6**	**14**	**15**	**37**	**18**	**44**	**39**	**31**
Collaboration with other services	**0**	**0**	**1**	**2**	**7**	**17**	**8**	**6**

Source: National survey of women's specialist services, Advocacy for safety and empowerment project, April-May 2016

Advocating for and empowering women

Key characteristics of women's specialist DFV services are that they are independent, community-based, often small but specialised, dependent on government funding, providing multiple services and programs, and the staff and clients are predominantly women (Miles, 2009). Some, including our three partner services, serve a whole jurisdiction and huge geographic areas. Although there is a spectrum of services that may be provided by an organisation, from demand-driven and short-term crisis contact to longer-term engagement through support groups and individual counselling, the paramount driver behind all service provision is the safety of women and children.

In our national survey of services, respondents were asked to provide open-text responses to what they saw as the three main characteristics of a women's specialist DFV service. Their answers were analysed based on six categories we developed to best capture the array of definitions and descriptors in the responses. They were the service focus, understanding or knowledge of DFV, types of services, practice qualities, staff qualities and collaboration. Table 2.6 shows the distribution of responses that fell into each of the categories. Based on the frequency and what was listed first, the following conclusions were made:

- The focus of the service is the most important defining characteristic, and this related to the centrality of women and children's safety.
- Understanding or knowledge of DFV was a very important characteristic and, in particular, a gender analysis of violence. As the first characteristic, gender analysis or a feminist orientation or feminist underpinnings was mentioned by one in five responses.
- Many types of service were listed across the responses as first, second or third characteristics, but a crisis response or accommodation and support were most likely to be identified as the first key characteristics. Other types of services included counselling, intake and referral, case management, community education, and court support.

- Practice qualities were more likely to occur as the second or third key characteristic but were the most frequently mentioned across the responses. However, the responses covered a wide range of qualities, such as confidential, empathetic, client-centred, client-driven, responsive, flexible, non-judgemental and empowering.
- Staff qualities were cited in a minority of the responses (9%); these included being skilled, professional, knowledgeable and specialised.
- Collaboration or working with other agencies and services was most likely to be brought up as a third key characteristic. It is therefore the least important of the six categories, but still featured in the lower order of defining characteristics.

From its early days, the sector has had a commitment to advocating for societal and systemic change to address violence against women as well as providing services to individual women (Riger, 1984). Nearly all of the respondents in the national survey of services said their service explicitly sees itself as providing advocacy (81% said yes, 9% no, and 9% didn't know[23]). This commitment may manifest itself in a variety of ways, such as in the goals of the organisations or services, or in aspects of service delivery. For example, in the national survey of services, 70 percent of respondents said their service does community education. It is also a facet of the work undertaken by the project partners.

The three partner services' values and aims similarly reveal this commitment to address DFV at a structural level. Systemic and societal change is the underlying rationale for a range of activities, such as community engagement and education, lobbying and input into policy, and advocacy for individual women. The practice of advocacy is discussed in more depth in Chapter 4. There is a commitment in the values and goals to empower women by enabling women to make informed choices.

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23   Due to rounding, the sum of percentages does not add up to 100 percent.

Coercive and controlling behaviour can diminish women's "space for action" through a "narrowing of life and options" (Kelly, Sharp, & Klein, 2014, p.12). Empowerment is working to open, resource and expand a woman's space for action. A number of responses to the question about key characteristics of women's specialist DFV services in the national survey referred to "empowering women and children" and six responses referred to feminism—as a feminist approach to and understanding of domestic violence, as a feminist philosophical framework and feminist underpinnings and, in two cases, as feminist services.

The fact that only a fraction of respondents in the national survey said being a "feminist service" was a key characteristic of their service is an indicator of major shifts in how women's specialist DFV services define and position themselves. Writing more than 20 years ago, Weeks (1994, p.36) defined feminist women's services as "run for and by women, either community-based or autonomous units of an auspice agency, usually a non-government organisation" who organised their work according to "feminist or women-centred principles of practice". The feminist women's services were described as having a triple-purpose—being involved in social action and community education, as well as providing a program of services to address the needs of individual women and groups of women.

Contemporary debates reveal a more complex view of feminism as a political and social philosophy. With generational change and the move away from political activism into mainstream service provision for DFV victim/survivors, the centrality of an explicit adherence to a feminist political philosophy has reduced. What appears to have emerged are feminist-informed frameworks that underpin understandings of DFV along with a continuing commitment to serve women. Within this shift, activist and academic commentators have drawn attention to the tensions generated by government funding for small-scale, independent, community-based services that is competition-based and focused on outputs, standards and measurement (e.g. Egan & Hoatson, 1999; McDonald, 2005). It is not an easy environment in which to seek structural change.

In recent years, there has been an increasing prominence and significance given to intersectionality of class, race and gender[24] and the agency of women evident in their multiple identity affiliations. It has become standard to acknowledge and describe diversity among women and their children and particular needs and vulnerabilities of certain groupings in contemporary policy or practice-oriented reports or guides (e.g., Chugani, 2016; DVV, 2006; National Council to Reduce Violence against Women and their Children [NCRVWC], 2009; RCFV, 2016).

The interviews with past staff and stakeholders of the three partner services demonstrated that since they began, workers within the services were acutely aware of the differences in socio-economic status, race and ethnicity, lifestyles and specific DFV experiences of the women they had contact with. However, under the strong influence of contractual requirements from funding organisations, the focus of activities and practices over time has narrowed to focus on individual women and the flexibility required to meet individual needs. The overarching approach has become individualised responses to contact based on each woman's circumstances, background and needs. This is not to say the feminist origins or contributions to what they do are unacknowledged by local and national participants in this research; indeed, it can be the source of ongoing and robust debates within services. For example, a leader of one of the partner services at the third partner workshop emphasised that there is a "difference between having feminist principles and identifying as a feminist organisation" and another added that "the interpretation of feminism varies between staff members and is contentious".

Police as critical collaborators

The need to have good working knowledge of, and relationships with, other services and agencies emerged as a consistent theme across the project's research activities. It was demonstrated by workers in interviews who saw the value of these in order to:

- ensure women were referred to or aware of their service;
- refer women to appropriate services;
- give women options to contact or see other services;
- enable women to access resources available through other agencies or services; and
- share information about risks to women and their families.

All three of the partner services had a critical and often strained relationship with the police dating back to the services' first establishment. This is understandable given that police are usually the first service to be called in a DFV crisis, and the partner services provide crisis support. The paramount aim of the services is the safety of women and children, and police are the key agency in the system response to crisis incidents. A criminal justice focus has been embedded in the NPYWC DFVS and DVCS since their inception and both currently have MoUs with police and frequent contact.[25] From the relationship with law enforcement authorities, working relationships with prosecutors (police and independent) and other justice personnel across the locations in which all three partner services operate has also developed. The ASWS now provides a victim support and advocacy service for women involved with court proceedings, primarily criminal matters. With DVCS the relationship with police has centred from the outset on police call-outs to incidents where DVCS may attend and provide support at the invitation of those affected. Their case management practice extends actively into close work with prosecutors on criminal matters and legal aid lawyers on civil matters.

The three partner services have been involved in advocating

24   Based on the work of Crenshaw, structural intersectional analysis is characterised as interlocking systems of oppressive power and power relations that work through "axes of race, class, gender and sexuality" (Henne & Troshynski, 2013, p. 456). The structural intersectional analysis therefore looks to resource redistribution—to the securing of needed resources for women.

25   From the outset DVCS had a legislative basis to enable its crisis and criminal justice work. It is an authorised agency in Part 4 of the ACT Domestic Violence Agencies Act 1986 and to receive criminal justice information in s136 of the ACT Crimes (Sentencing) Act 2005.

for changes in policing and criminal justice practices and police numbers, and have contributed to significant changes in policing. Back in the 1980s and into the 1990s the relationship was often fraught. Based on historical interviews it is clear that it took at least a decade for mutual respect to develop between the police and DVCS in the ACT.[26] There was considerable tension and distrust, with a former senior police officer saying that the relationship was "tense at best".

> I think the officers on the ground felt that there was a lot of interference in how they were approaching FV and wrongly or rightly they didn't like that aspect of DVCS. I am not entirely sure that the relationship was at all sound. I think from DVCS point of view it was equally disappointed in police. It found that some of the police responses to DV were poor, inadequate and therefore was constantly unhappy with the response. (Interview CA16)[27]

According to a former leader of DVCS, many police thought the service had no right to be at domestic violence incidents, as they were a "personal family situation" or that the police did not need the service as it was "their job" (CA3).[28] At that time, she acknowledged she did not have much confidence in or regard for police, but wanted to make it clear that DVCS was "going to be in there whether they liked it or not. We knew we needed to be there". DVCS in the first few years had to overcome resistance from many police to have DVCS at incidents, and were often in conflict over whether there was sufficient evidence to arrest perpetrators. With the bedding down of protocols and through the experience of working together at the frontline, as well as a more respectful and understanding relationship established with key senior police, two agencies with very different priorities and cultures did learn to work more collaboratively. The formation of the Family Violence Intervention Program (FVIP), a coordinated community and criminal justice program in the late 1990s with the police and DVCS as key agencies, has helped to cement the ties and build better and more respectful working relationships.

There has been a long history of NPYWC advocating for an increased and more permanent police presence in the region. The Council's DFVS workers strongly influenced police responses.[29]

The NPYWC lobbied for many years for increased sworn[30] police presence in the region, and for a cross-border approach to policing and criminal justice (NPY3, NPY5). They were ultimately successful; the Cross-border Justice Scheme was established in 2009 and, by 2013, there were 16 police stations set up and operational in the cross-border region (Putt et al., 2013).

For the NPYWC DFVS, the establishment and maintenance of effective relationships with the police was prioritised early. As the service developed its role as the external authority in response to the needs of women who often wanted to invoke some action in response to domestic violence, reporting incidents to police quickly became its standard practice. At the time of the service's establishment, very few of the communities had a permanent police presence and there was a lack of criminal justice services within the region. The service was very proactive in reporting incidents within this environment as the surest way of securing "good protection for all women". DFVS staff quickly developed skills in preparing statutory declarations and affidavits to support the police work and even appeared at circuit and bush courts to represent women. This has changed over the years, as more police have been based in communities such that, today, it may be the police who inform the service of domestic violence incidents. However, the practice of reporting incidents to police and maintaining a close working relationship with police remains the policy of the NPYWC and has been consistent throughout the service's operation.

Nowadays, as all three partner services provide crisis support or intervention and court advocacy and support, it is not surprising that police are a key agency as a source of referrals, information, and assistance. This was demonstrated by the police being the primary source of referrals to NPYWC DFVS; contacting DVCS when they have attended incidents in the ACT; acting as liaison points for court cases through police prosecutors in the region and in Alice Springs, and being the primary agency (along with the hospital) that refers women to the shelter in Alice Springs.[31] In essence, the partnership with police does not emphasise police intervention as an end in itself but as a way to protect women at times of crisis and to facilitate women's access to services.

Regular communication and a solid relationship between senior service staff and police was described by one interviewee as important to "troubleshoot". Daily phone calls and weekly meetings occur between senior staff in ACT Police and DVCS. NPYWC DFVS staff have daily contact with police, and the ASWS and police are involved in fortnightly Family Safety Meetings in Alice Springs. NPYWC DFVS is also involved in the Alice Springs and the Anangu Pitjantjatjara Yankunytjatjara Land's Family Safety Framework meetings. At the first partner services' workshop, the NPYWC DFVS representative made the following comments:

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26 Hopkins & McGregor (1991) describe the tense early days of DVCS establishment. In contrast, recent evaluations of the coordinated community and justice approach in the ACT point to how crucial DVCS has become in routinised support and advocacy for DFV victims in the justice system (Cussen & Lyneham, 2012; Holder & Caruana, 2006).

27 In this report, when using anonymous quotes from both the national and the workers' surveys, no identific tion is used. An identifying reference number is used for quotes from individual interviewees.

28 An interviewee (CA17) notes that we shouldn't generalise about the police. "Some of them had very pro-women attitudes but a lot of them didn't. A lot of them were died-in-the-wool she-asked-for-it kind of attitudes."

29 For a more detailed description of this history see the NPYWC Fact Sheet #8 located at http://www.npywc.org.au/wp-content/uploads/2012/01/08-Domestic-and-Family-Violence-Service.pdf (retrieved 7 June 2016).

30 "Sworn" police officers are, in general, those that have specified powers such as to arrest and detain suspects for a limited time; often wear uniforms; and, in some jurisdictions and in certain situations, bear arms. Over the years and in different jurisdictions there have been various community police positions and schemes, but these involve non-sworn officers with lesser powers

31 The majority of women self-refer to the shelter run by ASWS.

We have a good understanding with police and we share cross-border intelligence [about DFV offenders]. The police are the agency that make the most referrals to us. We assist police in getting statements from women. They trust our information—we get this through women's families, women approach us on the ground, when we pull up on a visit they are walking to us…Our interstate relationships are important. Police know we make reports on the part of the women— she calls us and we call them. Police always assist and assist evacuations. (First partner workshop notes, May 2015)

At a national level our project survey of services showed that the police were seen by the respondents as the most reliable in providing "good support to women" when compared with 14 other organisations or services. In response to a separate question that asked them to assess their service's relationship with police, half (50%) said the relationship was good, and almost all of the rest (45%) said it was very good. A few (5%) indicated it was "not good, not bad", and none thought it was bad or very bad. However, in 18 open-text comments there were caveats to their positive responses. The respondents stressed that the relationship did vary and depended on the station and officer. Specialist police such as Domestic Violence Liaison Officers were singled out for praise, but general duty officers were criticised for "not understanding or recognising domestic violence" and for inconsistent responses, and it was noted that the police suffered from "compassion fatigue" as they were over-loaded with domestic violence cases in the area.

These caveats and the need to constantly work at the relationship, especially in relation to new recruits and frontline police, were apparent at a more local level, as these sentiments were echoed in interviews with partner services' workers. For example, although ASWS staff believed they had a good relationship with senior police it was observed that "we are having some issues with uniformed police at the moment. You just need a couple of people badmouthing you. They're only referring about 20 percent of jobs. We get about 20 a month from them but we know it should be ten a day" (AS2A). We were told the situation soon improved, but it did highlight the way relationships could vary at multiple levels and over time.

Within this context, all three partner services continue to promote an understanding of DFV and of their service through their involvement in police training.[32] In addition, the three partner services had formal agreements with the police through broader inter-agency frameworks and as separate agreements.[33] Several of the comments in the project's survey of services also referred to MoUs or protocols—for instance, "Koori police protocols" and an "MoU with SAPOL". Despite the protocols, which are essential for effective information sharing and were

hard fought for, the level of cooperation between the two sectors does fluctuate according to who is in key positions. A senior sergeant in Alice Springs made the observation that there is a need for formalisation of systemic processes to ensure that police and the women's DFV services work better together. A police officer said the police's relationship with ASWS and NPYWC DFVS "has been and still is personality based and it could be 100 times better" (PO6).

Locally informed and specific responses

The two previous sections described two common aspects of women's specialist DFV services in terms of their identities as organisations that employ and work primarily with women and apply a gendered analysis to DFV, and the long-standing, crucial and often difficult relationship with police. This section examines more closely what might be unique or distinct qualities to services as a result of adopting locally-informed responses. The importance of developing "context specific responses" is stressed in the literature on DFV and Aboriginal women (Blagg et al., 2015, p. 8). The issues that female victims face in rural and remote communities include: geographic isolation; communication difficulties; heightened concerns related to privacy and confidentiality; distances to services and difficulty in accessing transport; isolation; heightened risks because of easier access to firearms and higher rates of alcohol consumption; more conservative and traditional attitudes to family and gender; and socio-economic disadvantages such as, on average, lower wages than men (Blagg et al., 2015).

Rural criminology and literature on remote Aboriginal communities note the implications of distance and a dispersed population, coupled with small communities with dense social relations, for service delivery and the social problems the services seek to address (Barclay, Donnemeyer, Scott, & Hogg, 2007; Holder et al., 2015). Recommendations for a culturally contextualised response for Aboriginal women and their families and Aboriginal communities are, however, framed more in terms of understanding the specificities of DFV in particular places and among cultural or social groupings. Having acknowledged the significance of distal and universal factors such as colonisation, dispossession, marginalisation and racism, and current socio-economic disadvantage on Aboriginal and Torres Strait Islander people that contribute to our understandings of the extent and nature of family violence, the literature usually notes there are specific and localised differences in language, culture and history that need to be recognised in responses (e.g. Olsen and Lovett, 2016).

Despite the exhortations for locally informed and culturally informed responses, the narratives surrounding "culture" often focus on the broad notions of past and ongoing family and kin connections, more traditionally oriented practices and rituals associated with the Aboriginal Law, different uses of language and understandings of violence, and negative behaviours directed at family members or intimate partners, such as public expressions of anger, and practices borne out of connection and reciprocity

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32   In recent interviews, police and service staff did comment that this does not always happen as often as it should, mainly because of the pressures of other competing priorities and limited resources. The ACT Police recently committed to attending at least two DVCS staff meetings a year, and DVCS continues to provide training to new recruits.

33   NPYWC DFVS has three MoUs with police in each jurisdiction; both NPYWC DFVS and ASWS are parties to inter-agency Family Safety Frameworks in the Northern Territory and South Australia; and DVCS is a key participant in the ACT FVIP.

such as "humbugging", "demand sharing" and "jealousing"[34] (e.g. Blagg et al., 2015; Olsen & Lovett, 2016).

This research project was an opportunity to consider how three services have built and retain and use their understanding and knowledge of place and people in the provision of DFV services in three very specific contexts. The local knowledge held by the partner services is extensive and far more than a philosophical commitment to address DFV or a literature-informed understanding of DFV and of social or community work practice—it is of other services and key service providers, of the broader social and political milieu that impacts on the risks to women's and children's safety, and of how the incidence of DFV clusters around particular places, times, events and households or camps. It is also about forging enduring relationships with some women in the community, as clients and community members who are Elders, family members, leaders and so forth.

At the first partner workshop in May 2015, a representative of the NPYWC said "we have ears everywhere…Our women talk to us". Women clients are a profound source of knowledge, both for current information and a greater understanding that occurs through recurring and multiple contacts and the development of long-term relationships,[35] of their experiences of DFV, their lives and how they survive and change. Such knowledge is not formally recorded, and is often embodied in key leaders and long-term workers and infuses any service-developed guidelines, service directory and practice standards. Chapter 5 explores the ways Aboriginal women have influenced the evolution of, and adaptation within, the partner services.

Having "insiders" who are local Aboriginal women on the board or council, and employed as mentors and as staff, can help broker an understanding of local Aboriginal communities among workers. Services that participated in the project survey, and the project partners, encourage or insist on staff undertaking regular cultural competence training and professional development, although this training may be quite generic rather than focused on the intricacies of local or regional group politics, beliefs and cultural practices. Being in regional and remote areas is not just about geographic distance and population numbers. Growing local knowledge entails developing an awareness of the size and nature of communities and family and kin networks. These networks are interwoven over large areas and found in both outstations

and more densely populated suburbs, and sustain mobility.

Partner services have adapted to the local context in the following ways:

- **ASWS outreach "engagement" activities**: ASWS has delivered outreach services and run special projects to engage women with and within ASWS for many years, albeit in an unfunded and ad hoc manner at times. Aimed at building relationships and promoting the ASWS services and local women's voices, the outreach and engagement activities have included:
  - Wellbeing activities with women in town camp healing centres.
  - The *100 Voices* project from 2010 to 2012 which shared stories of women supporting other women in unhealthy relationships and to "stay strong".[36] The project has continued through engaging women in arts, crafts and music.
  - Working in partnership with the recently established Tangentyere Women's Safety Group to hold a workshop about DFV in the central Australian context in 2015.
  - In 2016, exploring ways to better engage with young women aged 14 to 17 years who are experiencing intimate partner violence.

- **NPYWC DFVS service model**: quite early on within the service, in the early 1990s, local women explained that traditional conflict management practices would not be appropriate for working in their communities but emphasised that a focus on safety was required, which is how the name "*Atunypa Wiru Minyma Uwankaraku—Good Protection for All Women*" came about (NPY3). Both victims and families indicated to service workers that they wanted outside authorities to deal with the issue of DFV such that the service has developed as an external authorising body[37] that can respond to DFV and report incidents to police. As outlined in the NPYWC recent submission to a Committee of the South Australian Parliament:

  > "…women can often expect limited protection from their kin when other social, ritual and economic interests moderate their safety. For the women and their children whose social world is largely defined by their kin in this region, leaving a relationship and their communities is rarely a long-term option" (Ngaanyatjarra Pitjantjatjara Yankunjatjara Women's Council, 2015).

- **DVCS links to Aboriginal and/or Torres Strait Islander services**: as Aboriginal women comprise a small part of the ACT population and of DVCS clients (2-10% of clients), and Aboriginal visitors to and residents of Canberra come from a wide range of backgrounds, the

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34 "Humbugging" is a term commonly used–mainly in the more remote parts of Australia–and refers to where excessive demands are made by a family member/relative usually for money and/or goods. It has more negative connotations than, and is often seen as a contemporary form of, "demand sharing". For accounts of how jealous ghts can be exacerbated by teasing (often via texts or posts on chatrooms), see the research report on a large scale survey and qualitative research with more than 1,300 Aboriginal people in 16 remote communities in the Northern Territory (Shaw & D'Abbs, 2011, pp. 81, 106-107).

35 The three partner services had long-standing relationships with a small number of their clients. The services do not have individual case managers, and are demand-driven services that adopt an open and shared case management across the service. There are therefore a large number of women and their children where there is episodic or once-off contact. However, for example, a senior staff representative of the NPYWC DFVS said that they have long-term clients (sometimes across generations), where the duration of the relationship spans years of intermittent but not necessarily intense contact. DVCS also has a number of women who have had contact with the service for as long as a decade, who are more likely to be Aboriginal women and who may go for years without contacting the service.

36 For more detail about the project go to http://www.100voices.com.au/

37 Several NPYWC interviewees indicated that the DFVS service model based on the premise of an "authorising other" can provide challenges to new staff, particularly those who have worked for domestic violence services within a different context, largely due to the contested nature of what constitutes empowerment for women in this context.

service has over the years endeavoured to have strong links to Aboriginal and/or Torres Strait Islander services in the region and to convene meetings with staff to talk about DFV and their clients. In particular, there is a key health service and several community organisations where the relationship has fluctuated over the years.[38] Maintaining links does increase awareness of DVCS and means the service is better informed and placed to refer Aboriginal women to appropriate services. A DVCS worker paid tribute to a senior Aboriginal woman who showed her how to respectfully engage with the Aboriginal communities in Canberra and who had stressed that "We're going to get it wrong at times but we just keep at it…[keeping] an awareness of different agendas, factions, points of view within the Aboriginal community. It's not like one single perspective" (CA12).

Frontline knowledge and experience of DFV within local contexts are a foundation to, and evolve through, everyday practice. The next two chapters explore workers' practices in more detail.

Conclusion

This chapter provides an overview of the women's specialist DFV sector in Australia. It sets the scene for the rest of the report, in which there is more investigation and deliberation on many of the issues raised in the overview.

The information available on **the sector** is partial and draws on some national and jurisdictional data and descriptive accounts that give only limited insights into the extent and use of services. To summarise, our research review found that:

- There is no definitive quantum for the current number of services in the sector. According to one count, there were at least 134 refuges and 17 women's specialist services against domestic violence (non-refuges) in 2013.
- The number of services in the sector grew rapidly from the 1970s to mid-1990s, and has since plateaued.
- Many services changed from grassroots women's organisations with collectives to organisations with more formal governance and management structures, more professionalised workforces and government funding to provide contracted services.
- There has been a significant and rapid rise of demand for services in recent years that has outstripped capacity and placed the sector under stress.
- Women make up the majority of the workforce. A large part of the workforce is casual or part-time workers. The workforce has considerable experience and qualifications in community service work.
- Organisations that run the services are independent and often relatively small with DFV as their core business.
- The focus of the sector is on women and children's safety.

Characteristics of **women's specialist DFV services** within the sector identified by our research include:

- Intimate partner violence is still the main type of violence that clients experience.
- Clients are mostly women, aged between 25 and 40, trauma-affected, English-speaking, and primary carers of children.
- Services have multiple programs but, for many, crisis accommodation and support remains the primary function.
- Services have a strong sense of identity, and a passionate commitment to and pride in key attributes.
- There is an understanding of DFV among service staff based on a gender analysis.
- Advocacy and empowerment of women is at the core of service delivery and practice.
- Few services identify themselves as feminist services. Many services see themselves as having a feminist-informed philosophy and aims.

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38   The peak body Domestic Violence Prevention Council, of which DVCS is a member, has struggled to find much engagement on DFV with the ACT Aboriginal and Torres Strait Islander elected body, and there has been turnover in the Aboriginal representatives on the Council itself. According to an interviewee (CA2), the elected body and the Aboriginal communities have been over-consulted and they feel not enough has happened as a result.

- The quality of staff and of practices is important.
- Collaboration with other agencies is essential but a good working relationship with police is viewed as the most critical. Police were a focus of system advocacy in the early days.
- Responses are locally informed and context specific.

In relation to **Indigenous people and Aboriginal women** more specifically, available data and the national survey results indicate that:

- There are few Indigenous-led/community-controlled specialist DFV services that focus on supporting Aboriginal women victims.
- An estimated 70 Aboriginal people a day using specialist homelessness services identify DFV as the main reason for homelessness.
- Many women's specialist DFV services are accessed by Aboriginal women but, with most services, Aboriginal women would constitute a minority of clients.[39]
- At least half of the services in the sector are estimated to currently employ Aboriginal people or have dedicated positions. However, Aboriginal staff would constitute the minority within a service.

In **regional and remote areas of Australia**, available data, the national survey results and the case studies indicate that:

- Aboriginal people are a greater proportion of DFV clients of specialist homelessness services in remote and very remote areas but the actual number is likely to be higher in major cities.[40]
- From our survey findings, urban women's specialist services are less likely to have and to have fewer Aboriginal staff.
- Distance and a dispersed population are challenges for service delivery, especially in large geographic areas like that covered by the NPYWC. In addition, local knowledge of "communities", social connections and cultural mores is also important.

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39   That Aboriginal women constitute the minority of clients for many services is not surprising given that people who identify as being of Aboriginal and/or Torres Strait Islander origin make up an estimated 3 percent of the Australian population.

40   From a policy perspective, it is important to note that the total number of Aboriginal women accessing DFV services is likely to be greater in urban areas compared with remote areas, where the majority of clients are likely to be Aboriginal women. As a result, a greater absolute number of women are likely to be accessing a wide range of women's specialist services in urban centres, compared with remote areas where Aboriginal-led or controlled services are more common.

Chapter 3: Views from the frontline: views and experiences of workers

"…there were all these women from different places, and we all shared our story. It changed my thinking." (Interview AS6)

Introduction

"Responses" with and for Aboriginal women experiencing domestic and family violence (DFV) are more than services, programs or deliverables. It is the myriad daily human interactions that create the substantive richness and tone of services. These interactions, described here as "practices", are the focus of the next two chapters. These practices are more than what is said and what is done, but also how, in what circumstances and why.

In seeking to engage with the inner practices of women's specialist services and workers the chapter is wary of labelling these as "best", "good" or "wise" (Breckenridge & Hamer, 2014). Although our focus is on responses with and for Aboriginal women we are also wary of marking the practices as displaying "cultural competence" or that they are "culturally safe".[41] The chapter takes a more cautious approach to documenting and analysing day-to-day practices. We acknowledge that workers bring with them a wide range of assumptions and expectations that are mediated through a kaleidoscope of gender, race, ethnicity, socio-economic and educational perspectives, and histories and experiences, none of which are necessarily fixed.

Why focus on frontline practice?

Frontline workers are those "who work directly with survivors and perpetrators of violence" (Haldane, 2010, p. 15). They work in different organisations with different mandates and roles. Practitioner insight forms part of a robust learning framework that includes research evidence, service user experience and policy perspectives.[42] At the same time, frontline workers conduct their practice in a larger ecology, where they are both a part of, and separated from, the communities in which they work. Their work is shaped by institutional imperatives, economic and political priorities, and government shifts and changes. They engage with "universal" models of analysis and also strive to locate their work within local-level frameworks and cultures (Wies & Haldane, 2011, p. 8). They seek out and connect with other networks of knowledge and action, and attempt to influence outwards as well as up to power-holders. They are actors as well as acted upon.

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41 For a wide-ranging discussion on "cultural competence" in mental health practice, see Purdie, Dudgeon, & Walker (2010). Our caution with describing practices identified in this research as "best" or "culturally competent" is that the labels fix them in time and place. One consequence is then that continual learning and refl xiveness may be curtailed.

42 Humphreys and Kertesz call these four components a "knowledge diamond" (Humphreys & Kertesz, 2012, p. 31).

Box 3.1 *Everyday work with family violence: voices from the frontline*

The stories that workers hear on a regular basis are shocking, inhumane, and depressing. From my own experience, I know it takes time to get accustomed to hearing daily accounts of how brutal one human being can be to another. The stories workers hear are haunting—and they all have a story or two they will never be able to forget. Some told me how they read the obituary pages to see if a client who failed to call back or make an appointment ended up murdered. A hotline worker will hear heartbreaking sobs at 3:00am, as the woman on the end of the line says she cannot take it anymore and is going to kill herself. Every suicide is potentially the caller the worker could not help. The overwhelming sense of failure is part of what contributes to burnout: the feelings that the worker did not, or could not, do enough. (Haldane, 2010, p. 18)

For those working with women and children as victims, these everyday interactions take place in a borderland between Aboriginal and non-Aboriginal worlds. The separation is an over-simplification, as identities and affiliations are multiple. These are "small spaces of interaction" (Merry, 2008, p. 520). Worker narratives are thick with the tensions between practice expectations and assumptions about "clients" and the real complexities to encounters with women who themselves juggle multiple pressures. Frontline work with survivors can be so overwhelming that opportunities to make sense of what they are trying to do can be few and far between for many workers.[43]

The next two chapters can therefore most constructively be approached as a part of workers' own critical, reflexive engagement with their practice, and as a contribution to the long ongoing examination of responses with and for Aboriginal women experiencing DFV (Laing, Humphreys, & Cavanagh, 2013). The viewpoints do not necessarily reflect those of workers' organisation. Workers participated in the research as interviewees, via an online survey, in focus group discussions and by allowing some (limited) observations. As participants, the workers knew the research focus was on "responses with and for Aboriginal women facing violence". Therefore their comments should be read as primarily referring to Aboriginal women as clients even as the text may say "women". However,

the proportion of clients who are Aboriginal varies from 100 percent for the NPYWC to approximately 5 percent for the DVCS. For the latter, and for the ASWS, some worker practices reference both Aboriginal and non-Aboriginal women. Later chapters focus more directly on the influence that Aboriginal women (as clients, co-workers, community members, board members and others) have had on the practices of the three partner services.

Box 3.2 Research methods for focus on frontline practices

The research project has applied a grounded, participatory and iterative approach in its methods. Workers, clients, managers and stakeholders are expert. Moreover, we understood workers (and the services in which they work) to be committed to continual learning and reflective practice. For the focus on practices the research methods included:

- A review of the research and service literature on core areas of practice, being advocacy, safety planning and outreach.
- One-to-one interviews with workers in three services.
- Observations in situ of workers' environments.
- Summary of key themes and tensions identified in interviews.
- Focus group discussions with workers on these themes and tensions.
- Online survey with workers about their practices.
- Partner workshops helped to frame practice within service structures.

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43 Many specialist services, including the three partners in this study, have in place a number of measures to minimise vicarious trauma for staff.

Guides, standards and practices

A number of guides to good practice and standards on DFV service provision exist across Australia but not all jurisdictions have them (for example, Department of Families [Qld], 2002; Domestic Violence Victoria, 2006; and Grealy et al., 2008).[44] Some of these standards are mandated by state and territory governments and are included in contracts for service provision. They include benchmarks that are aimed at services providing consistency and accountability, particularly in circumstances where funders support different types of service. Both national and jurisdictional resource centres also provide technical and practice information for workers and professionals. Formal guides also set out "good practice principles" to guide organisations when working with Aboriginal and Torres Strait Islander communities (see Box 3.3 for an example). Another influence on these guides is the desire of specialists to see their practice experience and underpinning values and philosophies recognised and disseminated (AWAVA, 2016). These formal guides tend to discuss "practice" at both a service level and a worker level.

This chapter takes a bottom-up perspective to examine the "hidden" activities of the "frontline" (Mykhalovskiy & McCoy, 2002, p. 27). Day-to-day practitioner activities are under-examined in research for a number of reasons: partially because of difficulties in accommodating the diversity of services and service approaches (Macy et al., 2009), partially because of evaluation challenges (Riger et al., 2002), and partially from the impact of overwhelming demand on direct services and their capacity (Tutty & Rothery, 2002). The direct support work with women as victims can be obscured by a policy focus on prevention. The inner workings of specialist DFV services instead can include elements that are across the continuum of interventions, including prevention, intervention and crisis support. Their objectives may extend to improving women's socio-economic and educational opportunities; their overall health and wellbeing; their capacities as care-givers; and their participation in community, cultural and political life.

Box 3.3 Good practice principles for engaging with Aboriginal and Torres Strait Islander Peoples[a]

1. Priority principles: Safety and security, Aboriginal and Torres Strait Islander culture, recognising the intergenerational impact of colonisation, and self-determination of Aboriginal and Torres Strait Islander people.

2. Engagement principles: Participation in decision-making; free, prior and informed consent; and place-based responses to meet community needs.

3. Sustainability principles: Providing long-term resources and support; contributing to Closing the Gap targets; and building an inclusive view of responses to family violence.

4. Access principles: Holistic responses to family violence; accessible and culturally competent services; and enhancing the capacity of communities to respond to family violence.

5. Collaboration principles: Effective partnerships with Aboriginal and Torres Strait Islander communities; cultural competence criteria for service providers; and respect for community governance and Aboriginal and Torres Strait Islander participation in decision-making.

6. Accountability principles: Effective monitoring and evaluation, and accountability to the community.

Note: a. Resource available on https://www.1800respect.org.au/ and developed by SNAICC [retrieved 20 May 2016]

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44   Particular services or disciplines have also developed codes of practice. For practice in refuges see, for example, the Code for Refuges developed by the Women's Council for Domestic and Family Violence Services WA (Chugani, 2016); for counselling see, for example, Seely & Plunkett (2002) writing from within a particular service; and for psychology see O'Brien (2015). An example of a regional good practice guide is that developed by the Southern Domestic Violence Service and Nunga Mi: Minar (2007) in South Australia. In the late 1990s a previous Commonwealth initiative, Partnerships Against Domestic Violence, analysed and proposed core competencies for the domestic violence specialist sector. However, the authors were unable to locate any of these reports. We acknowledge that "practice" and "competency" are different concepts.

Who works in frontline specialist DFV services?

Recently the Victorian Royal Commission on Family Violence has re-focused attention on the specialist DFV sector workforce (RCFV, 2016, Chapter 40). The Commission commented that specialist practitioners require "a detailed knowledge of the dynamics of family violence, what risks look like, how to communicate with victims without causing more trauma, and how to help victims develop a detailed plan for their ongoing safety" (RCFV, 2016, p. 173). For this detailed knowledge, frontline specialists draw on a range of disciplines as well as their lived experience. The Commission also commented that specialist workers require "a complex set of high-level communication, organisation and management skills" (RCFV, 2016, p. 174). To this, studies of workers themselves add "good listening skills, patience, concern for social justice and equality, [and a] belief in change" (Haldane, 2010, p. 18).

The profile of workers in the three partner services is similar to the characteristics described by the Royal Commission and similar to national workforce characteristics described in Chapter 2 of this report. The workers within the partner services who responded to an online survey conducted as part of this research[45] were all women, with an average age of 41 years. The majority were born in Australia, English was the first language for almost all of them, and the majority were tertiary educated. Two workers identified as Aboriginal women. The majority had more than three years' experience in the DFV sector and most had a background in community service work.

In the online survey, workers in the partner services were asked an open-ended question, "What are you most proud of?" in their work with women. Responses encompassed their individual contribution and skill set while others nominated client features and the service approach (Table 3.1).

Table 3.1 What workers in partner services are "most proud of"

Worker skills/approach	Their particular contribution	The women	The service approach	The organisation
Being vigilant, being a strong advocate	Continuing relationships and holding history	The strength in these women	The flexible, supportive, feminist approach taken by the organisation	Working for an Aboriginal-run service
Hearing [a client's] story and [providing] validation	Doing the work	Their resilience	Reflective, dedicated team of colleagues	The service I work for and what it achieves
Getting to know women/ building relationships	Outcomes where clients have expressed a more healthy sense of self and family	Women are able to identify signs of violence	Professionalism of team	
Chatting or relating to the client	The role I play in client's self-actualising increased safety, and improved sense of self and wellbeing; working to keep children safe	Clients who become empowered to make decisions that have good outcomes for themselves, their children and their communities	The team work approach with other workers in coming together to help DVCS clients	
Gaining the trust of women to help them in difficult times	The DV 101 training package that I designed			
Culturally appropriate practice and keeping the woman at the centre of everything I do	As I have been here a long time I have a relationship with the ladies			
The development of relationships	My ability to listen, or learn to listen			
	Trust clients have in me			

Source: Online survey of workers, Advocacy for safety and empowerment project, April 2016

Note: n=26

45   There were 37 participants in the workers' survey. Of the 37, 43 percent (n=16) worked for DVCS, 38 percent (n=14) worked for ASWS and 19 percent (n=7) worked for the NPYWC DFVS. For the survey analysis, qualitative comments by all 37 respondents are reflected in this eport. However, only those 26 complete responses to quantitative questions are used.

Perceptions of the frontline context

The workers' survey asked workers about the challenges they faced in their day-to-day work. These were numerous. Most commented on the unrelenting pressure of the work, the workload and the impact of hearing women's stories of violence. Said one worker, the challenge was "keeping up with the workload, and ensuring that we are being a solid and consistent support for clients". Workers didn't want to be "worrying about their [women's] safety after-hours" and were challenged in meeting the needs of children.

Box 3.4 Perceptions of main challenges facing women's specialist services from national survey

> In the national survey of women's specialist services, responses emphasised the main challenges as shortfalls, that is, not enough funding, resources, staff, and emergency and longer-term accommodation. Services also emphasised failures and shortfalls in the systems they needed to work with to protect and support women, in particular the court and legal systems. Services also stressed their struggle to cope with demand.

Others commented on the challenge of meeting expectations—realistic and unrealistic. Part of this was about the location (for example, "not being able to do more to lower the DV experienced on the Lands"), partly about cultural connections (for example, "conflicts of interest as I am more than often related to the women"), and partly about the nature of the violence and "being exposed to/being close to the violence [the women] experience". Other challenges related to the services that workers tried to secure for women:

- "the challenges in communicating with the police/legal systems";
- "finding a safe place for them to live";
- "constant trauma and lack of resources";
- "barriers to other services e.g. waiting lists or lack of 100% bulk billing psychologists, schools not being aware of impacts of DV on children in classroom setting"; and
- "seeing lack of choice".

Other challenges were more complex. One worker identified that women fear "telling their experience"; another worried about "non-responding clients, unable to reach clients"; and another's challenge was "trying to assist to learn life skills to prevent ill health".

Workers were also asked what they thought were the challenges that women who experienced DFV faced in their locality. One lamented for their "clients who have experienced such profound,

long term abuse that they feel utterly broken and disempowered". Workers reflected that women's challenges included:

- "a massive gap between the crisis period and where to go next";
- "finding who they can trust, finding a right next step for them";
- "the lack of action taken for breaches of DV orders, and the length in time the criminal process takes when criminal charges are laid"; and
- "access to the resources that increase their safety".

The workers in the urban and regional locations mentioned housing (crisis and longer term) as a dominant challenge for women. For those working in the remote locations, access to services and isolation (from services and within their communities) were commonly mentioned. Those working in the central Australian locations mentioned challenges including safe options, "the fact that violence is normalised and that the trauma runs so deep", "all the cultural ramification(s) of reporting e.g. payback"[46] and "not being able to leave the environment they are in/escape the DV fully". They also felt substance use complicated the domestic violence, and that an environment that included other types of crime and gendered norms of behaviour contributed to the challenges women faced.

Overall, workers held views that were uncertain about the levels of support women received from the families and communities.[47] A majority (58%, n=15) felt that women received support from their families "every so often" while 70 percent (n=18) felt this in relation to communities.[48] Those in regional settings were more likely to think women received community support "quite a bit" than those in the remote locations. Indeed, one remote worker wondered at "the lack of support that Indigenous women provide for each other in DV situations".

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46   The term "payback" is in common use among Aboriginal Australians. It is a complex form of sanctioning that differs from place to place (Sutton, 2006).

47   Workers were asked to rank their views on a scale from "never=0", "every so often=1", "quite a bit=2" to "a lot=3". Some rankings are combined in the analysis.

48   The uncertain findings were repeated in a later question asking workers if women could "rely on their own communities to give good support". In response, 70% (n=18) said "sometimes".

Perceptions of women possibly living free from violence

Workers were asked a number of questions about their perception, from their day-to-day experience, of women clients living free from violence. An overwhelming majority of workers felt that women "remained in a relationship or situation that was unsafe" "a lot/quite a bit" (89%, n=23) and "returned to the abusive relationship" "a lot/quite a bit" (85%, n=22). Over a third (39%, n=10) felt that women managed to "eventually find a way to live without violence" "a lot/quite a bit", while over half (58%, n=15) perceived this livelihood as "every so often". In such circumstances, workers perceived that women "come back and forth a number of times to our service" "a lot" (69%, n=18).

Workers in ASWS and the NPYWC had bleaker perceptions of women remaining in a relationship or situation that was unsafe, and returning to an abusive relationship. This was especially so for workers in remote central Australia. Indeed, NPYWC workers felt that, from their day-to-day experience, it was only "every so often" that women "eventually find a way to live without violence". All NPYWC workers observed that women "come back and forth a number of times to our service" "a lot". Workers who served the urban environment in which DVCS operated held a more hopeful perception from their day-to-day experience. While a majority of DVCS workers felt that "quite a lot" of women "remained in a relationship or situation that was unsafe", a majority (68%, n=8) also felt that women managed "quite a bit" to "eventually find a way to live without violence".

Workers were also asked, "In my day-to-day experience as a DV worker, I find that men who use violence against their female partners usually stop when…" and could provide a response in free text. Comments on this open-ended question were blunt. One Aboriginal respondent with over three years in the domestic violence sector said that in her experience men usually stop when "they have killed the woman. The woman has left the relationship. The men are put in prison. The woman is pregnant, not often though but this can deter an attack on a woman." Another Aboriginal worker said that the men "stop using violence when there is no further opportunity to do so". One NPYWC worker with a similar length of time in the sector said in her experience men usually stop "when they are out on country off the grog".

Across all services the most common reflection about men stopping violence was when there were strong legal consequences or imprisonment. Next most common and in similar proportions were comments that men who use violence against their female partners "don't stop" or stop when they make a strong and genuine decision and commitment to do so (and undertake a behaviour change program, stop drinking and have access to other supports). One worker observed that in her day-to-day

experience men who use violence against their female partners stop when "the partner is not in the same community; or sometimes after they have been to jail; or when the woman comes from a strong family and he is in her community". Others commented that he stops when he "gets old" or when he "gets a new partner".

Becoming empowered

With these perceptions of their frontline environments and that the realities that workers perceived that their clients face, what did workers do to help women become more empowered? Reflections clustered on occasions of decision-making: not the making of *a* decision, but an evaluative and information-gathering process. For the worker, this involved:

> Listening in conversation for skills they're already using and finding out more, so her own agency, and limits to it, is more visible to her too; clarifying other resources she is using already and what else she wants to use; assisting her evaluating and decision-making.

Workers typically used this evaluative process to re-frame women's experience of victimisation. Their comments referred to women's strengths and resilience. One worker said that in her day-to-day experience as a DV worker she helped women become empowered by:

> Helping them to make their own decisions. Talking about not only the negatives but also positives, such as their resilience and strength, their ability to protect and care for their children, their ability to ask for help when needed.

The second most commonly identified method to support women's empowerment was offering options and information. For example, a worker in a remote location said she helped women become empowered by "informing her of her right to have legal protection and ensuring she knows that we will be advocating for her. Giving her information about how the legal system works."

How workers perceived their role

The reflections from workers about the frontline environments in which they worked, their perceptions of the often entrenched nature of violence in women's lives and their grounded comments about how they facilitated empowerment added to a modest assessment of their role as specialist DFV workers.

But how did workers in the three specialist DFV services see their role? Canadians Herbert and Mould identified six different orientations: that of advocate, agent of social control, counsellor, mediator, social broker and teacher (1992, p. 115). Although their focus was child welfare advocacy, these different conceptions help understand workers' orientations towards advocacy as a service delivery activity and advocacy in social change. The survey adapted this language for relevance to the three organisations. It also asked workers to self-assess between an "ideal" approach to their role and their "actual" approach. Workers' responses clustered on the social broker, teacher and counsellor roles in both assessments of their role (Table 3.2), although the social broker and counsellor role emerged as slightly stronger in workers' assessments of their actual role. Being a mediator in assisting in the resolution of issues or problems between the client and other organisations also emerged as stronger when workers considered what was essential to their *actual* role.

Table 3.2 Workers' assessment of what was essential to an ideal approach and to their actual approach

Role description	Essential to ideal approach % (mean)	Essential to actual approach % (mean)
Social broker: making connections between clients and needed resources	58% (3.9)	73% (3.7)
Teacher role: introducing, enabling and encouraging clients to use new knowledge and skills	58% (3.5)	58% (3.4)
Counsellor role: using the helping relationship to enhance the problem-solving and coping capacities of individual clients	54% (3.4)	62% (3.9)
Advocate role: being an unwavering supporter of the client	42% (3.0)	46% (3.3)
Mediator role (a): assisting in the resolution of issues or problems between the client and other organisations	12% (2.8)	31% (2.8)
Mediator role (b): assisting in the resolution of issues or problems between the client and other persons	19% (2.8)	12% (2.2)

Source: Online survey of workers, Advocacy for safety and empowerment project, April 2016. Adapted from Herbert & Mould (1992)

Note: n=26

Disaggregating between the three partner services showed some differences to perceptions of what was an ideal approach but similarity when it came to their actual approach. DVCS workers viewed the counsellor role as most essential to an ideal approach, ASWS workers viewed the social broker role as most essential, and NPYWC workers viewed the teacher role as most essential. However, when it came to assessing their actual role, workers from all three services said that being the social broker and "making connections between clients and needed resources" was essential.

Asked an open-ended question about what else they might say was an *ideal* approach to their job, workers' viewpoints strongly focused on the woman client, her strengths and her agency. The following comments were typical:

> I think it is essential to completely support the client and her desires and acknowledge that she knows best about her life.

> Taking an empathic, pragmatic, realistic, client-centred approach to this work. Focus on empowering the client to achieve personal authority.

Others emphasised the implications of the violence, for example, that a "trauma focus is…paramount when working with this client group. It is pretty difficult in times of high stress and anxiety to expect someone to sit there and take in all the information one might be given during a legal aid appointment etc." Others mentioned the importance of "culturally appropriate" resources and responses, and a number included prioritising the safety of children and children's wellbeing along with the safety of the woman.

Workers also set some boundaries in their narratives about an ideal approach. The focus on the woman herself was strong, especially as decision-maker, but workers "being down to earth [and] providing realistic expectations" was important. A couple of the participants stated that "relationship problems" or "partner reconciliation" "should not be any part of our business ideally" and maintaining professional boundaries was also important. Said one worker, "having a clear sense and understanding of duty of care issues in client work and the workplace" was essential.

There is obviously considerable overlap in the role descriptors. However as analytical tools they are useful. The findings suggest that frontline workers are practical in their approaches and that getting resources for their clients and making connections for women is central to their role. Indeed, workers perceive that this is a key reason why women make contact with the services in their localities.

Functions, activities and practices

Role definition is essential to understanding jobs but this only gives a general orientation to the work. To get a better sense of what Aboriginal and non-Aboriginal clients might actually experience in the responses provided by women's specialist services, it is important to look closer. The survey of workers asked how they saw the priorities of the job, what clients asked of them and what they were able to provide. It also asked about the patterns of contact they had with women, what types of outreach they were able to give to individual women and how they would describe their practice.

Across all three partner services workers affirmed that their job priority was to "do something or provide something that helps make the client safer" (mean 3.7). The second and third priorities were to "provide the client with options and information, and talk these through with her" (mean 3.5) and to "organise or provide practical resources for the client to use" (mean 3.2). Viewed as desirable but less essential were priorities to "get other organisations to respond to the client better" (3.1), to "treat the client's trauma from the violence" (2.5), and to "help the client connect with other women in similar circumstances" (2.04).

Types of client contact

Workers were asked to calculate how much contact[49] they might have with an individual client in their day-to-day work. Responses were evenly distributed. A third indicated that they had one or two contacts, a third between two to five contacts with a client, and a third said that they had more than five contacts with a client. In terms of their overall contact with an individual client, just over half (54%) of workers indicated that contacts were spread out over a very long period of time and over a third (39%) indicated that contact was "sporadic; I might only speak with the client once or twice". Only a couple indicated that the spread of their client contact was specified as a target number set by their agency.

Differences appeared between the partner services on contacts that related to their core business and the organisation's broader relationship with women in the locality. In particular, doing case management in a member-driven organisation, the NPYWC workers all said that their contact with women was spread out and mostly consisting of two to five contacts. As a crisis response service the DVCS workers said they mainly had one or two contacts but closely followed by two to five contacts. It was, however, sporadic contact with individuals. Workers in the ASWS indicated an even distribution of contacts but that were mainly spread out.

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49   "Contact" was defined as any direct interaction with a client by phone, email, text or face-to-face in whatever setting.

What did women ask for from them as workers?

Workers indicated that women most commonly asked for help with accommodation and with legal options (police, courts, DVOs) and assistance in getting their voices heard. After this, women most commonly asked for financial help of some kind, whether assistance with Centrelink or brokerage funds, or some other help. In addition, there were many practical things that workers said women sought, including food and clothes, use of phones and computers, and help with transport.

Workers said that women also asked for help with "the problem". Underpinning this was a perception that many women were unsure what they wanted, didn't know what was available and that "understanding and empathy" was necessary. One online survey participant commented that women asked for:

> Advice/info on the dynamics of DV relationships, e.g. Help understanding their partner's behaviour; validation of their experience; support for the children e.g. counselling; advice on court/legal processes.

Another said that "women ask me constantly to work with the men" and another that they asked for "ways to get 'it' to stop".

Others mentioned that women sought more personal help—"To allow them to talk about their problems. To sit and just chat with them." A couple of workers mentioned women needing help with children. One worker said that women ask for "information around parenting after DV"; and another said women ask for "help for their kids, especially in relation to difficult contact with fathers; other women ask who's assisting men". Another said that women seek "guidance, support and knowledge on my experience working in this field. They want to know they aren't alone."

Workers indicated that they were mostly able to provide support that women asked for. They identified a wide range of needs: for emotional support; around children and communities; and for practical support, support at court, and support to get services or support with services. The language that workers used emphasised "action" words: they provided options, links, information and referrals; and they emphasised offering "solid advice", being "professionals who know how to recognize and respond to DFV" and being "someone who will listen and care".

Patterns of contact with women clients

How flexible and responsive could workers be with clients in managing what was asked for and what they could provide? The survey asked about four practices that indicated these desired qualities: follow-up contact, spending time, tailoring an individual response and helping the client make social/family connections. As workers may be constrained by the pressure of caseloads and other factors in doing these practices, the survey asked how often they were able to undertake these activities.

Most commonly, workers indicated that they were able to tailor an individual response for the client (mean 4.2) and to spend time with a client talking about what she needed (mean 4.1). They were slightly less able to initiate follow-up contact with clients and to help the client make connections with family and friends. The level of flexibility and responsiveness that workers perceived that they could provide was similar across the three partner organisations.

Types of outreach practices

The type and volume of outreach activity that workers feel that they are able to provide is also an indication of how the interactions between themselves and clients take place. Different approaches to and understandings of outreach were identified in a supplementary literature review. Looking at outreach "practices" (as opposed to outreach services[50]) the survey asked about home-visiting, meeting outside the office environment, being accessible on the phone after hours, going to appointments with the client, communicating via social media, and talking with friends and family. It asked how frequently workers felt that they were able to do these practices.

Workers indicated that they were sometimes able to visit the client in her home environment, go to important appointments with a client and were sometimes able to talk with her family or friends about her safety and support needs. They also said that they were able to meet the client at locations outside of their workplace most of the time. Finally, workers indicated that they were hardly ever able to speak with the client on the phone outside of nine-to-five work hours or to communicate with her via text or other social media (Table 3.3).

However, important differences emerged between the partner services. ASWS workers[51] were less likely to be able to do home visits, to meet outside normal work hours or be able to talk with family and friends. The 24/7 crisis service conducted by the DVCS enabled workers more commonly to do home visits, meet outside the office environment, have telephone contact after hours, go to important appointments and to communicate via social media. At NPYWC caseworkers were more able than workers from the other two services to go with women to important appointments, to meet outside the normal office environment and do home visits.

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50 Chapter 4 describes the difference between an outreach "practice" and an outreach "service".

51 The ASWS is most well-known for its crisis accommodation. However, it also has a public access office in the centre of Alice Springs from which its outreach workers operate, including its court support program. The outreach workers do conduct home visits. Therefore, we assume that those answering the online survey mostly worked at the shelter.

Table 3.3 Workers' assessment of how often they were able to conduct outreach practices on a day-to-day basis

	Never % (n)	Hardly ever % (n)	Sometimes % (n)	Most of the time % (n)	Always % (n)
Initiate follow-up contact with clients	0	8 (2)	42 (11)	35 (9)	15 (4)
Spend time with a client talking about what she needs	0	0	23 (6)	42 (11)	35 (9)
Tailor an individual response for the client	0	0	23 (6)	31 (8)	46 (12)
Help the client make connections with family and friends	0	15 (4)	54 (14)	23 (6)	8 (2)

Source: Online survey of workers, Advocacy for safety and empowerment project, April 2016

Note: n=26

The wider service context

Women's specialist services do not work in isolation:

> Domestic violence workers interact with ten major systems as part of their advocacy work, including the legal system, public social services, law enforcement, housing authorities, health and mental health services, other domestic violence programs, educational systems, community services, employers/employment agencies, and family systems. (Danis, 2003, p. 178; Peled & Edleson, 1994)

The three research partners have formal protocols or liaison arrangements with a range of government and community organisations. How these other organisations respond and ordinarily conduct their own business can make the work of specialist services easier or harder. The liaison work also comes with its own practice challenges for workers and is discussed further in Chapter 4.

Non-specialist services and sectors have been repeatedly criticised for offering partial, inconsistent, victim-blaming or no response to Aboriginal and non-Aboriginal women facing DFV. Significant and persistent work from women's specialist services across Australia has resulted in widespread change in both specialist and non-specialist services.[52] What do these changes look like for workers on the ground in three different locations? For no service or sector did workers substantially assess that women could "always"[53] rely on them to offer good support when women were seeking help about DFV.

Long term investment in law enforcement and justice system reform undertaken by the partner services in their localities appears to have paid off with nearly two thirds of workers (69%) saying that "most of the time" they can rely on police to give good support to women seeking help about DFV. With regard to the legal system, 46 percent of workers said that it could be relied on "most of the time" and another 42 percent said it could "sometimes" be relied on. Workers with DVCS (especially) and with the NPYWC were stronger in this positive assessment of police and the legal system.

In terms of the hospital and health care system more broadly, half of workers in all partner services felt these could be relied on "most of the time". Workers with the ASWS were less certain in their assessment than those with DVCS and the NPYWC.

Workers across all three services felt that "the substance abuse/care system" and "the mental health system" could be relied on "sometimes" although they were less sure of the latter.

Asked if they could rely on "the school/vocational/educational system", the "child care system" and "the child protection system", workers across all the partner services mainly indicated this was so "sometimes". There was no marked difference in assessment between the three services.

The reliability of "the housing system" and other social systems to offer good support to women seeking help for DFV-related issues was also less consistent according to workers' assessments. A majority indicated that they could only "sometimes" rely on the "housing system", the "job seeking/employment system", the "financial or income support/welfare system", or "the welfare/community system". Perhaps unsurprisingly, assessments of these social system supports were slightly more positive from workers operating in the urban environment served by the DVCS.

Across all three partner services, workers felt that women's own communities could be relied on "sometimes" to offer good support when women were seeking help about DFV. With regard to the community sector, workers in central Australia were more positive about the reliability of Aboriginal community organisations in giving good support to women seeking help about DFV, saying this was likely "most of the time". For the DVCS workers, Aboriginal community organisations could be relied on to give good support to women seeking help about DFV "sometimes".

Asked an open-ended question, "from your day-to-day experience as a DV worker, what was good support to women facing DFV from other services/sectors in your locality", workers' comments clustered around practices, attitudes and assumptions, and actual service delivery. Workers emphasised practices starting with "good listening", which was not a passive practice; rather it was encapsulated by one worker as the ability to:

> Listen well, and not oversimplifying the challenges. Flexibility where able to work with woman and other agencies in a tailored individualised response. Transparent about limits to this, explaining reasons and offering other ideas if possible.

Good listening was also defined as not just waiting for women to articulate the problem but to "ask for it" and to "identify there is a problem". Good practices from other services/sectors were underpinned by informed and knowledge-based understandings of DFV and "refrain[ing] from making assumptions about women who experience violence". Ultimately "good support" from other services/sectors was doing something. For example, to "get back to woman in a timely way", to "assist her to meet her needs" or to "provide long term accommodation".

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52 A discussion of these debates is located in the literature review conducted for the research (Holder, Putt, & O'Leary, 2015).

53 The online survey asked workers the question, "in my day-to-day experience as a DV worker, I find that I can rely on [15 different social and support systems] to give good support to women seeking help about DFV". Each could be ranked on a five-point scale from "never=0", "hardly ever=1", "sometimes=2", "most of the time=3, and "always=4".

Recognising a requirement for deeper engagement with Aboriginal women facing DFV, some workers emphasised other services/sectors provide "good support" when they "take a personal interest in the women and are kind and supportive but also allow for empowerment". One worker said simply it was "when they invest in developing relationships with women".

Concluding discussion

This chapter summarised the perceptions and experiences of workers from the frontline. It has been descriptive rather than analytical. As the numbers answering the survey are small (a 29% response rate overall) we have primarily given an aggregated description. However, differences have been teased out where these appear particularly salient—because of the particular location of the service or its service model, for example. Overall, the views and experiences of the workers from the three women's specialist services show more similarities than differences.

Workers assess their client group as particularly trauma-affected and as juggling different carer responsibilities. They perceive women's safety as their job priority while at the same time hold bleak views as to how likely it is that women are able to eventually live free from violence. Across the three services, workers described a high degree of responsiveness to demand, but there was variation in the ways in which this is done, depending on the service model. Workers aspire to empower their clients while at the same time attempting to respond in grounded ways to the practical needs women present. The literature review showed that Aboriginal clients value flexibility and responsiveness in services and workers (Holder et al., 2015).

Overall the workers emphasise providing support, understanding, practical help, information, options and respite. They emphasise the extent of their expertise and its value to women. Their work is "Sisyphean" (Haldane, 2010, p. 19).[54] Indeed, one US study found that the core of victim advocates' ability to cope with their work requires them "to redefine their perceived role from 'savior' to 'options giver' to more accurately define their role interactions with battered women" (Powell-Williams, White, & Powell-Williams, 2013, p. 258).

The next chapter examines in more depth particular practices identified as important within women's specialist service responses with and for Aboriginal women experiencing DFV, specifically safety planning, advocacy and outreach.

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54   In Greek mythology, Sisyphus was forced to roll a boulder uphill, only to watch it roll back down again. Thus a "Sisyphean task" is something unending.

Chapter 4: Core frontline practices

"Go slowly, softly. Use your ears, eyes, heart and brain."

Mrs. T. Colin OAM (dec.), former NPYWC staff member.

The previous chapter explored the responses of women's specialist DFV services with and for Aboriginal women experiencing DFV by focusing "on the frontline". Frontline practices focus on interactions in the "small spaces" between those employed to work in the services and those who seek help. The reflections from workers in the three partner services provided insight into the wider (local) context of their work, their perceptions of client characteristics and how they are able to do their work. This chapter reaches further "inside the black box" of service practices (Macy et al., 2009, p. 360), in particular, examining those practices that are core to women's specialist DFV services: safety planning, advocacy and outreach.

The chapter is divided into three sections, one for each of these specific practices. It considers data from the online survey of workers, and from interviews and focus group discussions. Each of the sections commences with a brief outline of practice challenges identified in the research and grey literature.[55] For reasons of brevity, not everything about the selected practices is analysed; rather we focus on particular challenges that are prevalent and particularly so in responses with and for Aboriginal women facing DFV. The findings are illuminated by others from the survey of women's specialist services nationally and, where of interest, similarities and dissimilarities of approach are noted.

Aboriginal scholars and advocates have been particularly critical of dominating ways of "knowing" associated with feminism and of the "expert" stance adopted by white professionals (Moreton-Robinson, 2011). The research project has employed a critically reflective engagement with the knowledge that workers claim as well as with our analysis and thinking as researchers (see Box 4.1). The approach resonates with existing standards of ethical and socially engaged practice in work on violence against women within disadvantaged and minority communities (Kelly & Meysen, 2016). The project's detailed focus on three specific areas of practice in effect asked workers to share what they did and how they did it—"warts and all".

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55 A review of the literature on advocacy, safety planning and outreach was conducted as supplementary to the substantive state of the knowledge report for the research project overall (published as Holder et al., 2015).

Box 4.1 Research methods examining advocacy, safety planning and outreach

Closer examination of the three core practice areas took place in five stages. First was a targeted literature review. Second was primary data from workers. For this chapter we draw on interviews with workers in three services (n=24) and results from the online survey of workers (n=37).

A third step comprised summarising key themes and tensions identified in interviews and producing a discussion paper. A focus group was held with workers in each of the three partner services to explore these themes and tensions further, to add or subtract detail and to deepen understanding.

A fourth step involved a workshop with executives and senior staff where we discussed particular practice approaches and helped to frame practice within service structures.

The fi th step involved undertaking a survey of managers of women's specialist services across Australia (n=43). Many questions were similar or identical to those asked in the workers' survey. The responses indicated that key themes and issues identified in our three services corresponded to the views and perspectives of those in the wider sector.

1. Key practice challenges: "framing" the literature

It is important to acknowledge that the critical research and practice literature doesn't always distinguish the nature of the service/agency in which the practice takes place. Thus there are many critiques of the practice of "intervention" in women's lives by professionals working in child protection and law enforcement. These are organisations with legal powers to intervene and with obligations to do so. Other professionals have duties of care that derive from the requirements of their discipline (for example, doctors or psychologists) and from the policies of their organisations. Workers in community-based organisations such as the partner services in this research are often in a less defined environment. In this sector it is more common, perhaps even a defining feature, that people "in need" come voluntarily[56] to seek help. Therefore, how we think about "practice" in each of the professional and community environments will be different.

The three partner services are independent women's services specialising in DFV. While employing wide-ranging legal and clinical knowledge and experience, they are non-legal and non-clinical services. Understanding the nature of their interactions with clients in these circumstances is therefore more about a relational connection in very specific circumstances, that is, in circumstances for the person seeking help where "violence is about being diminished, made to feel less than and controlled". Therefore:

> …for interventions to be ethical they should endeavour not to reproduce this positioning. This means beginning from a recognition of the other person/s. The starting point for a professional must be an interest to move in connection to, and conversation with, the person whose integrity and dignity has been violated. Where help is sought or welcome this means far more than being heard, it is a joint exploration of the past, present and potential futures. The core responsibility of professionals, agencies and institutions involved is protection, which we interpret as not simply to end violence but also to support ways of living beyond the harms, to remake the self and (re)build social connection. (Kelly & Meysen, 2016, p. 2)

A second key issue from examination of the research and practice literature on each of the practice areas is that definitions are elastic. This is in no small part due to the diversity of situations in which the practices are located. In this chapter we have tried to remain attentive to what workers say they actually do in specific situations and specific services. Actual practices can be obscured

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56   In specifying the "voluntariness" of individuals coming forward to seek help we also acknowledge that this takes place within circumstances that are structured by poverty, racism, sexism and other social, economic and political forces.

by terminology such as "intake" or "case management". Even terms such as "advocacy", "safety planning" and "outreach" are not immediately accessible to lay people. Key to our analysis, therefore, is to stay as close as possible to how the practices are described and how they may be experienced by Aboriginal and non-Aboriginal women at the frontline.

2. Key practice challenges: safety planning

a. Meanings and associations from the literature

Safety planning is described as an essential element of practice in supporting women who are experiencing DFV. It appears in policy documents and service descriptions across the specialist DV sector, in child protection and child welfare services, as part of law enforcement repertoire, and in therapeutic settings. However, despite the ubiquity of safety planning there is little substantive research on the practice, its variations and its efficacy. This lack of research is in stark contrast to the large amount of research and evaluation of interventions with perpetrators (risk assessment tools, programs and so forth) or victim risk assessment instruments.

The 1998 book, *Safety planning with battered women: Complex lives/difficult choices*, by Jill Davies, Eleanor Lyon and Diane Monti-Catania is arguably *the* text that has most influenced the domestic violence service sectors in their work with victim/survivors in Australia and elsewhere. Two aspects are central to the book's importance. The first is its recognition that "simply leaving" the violence and the relationship could not be the only objective of services. Second is its philosophy of "woman-defined advocacy". The approach begins with "an understanding of the needs, resources, perspectives and culture of each victim".

> As part of that process, a working relationship or partnership is built in which the victim's perspective and the advocate's information, resources, and assistance are combined to enhance the victim's safety strategies. The advocate and victim will then work together to implement those strategies, modifying them as the victim's life and circumstances change. Victim-defined advocacy is not simply listening and doing what a victim wants. Rather, it requires the advocate to participate in an active, dynamic and culturally responsive information and resource sharing process that creates and improves options for each victim. (Davies, 2009, p. 5)

Safety planning has become entwined with other key advances in responses to victims of DFV: danger assessments, lethality assessment and risk assessment more generally. Assessment processes have developed to complement women's own perspectives on their safety. Safety planning has become both a practice framework and a practice tool. It is ubiquitous as a term, a practice, as an output measure and a requirement for services within funding contracts.

b. Issues and challenges from the literature

Safety planning practices operate on a number of difference axes—temporal, spatial, interpersonal, social, legal and material—and combinations of these. A founding principle of safety planning in its original iteration is the centrality of the woman's perspective.

At the same time as safety planning was being developed, feminist advocates rejected the construct of themselves as "professionals" who were "expert". This approach emphasised both a collaboration with the woman and social change (Davies et al., 1998, pp. 12-15). However, over the last three decades, a number of influences have shaped and re-shaped approaches.

Firstly, the diversity of women who came forward for help and the wide range of their lived experiences challenged simple representations of "battered women". Women "had more varied sets of experience and needs for assistance, protection, and support, which they understood in complex ways" (Davies et al., 1998, p. 17).[57] Secondly, interventions and support emerged from professionals coming from a range of disciplinary backgrounds, and also from different organisations with different perspectives on "the problem". All look at the problem with different lenses and with different objectives and mandates. Thirdly, early advocates against domestic violence, who were oriented more around social movement and social change, came increasingly under the regulation of funding bodies. Different ways of delivering funds, from grants to contracting, shifted activities towards greater specification.[58] Services became responsible for keeping women "safe" through their funding contracts and women became responsible for keeping themselves "safe" through their safety plan. The risk with this strategy is that it may create a situation where services and women face "responsibilization without resources" (La Prairie, 1999, p. 150).

Finally is the emergence of risk assessment. Initially promoted as a first step in the process of safety planning (Dutton & Kropp, 2000), risk assessments have come to dominate in many settings (Messing & Thaller, 2015). These various instruments and their application have facilitated a shift from "victim-defined" practice to expert assessment, and from a wide perspective on safety to a more narrow focus on who is highest risk (Davies & Lyon, 2014). In particular, assessments have come to focus on the occurrence and dynamics of physical violence (especially lethal violence) with little attention to women's individual circumstances and their wider socio-economic, political and cultural contexts. This shift has profound implications for work with and for Aboriginal women.

More recently it has been argued that seeking to make a woman "safe" is an "unachievable standard". Rather, the objective should be to make women *safer* (Davies & Lyon 2014, p. xviii). With this in mind, an emergent idea of expanding women's "space for action" is based on an understanding that there is more than violence in women's lives. In a woman's expanded or constrained space for action lies a difference between "being safe" (where there is less violence) and "feeling safe" and living life (Kelly et al., 2014, p. 42).

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57 This recognition of women's diversity was not just as identity but also as situated in diverse ways socially, economically and politically. It secondly recognises that while children are intimately connected to women as their primary caregiver they also are distinct and diverse. Therefore, contemporary safety planning actively incorporates children's safety or developing separate child safety plans.

58 This has contributed to what has been called "service-defined advocacy" (Davies et al., 1998, pp. 17-20).

Safety planning practices

Safety planning methods are described in different ways. It has been described as the creation of "a personalized, detailed document that outlines clear and specific safety strategies that a battering victim can use to promote his/her safety across a wide range of situations" (Murray & Graves, 2012, p. 95; Davies et al., 1998). However other practices are also evident.

Researchers have developed computer-based decision aids (Oschwald et al., 2009; Glass, Eden, Bloom, & Perrin, 2010) and explored the delivery of safety planning through telephone (McFarlane et al., 2004), or as brief face-to-face intervention (Kendall et al., 2009). Safety planning with Aboriginal women in central Australia is described as "a complex drawing that plots a woman's threats and supports in the different locations that she frequents" (Gander, 2013, p. 36). Others describe safety planning as involving "ongoing assessments of risks, resources, and priorities and the creation of strategies to maximize safety and to pursue goals in this context" (Lyon, 2008, p. 620). And others have suggested group or collective safety planning (Mkandawire-Valhmu, Stevens, Kako, & Dressel, 2013; Pennell & Francis, 2005). Whether as document creation, tick box, artwork or as network practice, safety planning is a fluid practice that can be adapted and applied in a range of settings. Safety planning can both create and sustain deep relations between the woman client and the helper.

Studies that ask practitioners about this area of practice have described the importance of standardising safety planning (Glass et al., 2010) while others argue for continued flexibility and individualised approach (Davies, 2009). Community-based workers say that safety planning is not "a one-time event". It is more commonly described as highly responsive and individualised and as providing "insight into community characteristics that might contribute to more effective safety planning" (Murray et al., 2015, p. 381). Safety planning may also involve specialist services acting as a "repository of documentation" for the woman

(Gander, 2013, p. 46) in order to protect important documents from loss or destruction.

c. Safety planning in practice: workers' experiences from the frontline

As discussed in the previous chapter, workers in all three partner services described their job priority as to "do something or provide something that helps make the client safer". They primarily approach their job as a "social broker" who makes "connections between clients and needed resources". Workers were also asked an open-ended question: "In my day-to-day experience as a DV worker I can help women clients to become *safer* by…" Answers clustered around how they did it and the content of what they did.

Workers described helping make women safer by "working with them to become empowered to make their own decisions. Encourage self-determination and confidence through ongoing support." And another said helping with safety was "talking with young women about what behaviours in a relationship are unacceptable and how they can get help if they need it." Another said she asked women what was "their bottom line", a question that asked a client to focus on what of the abusive behaviours she could manage or is prepared to manage. Workers focused both on helping women identify threats and risks as well as helping her make her own decisions about these. It was "going at their pace". This reflection goes to the different timeframes and circumstances that safety planning might focus on; that is, pacing planning for times of actual violence to preventive planning to post-violence actions. The language workers used in describing the doing of safety planning included "chatting", "talking", "identifying", "responding", "helping", "supporting", "listening" and as "putting heads together".

But what was the content of safety planning? Workers gave very practical elements to helping a woman become safer (Table 4.1). They indicated that they included fundamentals in safety planning such as vigilance in locking doors, keeping

Table 4.1 Safety practices mentioned by workers[a] (Number of times mentioned)

Safety practices	# Mentions[b]
Safety planning	10
Assistance with protection order (check if still current, applying for new one)	7
Accommodation (making referrals, provide immediate emergency accommodation)	5
Listening carefully and sharing knowledge about risks; "putting heads together"; being non-judgemental	4
Providing safe phone and tech safety	5
Police action (alerts, statement, report)	4
Accessing other services (warm referrals, money)	3
Security upgrades/site security	3
Advocating/educating others	2
Identity documents	1
Emergency food and financial assistance	1
Getting away from him, even temporarily	1
Immediate evacuation	1
Identifying safe family	1
Safe transport (taxi)	1

Source: Online survey of workers, Advocacy for safety and empowerment project, April 2016
Notes: a. Of n=26 respondents, 24 gave additional detail on their practices.
b. Numbers of mentions adds to more than n=26 respondents as individual answers included more than one safety planning practice.

car keys with them and phone charged, telephoning the service to discuss alternative plans, not walking to certain places, and practical safety steps to consider around the house or when using information technology.

Listing the different elements of safety plans as in Table 4.1 is artificial in one respect. Workers may actually include any of these practices under the rubric of safety planning. However, the analysis shows workers most commonly described *safety planning* as the way they help a woman become safer. This creates circularity to workers' phrasing that obscures the form the plan(ning) takes and what was its content. Therefore, disaggregating helps us see what is "inside" safety planning. One worker indicated that safety planning with women was "support to make them feel empowered to make safe but difficult decisions". The interviews and focus groups with workers helped add more depth and context to what making "safe but difficult decisions" looked like.

Workers' interviews revealed more of the difficult decisions when discussing the *objectives* of safety planning within the context of women's lives. They understood that, broadly, DFV is a dynamic, shifting set of behaviours that is both controlling in intent and punctuated by periods of violence. They also understood that the circumstances and place in which the violence took place varied considerably. Bystanders — family or others — may or may not be in the vicinity and may or may not be helpful to the woman's safety. Therefore, on a most practical level, safety planning was helping the woman bring to the front of her mind what these situations looked like in her lived environment and then brainstorming what she might do or not do, or plan to avoid, and so forth.

While the partner services operated in very different locations, the underlying challenge to safety planning was nonetheless the same. As one urban worker commented "there's a notion of safety that suggests there will be no harm, there will be a nice life, things will be beautiful". For this worker, safety planning was about the client "not getting hurt this time or at the moment" (CA9). Echoing this perception of persisting unsafe circumstances, another worker in a remote location said that:

> The only way really you know women are safe is if [the perpetrator was to] die. Even where men are in prison they might get payback from the family, he might be harassing and making threats. (NPY4)

In essence workers understood "safety" or "becoming safer" as highly contextualised, temporal and fluid.

These types of reflections were not solely about violence. As one central Australian interviewee said:

> Someone can come into the shelter, dealing with DV and not other things going on, and then move out. But when you put on top of that the impacts of perhaps multiple tragic deaths within their family, ill health, large and complex trauma over generations, racism on a daily basis, poor housing, [and] not being able to sleep…Listening to what women are saying to K_ about what they want from the service it's actually a relief from all of that, not just the DV. "I need to deal with the DV

but I need a good night's sleep and I need some good food and I need to feel safe so I can think." (AS2)

The reflection shows safety planning as both broad *and* narrowed. Interviews with workers in urban environments with more services showed similar challenges. As one long term worker said about her region, "there would be a whole lot of women who would say it was easier to put up with the occasional violence than face the genuine toughness of life outside on their own" (CA3). Another said that, post-crisis "there's nowhere to go" (CA4).[59] This worker went on to comment that flexibility was key: "you want them to be able to at least come back again and again if they want to" (CA4).

In all locations where the partner services operated, workers described the challenges to helping women become safer where lives and family and community relationships were complex. Interviews described problems of overcrowding, homelessness and poverty compounded by the challenges (to the services) of working with women and families that are mobile, managing social and cultural obligations, and entwined in multiple and overlapping relationships. In Central Australia, commentary included that "women get blamed" for getting the men in trouble (NPY1, NPY4), and "payback is very real" (AS3A).[60] Thus, safety planning probes different layers:

> [We] try to work out where the woman sits, in her family and his family. Is his family more powerful than hers? Is anyone holding a job here in a high place? Who you need to engage with and who to steer clear of and just if there's any hope. If his family is really powerful and hers is not in that community those hopes and dreams are not going to occur for her and what does that mean for her. Whether she stays or goes. (AS3A)

Similarly, in remote communities, safety planning:

> …may be around who supports her, who doesn't in the house, in the family and community, where she can go at any point in time, what happens to the kids in those situations, how far they understand what's happening, how far she feels responsible for what's happening to them, what she needs to consider if they need to get out of the way, if child protection need to be involved what needs to be considered there. (NPY6)

Workers here spoke of women wanting "respite at the point of crisis. They didn't want the relationship to end" (NPY8).

Complex family and social connections were not confined to Central Australia. An ACT-based worker also said that "family connections very important, both his and hers" (CA8). And another worker operating in the same area said that, for many but not all, "the relationships are complex, their family relationships are so complex; where is the actual violence coming from; what they can and can't do; saying who can come over and who can't. Because it is so complex, safety planning

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59   Two ACT research reports examining help-seeking and support to stay safely at home especially highlighted problems in responses from non-specialist services (Carnovale, 2016; Watson, 2014).

60   See footnote 46.

is complex for them too" (CA4).

Interviews emphasised that safety planning with this complexity is done "by building a relationship with the client" (NPY6). In the three partner services, workers' interviews consistently described this relationship-building as doing "a lot of sussing out" (AS2B), "asking questions" (AS7), "always having conversations" (AS10), "hearing the story" (AS3), listening to "the voice of the victim" (NPY1), "go[ing] more deeply" (CA4), and "learning to be more specific" (CA6). The professional language for the practice was described as being "client-driven" or "client-centred" or "client-led". In essence, it is listening for and responding to women's needs "in the moment. And checking and re-checking" (CA9). Workers operated with constantly shifting and moving elements in women's lives (FGD1, FGD3).

The interviews also commented about the *practice* of safety planning in different ways. The conversations workers "have to have" create "a very intimate space, a very vulnerable space" where "when people don't have much, dignity and kindness are valued almost like it is treasure, more than anything else" (NPY1). Across all three partner services, interviewees commented that safety planning was very active:

Safety planning is done at every call really. (CA6)

Safety planning is ongoing in every conversation. (NPY4)

…when we visit women [it] is to check their safety, so it's always "Are you safe at the moment?" (AS5)

The notion that safety planning was *a plan* that was "a discrete piece of work that you could tick off…like a contract" (NPY4) was uniformly not evident across all of the partner services. The dynamics of women's lives in complex environments meant that "safe family" one day might not be so the next (FGD1) and that practical responses to safety in situations of immediacy appeared useful to the Aboriginal and non-Aboriginal women who used the services provided by the partners.

Interviews also revealed more of the tension between validating a woman as "expert" of her own situation, and concern for her minimising or normalising the dangers. One worker described clients as "good at describing situation, exploring, but [we] come back to concerns of safety. Sometimes [women] work it out for themselves but [they] can minimise" (CA12). Reflecting on recent homicides in the locality, one worker said "you can't ask them now but you wonder why—why didn't they want to talk to a service. You wonder if they knew how at risk they were" (CA5). However, the notion of "minimising" can look different for some women. A worker in Central Australia said "we see women who are disassociated and that's probably the thing that's keeping them alive" (AS2A). This tension between women as knowers of their own situation and assessments of risk are particularly evident in the practice of *advocacy*.

3. Key practice challenges: advocacy

a. Meanings and associations from the literature

Advocacy is a core element of women's specialist DFV services and responses. It is a complex notion with many layers and approaches. A general definition of advocacy is:

taking action to help people say what they want, secure their rights, represent their interest and obtain the services they need. Advocates…work in partnership with the people they support and take their side. Advocacy promotes social inclusion and social justice. (Advocacy Charter [2002] from Advocacy Across London [quoted in Heer, 2004, p. 11])

Elements of advocacy are employed in many settings and by different professionals. The different associations all contribute to an advocacy spectrum. How advocacy is understood is influenced by different standpoints on the spectrum and from different advocacy roles—including whether one is a receiver or a giver (Dalrymple, 2005).

However, despite different emphases there is much similarity in the language used by advocates across fields. Common sentiments include giving voice to those silenced and facilitating excluded voices. Advocacy connects the problems facing individuals to larger societal forces that impact upon particular constituencies or groups.

For [the NPYWC], being [a] member-driven and Indigenous-led organisation, it is about highlighting the issues that are impacting on Indigenous communities and Indigenous peoples' lives, and being a voice for what they see as being the most appropriate way of addressing those. (NPY4)

There is also a focus on empowerment, on rights and on challenging unfairness. Much language is particularly action-oriented. Advocates "take action", "mobilise", and "lobby". They seek to change what is to what should be.

Box 4.2 Knitzer's advocacy principles (1976)

1. Advocacy assumes that people have, or ought to have, certain basic rights.
2. Advocacy assumes that rights are enforceable by statutory, administrative, or judicial procedures.
3. Advocacy efforts are focused on institutional failures that produce or aggravate individual problems.
4. Advocacy is inherently political.
5. Advocacy is most effective when it is focused on specific issues.
6. Advocacy is different from the provision of direct services.

Knitzer, J. (1976 pp. 200-215)

The history and associations of advocacy rests upon an active analysis of the manner in which power and privilege work through structural, social, cultural, institutional, political and economic frames. On this basis it is different to other forms of support, assistance and service. Thus advocacy is acting on behalf of, or working with, individuals and promoting their rights and interests, to ensure access to resources and opportunities or redressing power imbalances. The advocate is directly involved and makes an investment in the problem or issue. The advocate has "skin in the game" (AS2C).

In Australia, the use of advocacy as a practice and as an organisational purpose has deep roots within movements against domestic violence. It connects strongly with activism against state institutions and patriarchy (Dobash & Dobash, 1992). Indeed, countries with active women's movements have had a substantive and an enduring impact on the evolution of government policies on violence against women (Htun & Weldon, 2012). Advocacy organisations and advocates looked outside to change systems, services, practices, policies and laws (Davies, 2000; Shepard & Pence, 1999). Central to this approach is the perspective that government systems—large, complex, bureaucratic—don't always work for victims (Box 4.3). Some argue that the social movement focus of domestic violence advocacy has shifted over the past 10 or so years to a more individual one (Lehrner & Allen, 2008). From this perspective, victim advocacy has become another "caring profession" (Powell-Williams et al., 2013, p. 260). Over the years the service environment—and advocacy—has changed in complex ways (Laing, Humphreys, & Cavanagh, 2013).

Box 4.3 Advocacy in action

> Advocacy "is a doing word, an action word. Literally it is being a voice, with her permission, to delve into systems that she doesn't have knowledge of and therefore doesn't have capacity to do. It doesn't mean that she can't fin capacity to do but right now there and then she needs someone who can be on her side, who can agitate for her. It is quite a strong word. If I see it as one to ten, then advocacy is higher up there than 'support'. Support can be a whole range of things but advocacy is going to get an outcome and seeking something that is going to be an improvement on 'what is'" (Interview CA3).

Early studies argued that advocacy approaches within the domestic violence field were distinguished by the focus on rights and entitlement rather than on support (Kelly & Humphreys, 2001). However, some now suggest that advocacy has come to be defined by the aim of individual "empowerment" (Wood, 2016). This may be too simplistic a distinction as domestic violence advocacy works at different levels. It can emphasise:

- particular philosophies of practice as making change for individuals and for groups (Sullivan & Bybee, 1999; McDermott & Garofalo, 2004);
- ways of doing case work for individuals (Allen, Bybee & Sullivan 2004; Dunn & Powell-Williams, 2007; Weintraub & Goodman, 2010); and
- activities designed to engage with and change community norms, and strategies for organisational and policy change (Shepard, 1999, p. 115).

Advocacy can improve women's safety and wellbeing as well as improve their engagements with authorities and their access to resources (Bennett et al., 2004; Sullivan & Bybee, 1999).

b. Issues and challenges from the literature

The practice of advocacy and "being an advocate" is deeply informed by the social justice aspirations of workers. It is "a complex, politically and culturally situated occupation" (Ganz, 2015; Nichols, 2013). The previous chapter showed that workers are practical and problem-focused. Getting resources for their clients and making connections is central to their role functioning. Indeed, workers perceive that this is a key reason why women make contact with the services in their localities. One worker reflected that,

> … at times you actually do make a difference. You can at times, when justified, bend the rules and make a noticeable difference to people. So I've stayed because of that. (CA4)

However, the literature identifies a number of issues and challenges to the practice of advocacy in the DFV sector. The challenges can be sorted into those that relate to advocacy practices with individuals or cases, and those that are focused on systems (internal and external) and communities. The next section first examines advocacy challenges with individuals as discussed in the literature and from the perspective of workers in the partner services.

i.   Person or case-focused advocacy challenges

A criticism of advocacy is that its use of language of "giving women choices" potentially sets them up to make "the wrong choice" and thereby to create a "new kind of deviance in the form of pathetic victims" who return (or are pulled back) to unsafe situations (Dunn & Powell-Williams, 2007, p. 978). Other challenges include:

- The extent to which advocates can "stand with" those they are helping given disparities of power and differences between them (Weintraub & Goodman, 2010).
- Crediting women with "choice" and "empowered agency" in circumscribed situations involving violence committed against them (Creek & Dunn, 2011). Women then become "responsible" for their "choices" (Dunn & Powell-Williams, 2007, p. 991).
- The inadequacy of ideas of individual choice for people enmeshed in complex socio-economic and structural disadvantage (Hovane, 2015; Weintraub & Goodman, 2010).
- The idea of *agency* that is embedded within advocacy practice rests on an understanding of individuals freely choosing their lives. That is, women are "agents of their own liberation" (Dunn & Powell-Williams, 2007, p. 996). But this may be less relevant in deeply relational social settings or just not "real" in any setting.
- Advocacy is just another way of doing case work (Allen et al., 2004; Dunn & Powell-Williams, 2007; Weintraub & Goodman, 2010).
- The emotional labour of a DV advocate can lead to a diminution of empathy for victims (Sudderth, 2006).

Some of the tensions about advocacy practice relate to how the advocate is positioned (or positions herself); that is, as an expert, more resourced and privileged. Other tensions relate to how the "helpee" is positioned; that is, as vulnerable, disempowered, and "done to" (Dalrymple, 2005; Weintraub &

Goodman, 2010). Some of this delicate balance is captured in workers' reflections. One said her advocacy role was:

> Being an unwavering supporter of a client—yes, in some ways. However, this doesn't mean always agreeing. For me it's about getting to know and understand their unique experience, values, hopes, concerns, challenges, skills, conveying respect for their personhood and best intentions, in context of assisting them to reflect on own practices and effects.

Advocacy and collaborative practice: working with agency, choice and constraint

To examine this balancing further, the online survey asked workers to nominate a statement that *best* described their day-to-day practice with women. The statements were:

- I try to do what she wants me to do.
- I try to influence the woman.
- I try to develop a collaboration with each woman.
- I try to get her to follow my advice.

Workers' responses showed that they overwhelmingly viewed their practice as collaborative (Table 4.2). None said that they "tried to get her to follow my advice".

Table 4.2 Worker descriptions of their practice

	Frequency	Percent
What she wants	6	23.1
Influence	2	7.7
Collaboration	18	69.2
Total	**26**	**100.0**

Source: Online survey of workers, Advocacy for safety and empowerment project, April 2016. n=26

While collaboration with the client was the dominant approach of workers across all the partner services, there were differences of emphasis that may reflect both service models as well as different communal relationships with women in the localities. The collaborative approach was an overwhelming choice by DVCS workers (83%). One DVCS worker reflected that "women need to own their actions, not be doing what I want as a worker" and another that "client-directed practice is essential. We don't tell women what to do, we give them the advice and information they need to inform their own decisions." However, a significant proportion of workers from ASWS (33%) and from the NPYWC (40%) indicated that "I try to do what she wants me to do". An ASWS worker commented that she tried to "do things together when they come up for the client" and another that workers "must remain natural, cannot push clients into doing what you think [is] best for them; better for the client to come up with their own solutions". The direction of comments from NPY workers was similar. One said "the client is the best person to know where the safest place for her is". It is also relevant to note that the NPYWC is a member-driven organisation which influences the work culture. Indeed, the focus group of NPYWC workers commented that they needed "to have an awareness of [the] difference between being guided and being

taken advantage of" (FGD 3) in their day-to-day practice.

Many workers in their online survey responses, as well as in interviews, emphasised the core of the collaboration as relational and conversational. One central Australian worker said,

> The women are our greatest teachers. "Am I doing the right thing?" They'll say, "You need to do it this way", and they'll say how it can work. We ask the women at times, "Have we got this? Are we on the wrong track/right track?" (AS3A).

As workers in the NPYWC focus group commented, they "start at the ground with women, addressing her basic needs and then work up through different systems [and] institutions" (FGD 3).

> We're responsive. We don't engender dependence. Women are seen as the experts in relation to what's happening to them. (AS8)

However, the nature of collaborative practice is not one of equals in one very real sense. One worker contextualized DFV advocacy work as "real life". She said:

> In terms of the unwavering support to a woman, I think it is an essential part of the work, to have an approach that encompasses those beliefs. It is not safe or sensible, however, to suspend critical evaluation of her behaviour, because that needs to be taken into account when evaluating safe options for her, the service and the staff. But it is still an actual approach to the work—you go in with those beliefs, and then hold that belief while you work with the realities, to keep her, her children and yourself safe.

The tension between the ideology of choice and agency and the working reality of risk was explored further in the online survey. Workers were asked: "if a woman client wants to take an action/decision that I think is harmful to her, then I will work with her in the following way". What is particularly noteworthy is the repetition (n=26), of workers remarking that they would make sure the woman could always return or call them again. One worker said she encouraged "the 'revolving door' policy as the dynamic of DV is very complex".[61] The clear intention is to reiterate both her agency as a decision-maker and their accessibility as services. These are "client-driven" services (CA2). Of further interest was workers' desire to show that, whatever the decision or action, they attempted to respond to a woman's thinking in a non-judgemental manner. To do this, some of the language workers used emphasised collaborative practice. They said they would "*ask* about her intentions, what's the context?", "*share* some of the information I am aware of", "*talk* it through", "*brainstorm*" other options, "*discuss* if there are other ways" and "*listen* to the story" (emphasis added).

Advocacy and collaborative practice: positioning as expert

Workers also spoke from positions of authority. They did this through their language in two ways: one was to emphasise

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61   The worker's comment emphasised this as ensuring the woman knew she could use the service again in the future whatever her decision at a particular moment. There are no conditions on the contact that women can have with the service as she works out what to do and how to do it.

professional or privileged authority, and the other was through experience authority. In both positions they were "expert". Typically, *professional authority* was evidenced in the language of "telling" the woman or "explaining" or "expressing". Workers would often connect this language with reference to their perceived duty of care and to the limits to the organisation's confidentiality policy.[62] Their language also connected with the "technical information" a worker felt she might need to impart in such situations: about system processes, reporting to police or child protection, hospital provision, and even research findings. One could say this was "expert over" language.

In the language of *experience authority* workers commonly spoke to the woman about their "worry" for her about the "possible repercussions", "the risks", and "possible outcomes". This was a different type of expert positioning: more like "expert with" language. This expertise was "knowledge" of workers about the importance of maintaining an ongoing connection with the woman (perhaps her only empathetic one) and knowing of the dangers that might come to her or to others, such as her children, in situations where the worker felt she wanted to take an action or decision that was harmful to her. When confronted with this core tension between agency, choice and context, workers' reflections on their practice showed active balancing of all elements.

Workers described using a number of different conversational tactics in this balancing exercise with women who want to take an action or decision they thought was harmful to her. These involved "slow[ing] it down" and re-framing. These tactics often worked together as workers might "go through other suggestions of actions" as well as "ask about her intentions in this" and "brainstorm to see if there is another option that would suit her better in terms of safety while also meeting whatever needs (usually emotional or financial) she has that is putting her back into that harmful relationship". Re-framing was discussed in different ways. It was trying to "remain ethical, congruent and transparent at all times" as a worker. But it was also using rapport-building language such as "I can see how [you] came up with that decision from [your] perspective" and opening out language such as asking "if this would be advice she would give her best friend or daughter".

Finally, workers described trying to leverage resources into the woman's decision-making. A number said they would do safety planning with the woman around the decision or action. Another worker indicated that she would "discuss if there are any other ways the service can assist". Another said she would "try and get someone she knows well to talk with her". A number talked about identifying other "options" or "alternatives" to the risky decision or action.

These were all tactics within a conversational dynamic. The emphasis workers placed on trying to ensure the woman understood she could contact them again regardless of her decisions and action indicates that they understood "choice"

not as a final or static thing. These are engagements "often characterised by uncertainty and ambiguity" (Kelly & Meysen, 2016, p. 3). One worker indicated that she would offer to "check back in a few days" with the woman. This type of assertive practice, used to sustain the connection with a woman in times of stress, is discussed further in the outreach section.

Thus, while orienting their practice to an ideal of empowerment, advocates also worked with wide and deep knowledge about how domestic and family violence "works" in women's lives, and how vulnerable (or not) women actually are to life-threatening or severe violence. In these circumstances, being an "option-giver" may not be enough (Dunn & Powell-Williams, 2007). As one worker said, she tried to work with a "side by side approach as much as possible". However, "at times due to safety/crisis, we may have to be directive: when women want more direction, being willing to offer this".

ii.   Systems-focused advocacy challenges

Systems-focused advocacy is foundational to the movement against DFV as discussed earlier in this chapter. However, the literature identifies a number of issues to the practice. These include:

- Where advocacy is constructed in a proceduralised way that is organisation-centred and where it controls the agenda of options for women and shapes their voices (Avalon, 2008).
- Dangers of advocates "teaming with the system" (Avalon, 2008).
- Tensions between organisational principles, such as "promoting women's empowerment", and organisational programs such as partnerships that promote intrusive intervention (Fu, 2015; McDermott & Garofalo, 2004).
- Privileging "the case" above what women want (Dunn & Powell-Williams, 2007; Stringer, 2014).
- Lack of clarity about what actual rights for women are at issue (Holder, 2016).

Workers in the three partner services interact on a daily basis with formal and informal systems on behalf of their clients. Therefore, systems advocacy (as strategies and actions to improve those systems for women) is central to their organisational business and how they see their role. This role is particularly acute when women's help-seeking around DFV is compounded by other factors. On this point, one of the worker focus groups in central Australia commented that "Aboriginal women seem to be used to being let down by systems".

Worker practices in systems advocacy: working with agency, choice and constraint

It is through advocating for women in systems and advocating that systems change that women's specialist DFV services amplify women's voices as individuals and as a group. Reflecting on individual advocacy, one worker said:

> It often surprises me that a worker can ring up and get an outcome for a client, which a client cannot get for themselves. An agency's voice is stronger than an individual's voice. Our service does have a lot of respect in the community. Based on that respect we can get a better outcome. (CA11)

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62   Note: all three partner organisations had policies that set out the limits to confidentialit . Most commonly this involved circumstances where the client or a third person was at serious risk of harm either from another person or from self-harm. The services worked under different legislative regimes that obliged them or not to act.

All three partner services have a strong advocacy focus on a law enforcement and legal systems response. This work requires them to be "insiders" in knowing enough about others' systems and "outsiders" enough to maintain a constructively critical stance that women as victims are "a witness [and] part of that machinery" (AS2). Workers with the NPYWC operated under a policy set by directors and members that they will involve police. In this context, a worker explained that women "initiate contact" with the service and "what is offered is led by them". She went on to say that "the legal options are to enhance her safety at the time". It was the job of workers to make sure that women "understood the limitations" of legal system responses (NPY8).

The partner services and workers interact with justice system professionals (police, prosecutors, court officials, correctional staff) on a daily or otherwise regular basis through formal case tracking or safety management meetings. Workers worried about their practice in these circumstances at different levels. At the meetings:

> If you're going to talk without women in the room you've got to talk like they are in the room. Don't be joking. (AS2C)

The emphasis on information sharing in contemporary practice places specialist DFV workers in particularly challenging positions. On the one hand they are constantly in contact with government systems to get information for women—"we advocate for our clients everywhere" (CA4)—but are also called upon to give information. The public policy pressure to share is significant. However, it requires specialist services to "hit pause" and ask some questions.[63]

> …information-sharing is one of [the service's] strengths—and it's in the context of ensuring women are safe, so they're not sharing info for the sake of gossiping, they're quite mindful of what info they're sharing and in what context, and I think that's a big thing for the women. Aboriginal women in this town in particular, everybody seems to think they're open slather and everyone is entitled to know every skerrick of info about that person, and we're not. (AS8)

To explore this issue, workers were asked on what basis they might speak with other organisations about a woman's needs.

On average, workers were more likely to help the woman to speak for herself or to give her names or numbers to call for herself. They were less likely to speak for her (Table 4.3).

However, even the preference to support a woman "speaking for herself" was moderated by comments that responded to the state she may be in at contact and their particular circumstance. The following comments from workers show how they talk about their setting of boundaries.

> I would like to encourage women to speak and call for themselves more but the women are often in crisis and are wanting/needing us to do things for them. They are tired and traumatised and desperate and feel unheard.

> Encourage clients to make calls for themselves and be as independent as possible, only if client is vulnerable or asks for extra assistance. Need client's permission and talk about confidentiality when clients first make contact with us so that they have this awareness.

> If she is from a remote community and her English is not good and if someone like the police arrive, I may assist her in speaking to them because of the language barrier or shyness.

Leadership practices and systems advocacy

Workers' focus on individuals can mean that, for them, the "big picture" slides away. This means that the organisations themselves necessarily must be advocacy organisations. Leaders operating at this higher level find that "there's still this tendency to cut women out of the conversation about them" but that specialist services having a seat at the table of system reform also means "that people have been less able to ignore Aboriginal women in that conversation" (AS2). Interviews with leaders of the partner services all described working hard at relationships with all levels within other organisations (NPY1, AS2, CA10).

> [Here] there's a good network of relationships, often organised around particular purposes or functions. We get regularly together based on some common areas of work. That's fantastic…It's the work involved in between those meetings—working on those relationships. (NPY1)

Table 4.3 Workers' practice when speaking with other organisations about women's needs

	Never % (n)	Hardly ever % (n)	Sometimes % (n)	Most of the time % (n)	Always % (n)
Only speak with her permission[a]	0	0	4 (1)	46 (12)	46 (12)
Speak for her[a]	15 (4)	27 (7)	42 (11)	12 (3)	0
Give her views[a]	8 (2)	19 (5)	31 (8)	15 (4)	23 (6)
Help her speak for herself[a]	0	0	15 (4)	50 (13)	31 (8)
Give her names or numbers to call for herself[a]	0	0	39 (10)	46 (12)	12 (3)

Source: Online survey of workers, Advocacy for safety and empowerment project, April 2016. n=26

Note: a. Missing n=1

63　The NSW Women's Legal Service has produced a report exploring some of the implications of women sharing personal information in legal systems, in particular with regard to family law. See Jones, C. (2016). *Sense and sensitivity: family law, family violence, and confidentiality*. Sydney: Women's Legal Service NSW.

Maintaining organisational relationships required "a constancy of attention" (CA2) where developing and maintaining the reputations of the services was done to further "systemic change" (FGD1, April 2016) but also to ensure that other services "encourage women to connect with us" (FGD3, April 2016).

For a membership-based organisation such as the NPYWC, with a number of programs in addition to the DFV service, its systems advocacy was particularly layered.

> Our advocacy model is at three levels. There's the work that happens with clients and with members: so person-to-person workers. And then we have advocacy at the service level with the management of the DV team, and then we have it at the strategic, governance level. So all three are necessary and are interconnected, and that connection's so important because Anangu understand delegation of authority. For example we have women's Law and Authority, so it's not just understanding your rights, the law. (NPY1)

In the main, systems advocacy for the partner services is outward looking. The one-to-one interviews and worker focus groups affirmed that enabling a "bigger voice" for the issues confronting Aboriginal women and "keeping things on the agenda" of governments, other NGOs and communities was viewed as critical. At the same time there was widespread acknowledgement about the challenge of what to say, how to say it and when to say it.

> Women's Council was lobbying, and lobbying, and lobbying for many years…was an increased sworn police presence in remote communities. The women wanted an independent third party, whether it be the police or Women's Council worker. They couldn't always get help in the community. (NPY7)

> …there's a few [women] in there that have always been quite vocal but now they're getting a voice together so it's not just people speaking individually. It's not people like ___ who spoke out and got absolutely hammered, but it is people like NPY…etc., their services are standing up and saying "It's not OK. It's not culture" and I'm hoping that there will be a lot more of that. (AS8)

> It's always something I say about learning from the Aboriginal communities is that you actually take time; [our way] is the antithesis of the Aboriginal way of communicating and working things out, the way we go kapow, get straight into and we're going to do this—instead of just sitting down and talking until we get to a certain point by bringing everybody along in that process. (CA1)

The partner services therefore tended to work "from the ground up" both as a pragmatic strategy and one that kept them close to the things women were asking for. Particularly for workers in central Australia, but also for those working in the ACT, the focus groups and interviews also spoke of trying to remain constant for women when services and service people "move in and out of Aboriginal lives" (CA4).

c. The art of advocacy

Advocacy is not detached clinical practice (Parkinson, 2010, p. 2). However, while workers in the three partner services align themselves alongside survivors (Davies, Lyon, & Monti-Catania,

1998, p.13) they set boundaries. These are not fixed but work in flexible ways to a woman's circumstances and the nature of the particular issue she has raised. At a day-to-day, person-by-person level, advocacy *in action* is working with women's agency *in context*. The approach workers have adopted reveals open and continuing discussion with the many ways in which "choice" is constructed as well as constrained. The individual woman is not the only one in the picture that advocates work with. Workers' reflections show that being an advocate means letting go of solutions, of an end, and focusing on processes, journeys and ways and means. Advocates live with the contradictions and complexities of women's lives. The aspiration of advocacy is not to change the woman but to increase the availability, salience, accessibility, relevance and meaningfulness of the community's resources to her.

4. Key practice challenges: outreach

a. Meanings and associations from the literature

In their research on outreach responses to domestic violence in the UK, Kelly and Humphreys ask if the term is "old wine in new bottles" (2001, p. 232). A similar question can be asked of responses in Australia. Reviewing the type, scope and range of activities that could fall within the contemporary policy objective of helping women and children remain "safe at home", Breckenridge and her colleagues noted long histories in Australia of outreach provision and the securing of civil and criminal justice interventions that excluded the perpetrator from the home (2015, p. 6; see also Cameron, 2015).

Both reviews describe long established practices of community development, self-help and accessible information delivery that evolved with and within women's refuges. Discussing outreach as a service development in the UK, researchers have commented on a lack of clarity in definition that perhaps reflects these differing tributaries. Outreach is therefore described broadly as comprising "responses that support domestic violence survivors in their homes and communities providing accessible and flexible points where information about service provision, and follow-up contact are available" (Kelly & Humphreys, 2001, p. 231).

Outreach responses or services emphasise the "importance of a public access point in the community". It is often associated with specific services such as helplines, women's advice sessions or drop-in centres. Outreach is also described in action terms such as "reaching out", "responding", "extending to", and "flexibility" (Kelly & Humphreys, 2001, p. 241). Furthermore, outreach is stressed as a way to contact "hard-to-reach populations". The key features of outreach are:

- Accessible services based in communities, staffed by people who are specialists in domestic violence.
- Access to information and support as early as possible.
- Targeting groups of women who are hard-to-reach.
- Developing links to support and maintaining connections.
- Service users defining their own needs rather than provision being "service led."
- Active support in the community during separation or leaving a refuge.
- Proactive methods are sometimes, though not always, a feature. (Kelly & Humphreys, 2001, p. 242)

Researchers have looked at different forms of outreach, including the accessibility and community penetration[64] of helplines (Bennett et al., 2004), independent and proactive contact with victims after police attendance (Kelly, 1989), safe at home approaches (Breckenridge, Rees, Valentine, & Murray, 2015) and community-based victim services (De Prince et al., 2012a). Outreach has also been described as "a primary advocacy strategy". In this iteration it meshes community awareness, community development and community organising. It is a strategy where domestic violence advocates reach out, in particular, to individuals and communities who "are subject to various barriers that deny or limit access" to services (Warrier, 2000, p. 4).

b. Issues and challenges from the literature

The supplementary literature review on outreach revealed a great range and depth to the types of activity. While outreach activities have "reach", some of the challenges are about not getting to the target populations or being wrongly targeted. These concerns are about mode and method of the outreach activity but are also about the messages and images contained in communications.

Outreach potentially decreases the "lottery" aspect of responses from formal agencies and increases connections for women with other support and resources that are relevant to her context (Kelly & Humphreys, 2001, p. 249). Most outreach activities seek diverse and multiple public access points; but these continue to rest on contact initiated by community members. Versions of outreach that make proactive contact have been controversial on a number of grounds: that they breach personal privacy, that they are not freely chosen, and that they undermine empowerment.

For Aboriginal women whose personal and family privacy were and continue to be routinely breached by government and non-government providers, this is a particularly critical concern (Watson, 2007).

At the same time, US-based research on victim-focused outreach to ethnic minority women has suggested that "unsolicited outreach by a community-based advocate who communicates interest in

the women's well-being may buffer against beliefs and/or past experiences of invalidation in the [criminal justice] system" (De Prince Belknap, Labus, Buckingham, & Gover, 2012b, p. 876). Assumptions that disadvantaged and traumatised individuals and communities can freely and actively locate the help they need have also been questioned (Kelly et al., 2010). Nonetheless, some issue caution that community development or community awareness activities carefully think through assumptions about disadvantage as well as expectations about whose voice is sought and privileged (Warrier, 2000).

c. Outreach practices in practice: workers' experiences from the frontline

At a most basic level, outreach as a practice can be described as various actions and activities of a worker within a structured workplace to enable contact with women and vice versa.

The project literature review identified that Aboriginal clients valued the flexibility and responsiveness of services and workers (Holder et al., 2015). The online survey of workers asked about four practices that indicate these desired qualities: follow-up contact, spending time with the client, a tailored individual response and helping the client make social/family connections. As discussed in the previous chapter, workers at the DVCS and at NPYWC were more likely to say that they could initiate follow-up and to be able to tailor individual responses, while those working at the ASWS were more likely to be able to spend time with a woman and to help her to make connections with family and friends. However, the differences were not significant. Workers were also asked how frequently, on a five point scale, they were able to undertake certain outreach practices (Table 4.4).

Comparing the responses from the three partner services and those from the national survey shows the former were more likely to undertake assertive outreach in the woman's own home or outside the workplace, to go with her to important appointments, or to speak with her outside of nine-to-five office hours (Box 4.4). The partners were also more likely to talk with the client's family or friends about her safety and support needs.

Table 4.4 Workers' assessment of how often they were able to conduct outreach practices on a day-to-day basis with individual women

	Never % (n)	Hardly ever % (n)	Sometimes % (n)	Most of the time % (n)	Always % (n)
Visit her in her home environment[a]	0	19 (5)	46 (12)	23 (6)	8 (2)
Meet her at locations outside of my workplace[a]	0	19 (5)	27 (7)	31 (8)	19 (5)
Speak with her on the phone outside of nine-to-five work hours[a]	0	42 (11)	15 (4)	23 (6)	15 (4)
Talk with her family or friends about her safety and support needs[a]	0	35 (9)	46 (12)	4 (1)	12 (3)
Go with her to important appointments[a]	0	12 (3)	62 (16)	19 (5)	4 (1)
Communicate with her via text or other social media[a]	0	42 (11)	31 (8)	19 (5)	4 (1)

Source: Online survey of workers, Advocacy for safety and empowerment project, April 2016. n=26

Note: a. Missing n=1

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64   The term derives from "market penetration" and refers to the extent to which people in a location or groups of people have been made aware of a service or product.

Box 4.4 Perceptions of the extent of outreach practices among women's specialist services, national survey

- 49 percent could never or hardly ever visit a client in her home environment
- 35 percent could never or hardly ever meet a client at locations outside the workplace
- 51 percent could never or hardly ever speak with a client on the phone outside of nine-to-five work hours
- 54 percent could never or hardly ever talk with a client's family or friends about her safety and support needs
- 25 percent could never or hardly ever go with a client to important appointments

Source: National survey of services, Advocacy for safety and empowerment project, April-May 2016. n=43

Workers in the partner services indicated that they were more able to visit a woman in her home environment than to speak with her after hours; and more likely to go with her to important appointments than communicate via social media.[65] However there were substantial differences between the three partner services that arise from their service model and their locations. In particular, as a 24/7 service operating from a secure location, workers from the DVCS were significantly more likely to be able to speak with a woman on the phone outside nine-to-five office hours, more likely to be able to meet the woman outside their workplace and more likely to be able to communicate via social media. Workers in the ASWS were less likely to be able to do home visits (presumably because survey respondents were drawn mostly from the shelter workplace rather than the outreach office). Workers in the NPYWC DFVS were more likely to be able to go to important appointments with the woman but hardly ever able to communicate via social media.

Asked to elaborate more on the outreach activities they were able to undertake, workers operating in remote regions spoke about going "out bush to visit women" "in their own communities". The approach was to make "the relationship stronger and build up trust and respect". Another used accepted visiting protocols and informed "senior ladies" that she was available. She also indicated that "women will often approach me and ask me to take them for a drive or for a bush trip so that we can talk privately". Another indicated using "other services and resources located in [the] client's community to find out how she is doing, her location, and if there has been DV continuing". Outreach practices for these workers involved visibility, availability and discretion.

The research with the three partner services found that a

narrow definition of outreach as a program did not adequately describe what was occurring on the ground. Rather, outreach was identified as outreach *practices*, outreach *activities*, outreach community development, and outreach as *structural and strategic*. Listing the range and variety of outreach being undertaken shows considerable breadth (Table 4.5).

Looking at this range and diversity of outreach, it is important to consider how the three partner services manage in terms of finance, human resources and other pressing priorities. The research generally shows that Aboriginal women as individual clients value flexibility and responsiveness from services. A number of things may contribute to the capacity and ability of the partner services to do this. First is their long term involvement in their localities and with the communities they serve, which enables them to engage with extensive networks and to draw on a deeper knowledge base. Second, their independence allows them flexibility and a significant degree of agility to respond and act as reasonably close to needs and issues. A final question might be to ask the extent to which funding agreements allow sufficient "give" to enable this degree of service responsiveness.

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65   The DVCS routinely initiates and maintains contact with clients via SMS where it is safe to do so. On its web page the service includes a number of technology-related strategies in safety planning advice. See http://dvcs.org.au/safety-planning/technology/. The ASWS has also upgraded its capacity to communicate via social media. The organisation gives and receives comment via its Facebook page and has produced media in different forms. The http://www.100voices.com.au/ project produced by the ASWS as a platform resource of women's stories on what keeps them strong. The NPYWC hosts a web page of information available at http://www.npywc.org.au/. Recently, case workers have received tablets to conduct their work in remote areas. However, the organisation's reach into its widespread 26 communities is limited by mobile coverage.

Table 4.5 Type and variety of outreach identified across three partner services

Outreach practices[a]	• Proactive contact/proactive visits • Being generous with workers' time • Seeking and giving information, options, advice • Seeking and giving information about progress of cases with police, prosecution, court, probation • Seeking, providing, facilitating resources (funds, security upgrades, etc.) • Accompanying women (to banks, Centrelink, housing etc.) • Using interpreters • Asking questions that open up about aspects of her life not about DV • Dropping by with groceries • Using "hooks" or incentives such as vouchers, clothing • Supporting parenting by accompanying to schools, etc. • Making appointments • Taking women to appointments • Looking for women who are worried about/who are missing • Seeing the woman in the street and chatting • Meeting and getting to know others working in different sectors or organisations
Outreach service activities[b]	• Providing mobile phones/phone cards • Workers do proactive contact/follow-up contact (specified, structured, routine, required) • Home visits (with or without appointments, with ex-shelter residents or those staying at home) • Allowing off-site appointments/accompanying (e.g. hospital, GP, police, court, housing) • On-call crisis home visits with police attendance at incidents • Creating/maintaining networks and referral • Pop-up information shop • Court assistance/accompanying • Evacuations • Routine community visits • Contact and information sessions in other sites (e.g. health centres, clinics, maternity groups
Outreach as community development/ collaboration[c]	• Information sessions • Joint meetings • Visiting other organisations/making links • Raising awareness/community education (e.g. 100 Voices, Quilt Project) • Shared/joint training/learning • Group activities (e.g. walking group, art, pampering) • Participating in community activities (e.g. NAIDOC, Harmony Day, Refugee Week, Sorry Day)
Outreach in service structures[d]	• Helplines (24/7 and other) • Drop-in office in a community/everyday setting • Public access point in courthouse • Brokerage funds (for supplies, transport, clothes, kids' stuff, etc.) • Available transport options • Multiple contact/entry points • Formal collaboration with police first responders • Providing different emergency accommodation options (shelter, motel, other crisis accommodation, "kick-out" orders) • Collaborations with men's behavioural change programs/activities • Early interventions (e.g. with children and young people) • No waiting lists/demand-led • Being independent • Community-controlled/community meetings/AGM • Law and culture activities

Sources: Interviews, service documentation, observations, Advocacy for safety and empowerment project, April 2016

Notes:
a. "Practices" comprise things that workers do. May comprise work done with or for clients, or with other workers/organisations.
b. "Service activities" are things that the service organises on a routine or ad hoc basis for its workers to do.
c. "Community development/community collaborations" are activities a service does outside of the normal or routine. Often or mostly done in and with "the community" (as a multi-layered entity).
d. "Service structures" means the strategic or structural approach to creating access for women to multiple sources of help and support.

Concluding discussion

This chapter has sought to get further "inside the black box" of practices undertaken on a day-to-day basis by workers in independent women's specialist services, in particular the practices of safety planning, advocacy and outreach. Workers described practices that were client-driven. The service model of all three partner services was primarily demand-led. Women contacted them and engaged with them on their own initiative. They did so largely in crisis situations and primarily sought immediate and practical support and assistance.

Workers primarily described their practices as led by women and with an emphasis on women as decision-makers in their own lives. They evidenced an everyday commitment to reflective practice *with* the client group that is sometimes called "bottom-up advocacy" (Hughes & Wilson, 2009). At the same time, workers consistently highlighted limits to women's unrestrained free agency. What might appear on the surface both *individual* and a *choice* was acknowledged to result from a complex interplay of interpersonal and community features as well as broader socio-structural constraints and barriers. Discussing the challenges of practice, Dunn and Powell-Williams conclude by arguing for the need to "conceptualise agency as [a] continuum". There is, they say, a difference between "the complex experience of real battered women" and depictions of vulnerable or helpless victims. Rather, they suggest a working assumption of women as *both* victim *and* agent (2007, pp. 983, 991).

The chapter has also highlighted the complexity of workers' positioning as "expert". The description of their language and practice as displaying *professional authority* is not meant to be understood only as "power over" and as thoroughly negative. Being knowledgeable and experienced is valued by the women who seek their help (Holder, Putt, & O'Leary, 2015). Workers did describe specific and time-limited situations of crisis and risk where their expertise came into play over a woman's expertise. A second portrayal of *experience authority* is more attuned to everyday enquiries and conversations that workers described. This was being "expert with" the woman's own assessments of her situation and of the pathways available to her. Overall, across all the areas of practice, being "expert" may be summarised as knowing enough to sit with uncertainty and ambiguity and to know when and how to act. Being expert may be working with the knowledge that there is no "solution" except to be responsive and respectful.

While the chapter has revealed a high degree of flexibility and responsiveness it is a mistake to imagine that independent women's specialist services are free to implement responses and practices on their own. All three partner organisations *draw up* understanding from the women and communities in which they are located. They *draw in* knowledge, experience and innovation from specialist networks that are local, national and international as well as from disciplinary sources. They have *drawn down* upon them approaches that form part of government funding or legislative requirements. Woven through all these sources of knowledge and influence is a concern about "effectiveness". We discuss this issue more fully in Chapter 6.

Chapter 5: Adaptation and evolution: exploring influence and involvement

"Sit and talk. The women have been isolated, good to have company. Once people open up, you just share. You get to feel like a person, because in that DV you just don't" (AS6).

"We're going to get it wrong at times but we just keep at it" (CA12).

Introduction

Many previous reports on responses to Aboriginal DFV recommend the involvement of Aboriginal communities.[66] How is this involvement practically undertaken in services delivering a crisis response to victims? What forms does community leadership take? How do we understand the influence Aboriginal women as users and clients of specialist DFV services had and have on their adaptation and evolution? What can be expected ethically of workers, clients and services?

Each of the three partner services has served its local community for 20 years or more. This chapter describes some initiatives that the services have undertaken over these years at levels of structure, process and programs. It attempts to share some reflections on leadership and collaboration, and particularly on the influence of Aboriginal women as users and clients of services. We explore "involvement" and "influence" as ideals and as practices at formal and informal levels, and some of the ways in which these intensify and fluctuate over time and in context.

The services are all independent non-government organisations that primarily represent women and are primarily led by women.[67] Their contemporary governance structures are broadly similar. They also represent different degrees of leadership and involvement of Aboriginal women at formal and informal levels. The character of their executive and practitioner staff profiles varied at different times in their history. At one end of a continuum, the NPYWC is an Aboriginal women-led and controlled organisation with a board of senior Aboriginal women and an Aboriginal woman Chief Executive Officer (CEO). The NPYWC Domestic and Family Violence Service (DFVS) manager and most of the DFVS staff are presently non-Aboriginal women. It exclusively serves Aboriginal women. The ASWS serves primarily Aboriginal women and is led by a mixed Aboriginal and non-Aboriginal women's board.[68] Almost all the staff across all its service programs are non-Aboriginal. At the other end of the continuum, the DVCS serves primarily non-Aboriginal women and has (currently) a non-Aboriginal board and executive director (ED). Almost all its staff across all service programs are also non-Aboriginal. What can be shared and learned from these three organisations that is similar and dissimilar?

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66   Most recently the Victorian Royal Commission on Family Violence Volume V, chapter 26 (2016).

67   Since the early 2000s, the DVCS has employed male workers in different roles and has consistently had men on the management committee, now board.

68   At the commencement of the research the Executive Officer (EO) of ASWS was a non-Aboriginal woman. At the completion of the project the EO is an Aboriginal woman.

Starting up

Local context and national concerns formed key elements in the start-up stories of all the partner services, and the similarities and differences between these stories throw light on the degree of Aboriginal women's involvement and influence. The 1980s in Australia were times of considerable agitation across a number of social and political issues. The NPYWC grew from the Aboriginal movement for land rights and self-determination. Senior women felt that their voices were not being heard and their custodianship of land and culture were not being acknowledged. "We had been told to be quiet and leave. We all had something to say", said Nganyinytja, a senior Law woman at the time. "We wanted to talk together to give a strong message" (NPYWC, 2010). In these remote regions, women's Law and Culture was strong (NPY1). Being on the lands and custodianship was and is deeply meaningful. At the same time, women "were sick of being bashed up, or their daughters being bashed up, and they wanted assistance. It's very hard to help yourself when you're in a small community and you don't have any police there" (NPY5*).[69] [70]

The DFVS was established in the early 1990s by NPWC members in response to concerns raised by founding members about the poor justice system response to violence against women. These members were specifically critical of the low sentences given to violent offenders by the courts. These early concerns help explain the focus of the DFVS on improving the system response.[71]

Standing up, saying something and saying something together was, especially in central Australia, part of wider service and social developments for Aboriginal people: "they all played a part" (AS12*, AS15*). In the 1980s Alice Springs was a cauldron of activity on health, housing, law, education, Aboriginal rights and women's rights. "You can't separate the shelter from what was going on at the time" (AS15*). From when the centre opened its doors women walked in (AS12*, AS14*, AS15*).

> It was always recognised that certain women can camp together and that men will not come into that space but when there was an overwhelming drinking binge then the rules aren't followed. Things went wrong when there were those binges and it became completely unsafe. (AS12*)

The shelter was about surviving and surviving possible fatal injury (AS12*, AS14*, AS15*).

The early days of the DVCS in Canberra were similarly influenced by social movements but in its case it was the women's movement (Hopkins & McGregor, 1991). Concerns about non-English speaking women were more to the fore and not Aboriginal women when the service model was first developed (CA3*, CA17*).[72] The local concern was to find ways to reach women (of whatever background) at the time they called for police assistance (CA3*). The idea was not:

> [T]o duplicate what the refuges did or what any of the women's support services did. We were a crisis service—stand by the woman, walk with the woman until we had achieved safety for her. The key bit being going out with police on crisis calls. (CA17*)

The service was "very much" influenced by the women's movement. In those early days Aboriginal organisations were not common in the ACT: "You couldn't go to a body as such and feel like you were connecting to the community. Not at all" (CA17*).

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69   Police had been stationed at Ernabella (late 1980s) and at Amata (one police officer until 1996). Policing was mainly by patrols from the nearest post which could take anything from an hour (as in the case of Mutitjulu) to a week or longer depending on scheduled patrols, staffing levels and the nature of the incident.

70   The research interviewed people involved in each of the partner services across three phases: first decade, second decade and third decade. Interviews that focused on the first and second decade of the service are denoted with an asterisk in the text as a "historical interview".

71   Email correspondence from Deputy Chief Executive, NPYWC (10 July 2016).

72   In 1986, just after the DVCS was established in the ACT, a quarter of a million people identified as being of Aboriginal and Torres Strait Islander (A&TSI) origin in Australia. The number identifying as of A&TSI origin increased to 265,492 in the 1991 national census. For that year there were 1,772 people of A&TSI origin in the ACT or 0.7% percent of the population. In the 1991 census breakdown the highest numbers of A&TSI people were in NSW and Queensland (just over 70,000 each) and 26.4 percent of their respective populations. For the Northern Territory (NT) 39,918 A&TSI people were 15 percent of the population and in South Australia 16,238 A&TSI people were 6 percent of the population. Presently there are 669,900 A&TSI people resident in Australia, or 3 percent of the population. There are 6200 A&TSI people currently in the ACT or 1.7 percent of the population. In the NT A&TSI people comprise 30 percent of the population (68,850 persons), in SA A&TSI people are 2.3 percent of the population (37,408 persons), and in WA 3.7 percent of the population (88,270 persons). In 2011, 34.8 percent of A&TSI peoples lived in major city areas, 43.8 percent in regional (inner and outer) areas, and 21.4 percent in remote and very remote areas. See Australian Bureau of Statistics (ABS), 1994 and 2013 (retrieved 8 June 2016)

Formal influence and involvement

This section describes involvement and influence of Aboriginal women in the partner services in their formal forms, that is, within governance and in employment. The section also references findings from the national survey of services where applicable and as context.

Governance

Aboriginal women exercised influence on the evolution of both the central Australian services through the services' formal structures. Some 14 years after establishing the NPYW Council, senior women used their authority to auspice the DFV Service as a two-year pilot in one NT community. The project was designed so that project workers acted as a bridge between women who had been assaulted and police (Bolger, 1996). The Aboriginal Project Worker was elected as co-chairperson of the pilot area community council in 1994. This helped disseminate information about what was happening and why, and helped generate community acceptance of the service and its approach.[73]

In recognition of need and in response to population mobility, the project grew. Cross-border meetings with law enforcement authorities evolved to spread the work of the DFVS into South Australia and Western Australia.[74] These meetings had community members attend and always had Women's Council directors and interpreters participate: "the women were so active and involved in it and we'd always nut out all these practical issues and responses" (NPY3*). The approach of the service to actively seek police protection for women was controversial at the time but the Women's Council provided authority and accountability as well as cultural credibility (NPY1, NPY3A*). It endorsed the approach and set the policy, which is regularly re-visited at annual meetings and in community debates:

> [T]hat membership meeting is so important to report back, to raise issues and concerns and that's where the advocacy discussion happens. Is there something that we need to be more mindful of and focus on and why?" (NPY1).

An interviewee from the early days said that "one of the reasons for Women's Council being able to do that [DFV] work was that the women had a forum of their own where they could discuss these issues" (NPY5*).

> The women wanted an independent third party, whether it be the police or Women's Council worker. They couldn't always get help in the community. (NPY5*)

When activists set up the women's centre in Alice Springs that was a precursor to the present shelter, "a parallel Aboriginal women's group" formed to establish "the norms of conduct, who had rights to come in". The women "had important traditional roles and were respected by Aboriginal women and men as women lawmakers" (AS12*). A member of that group concurs. She said, "I used to tell them. Tell them about who's who and who might come in as a gammon, as a friend" (AS13*). Another group member said "we didn't want to set up a 'black-v.-white' situation. That was probably the trickiest part" in setting up the early shelter (AS11*).

The women "just took on the role, no one asked them to. There were lots of meetings at the women's centre, lots of talking about things" (AS15*). There were discussions about Aboriginal women running the centre but "a couple of Aboriginal women took me aside one day and said, "No, it won't work. Aboriginal women cannot run the service for Aboriginal women. It would be too hard. We would not be able to say no to that person and it wouldn't work for us," and they were quite mystified as to why I couldn't see that that would not work" (AS1*).

Through the 1990s, after a dramatic change in governance and auspice (Ellis, 1980):

> The Aboriginal women's committee did not continue in the same organised way. There was still a conscious effort to have Aboriginal women on the committee but it didn't work well [with meeting times and styles]. (AS12*)

Aboriginal women's inclusion on the board in the 1990s was not successful (AS14*). More recently there has been more formal engagement of Aboriginal women. However, there is recognition that people "feel quite intimidated about joining [the board]…how are we going to do that any differently?" (AS8).

Aboriginal women's involvement through formal structures and processes has also been less successful at the DVCS. The organisation had previous attempts to encourage Indigenous representation on its management committee (MC): "it was very difficult" said one interviewee (CA3*). "All sorts of things were tried. I can only talk about things when we were there and we failed dismally" (CA17*). Reflections on the challenges included:

- trying to "get more than one" Aboriginal member so an individual was not by herself;
- Indigenous representatives were "running…ragged" on so many boards;
- that recruitment needed "to happen in a real way" and not be "tokenistic";
- that representation potentially could be viewed as alignment "with one of those communities then you actually lose the other community"; and

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73 Project notes on file with the authors

74 For an evaluation of the Cross-Border Justice Project, see Putt, J., Shaw, G., Sarre, R., & Rowden, E. (2013), *Evaluation of the Cross-border Justice Scheme*. Final Report. University of Tasmania. See also, NPYWC Fact Sheet #16, *Advocacy: cross-border justice issues* (2010).

- that committee meetings "just roll on" and Indigenous representatives are not made "more comfortable" (CA1, CA3*).

Persisting efforts to engage on a strategic basis with Aboriginal representative bodies and organisations were made (CA1, CA2, CA3*, CA17*). It was observed that the pressure on one individual to represent a whole group or community may be unrealistic (CA3*).

A local study recommended a designated MC position for the DVCS, a staff position designated for an Aboriginal and Torres Strait Islander person and more deliberate work developing a culturally safe organisation (Weaver 2013). Interviews with past and present DVCS staff did say that there had been positions that were Indigenous identified and, at different times, structured either as "doing the same crisis work" or doing outreach and community development. However, the MC accepted all the recommendations and "set up a reconciliation sub-committee" and moved to make some changes. However, understanding the absence of representation is recognised, in part in asking a reflective question—"Who is this about?" and not just "tick[ing] off that box" (CA1, CA3*). "Aboriginal organisations have such big jobs" and the main thing is "that we have a relationship with them"

> What's important is that the workers have relationships with the workers [in Aboriginal organisations], that DVCS has a presence at Aboriginal organisations. That the Aboriginal communities know that they can contact DVCS, that we provide appropriate services. So it is about slowing down. (CA1)

Aboriginal workers in women's specialist services

The active engagement of and support for Aboriginal women employed in women's specialist DFV services have long been recognised as both crucial and challenging. Particular challenges are Aboriginal workers' experiences of racism and exclusion, and constructions of "the good feminist worker" (Wilson, 1996, p. 1) as well as the impossible weight of responsibility placed on Aboriginal workers (Lumby & Farrelly, 2006). This section explores how the partner services have grappled with these challenges. It attempts to consider the influence of Aboriginal workers as significant, notwithstanding small numbers and particularly when performing mentoring or networking functions.

In building responses with and for Aboriginal women facing DFV, all three partner services have since their earliest days sought the assistance and involvement of Aboriginal women as employees. All three have experienced different challenges in employing Aboriginal staff in DFV crisis responses. Partially, services have struggled between identifying positions that work exclusively with Aboriginal women or with any women: "you might have a designated Aboriginal worker but you don't have a designated Aboriginal worker on every shift. How do you do it?" (CA1, with similar sentiment expressed by CA7, CA9). Partially—as for specialist services nationally (see Box 5.1)—recruitment and retention have had mixed success in

securing long term staff. Some issues here have been about broader problems with employment in regional and remote areas (AS8, NPY5*), and others about more general pressures on Aboriginal employees (AS1*, CA3*). Services described "working really hard to try and engage Aboriginal women to work there and understanding the difficulties that some people have and that work ethic of coming to work every day and being able to just do that" (AS1*).

Box 5.1 Aboriginal staff in women's specialist services

> Results from a national survey of women's specialist DFV services that help women and children affected by DFV showed that:
>
> - 58 percent of the services had positions for or held by Aboriginal people, with the number ranging from one to 13 staff with an average of three staff.
> - Of those who had positions for or held by Aboriginal people, just over one-third (36%) had one position.
>
> Excluding those services that said the question did not apply to them:
>
> - 60 percent of services said it was difficult/very difficul to recruit Aboriginal staff
> - 42 percent saw retention as difficult/very di ficul
>
> Strategies that have helped recruitment and retention included having a supportive work environment based on respect, and relatively well-paid, fl xible, family-friendly work conditions. Strategies also included ensuring all staff received good, culturally informed training and mentoring. Other services mentioned having long standing or good relationships with the Aboriginal community. An emphasis was placed on not being "tokenistic".

Source: National survey of services, Advocacy for safety and empowerment project, April-May 2016

Note: n=43

Partner services all commented on particular challenges for Aboriginal workers in DFV services. One early worker in remote central Australia said there "was a lot of pressure on women in communities if you employ them for that [DFV] work".

> It can lead to a lot of resentment from blokes in the community, or from the mothers of blokes in the community who are bashing their wives. It's just that that small community, and kin-based community stuff makes it very difficult; that's why you need external services. They're like the umpire I guess, the diplomatic corps. And you do have to be really diplomatic (NPY5*).

Designated positions can carry expectations about "representation" that are difficult to fulfil: "there's huge pressure on them to ensure that our service is appropriate and they cop it from the community if we're not appropriate. So it's a huge ask we have of these women" (AS8). The extent of family and community relationships also put Aboriginal workers in difficult positions. Similar problems arose with early trialling of regional reference groups in different communities in the

NPY Lands (NPY3). A worker who worked alongside a number of Aboriginal staff in the early days of the ASWS commented that "the main difficulties were when various families were involved and that made it difficult for the Aboriginal workers. The worker would just leave" (AS14*).

Relations in the small community in the ACT region created similar problems for Aboriginal workers (CA1, CA3*). Of particular concern expressed in many interviews were workers' observations about Aboriginal clients' worries for confidentiality.[75] A similar concern was explored in focus group discussions with Aboriginal women for the research. One ACT focus group said that "everyone knows each other; [it's] gossipy" (WFG5). Another group said that "confidentiality is tricky" (WFG1). Of five focus groups of Aboriginal and non-Aboriginal women in the ACT region discussing what they valued in a service, none identified that DFV services should have Aboriginal staff. When the question was specifically asked of Aboriginal participants about trust in services in two of the focus groups they raised confidentiality and the possibility of the person being related. One group commented that they would "staff shop" to find the "right staff" (WFG5). However, one of the groups did indicate that a "good Aboriginal worker can help" (WFG1).

There were a number of practices that services had tried and felt worked reasonably. For the NPYWC it was drawing on the experience and knowledge of the senior women. The Women's Council proudly support the employment of *malpa* as co-workers or cultural brokers alongside those employed for "mainstream qualifications and skills".[76] However, the practice proved too difficult in the DFV program for the reasons mentioned above. Nonetheless, senior women remain a vital source of guidance. An early worker commented that "some of the Women's Council directors over the years have been fantastic in assisting all the staff, […] including the DV staff, with information, or just being with them in the community, travelling with them, or helping them, and these would generally be older women with a level of seniority" (NPY5*).

At the Alice Springs shelter their approach now has Aboriginal workers being mentors to staff, or cultural brokers in certain ways. Previously it was "not a very defined role". Now they "will often talk to staff about service development and cultural competency…they support staff in responding to Indigenous clients" (AS8). The work includes developing materials and training for staff on "customs, protocols, a lot of Q and A [and] tailor[ing] the training to questions. How to interview a lady— don't go in front, go side-on" (AS6). The approach facilitates reflection and provides a way for staff to ask questions, and may be useful for other services with majority non-Aboriginal staff (CA9). While they may help workers with some case work, mentors particularly emphasised the need for creativity, self-

esteem and positivity. As one mentor said:

> The women have been put down, they have been belittled, any sense of self has been dismantled. I was the walking dead. You need to find that spark. Talk, you don't get a chance to talk. Need a creative space, do positive stuff. Compliment them, need to contradict the negative things. (AS6)

The approach is very similar to the "Sisters Day Out" program and related activities developed by Victorian Family Violence Prevention and Legal Services (Karahasan, 2014), and a mentoring project in Western Sydney (Rawsthorne, 2010). In essence, the approach recognises that there are a number of ways to create trust, open pathways for help-seeking and expand women's space for action. The range of ways in which Aboriginal women are engaged as workers similarly suggests services need adaptability to local circumstances and creativity.

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75   In one local project three out of five Aboriginal participants mentioned concerns about confidentiality (Weaver, 2013, p. 44). Also see discussion of the issue in Lumby & Farrelly (2006).

76   The word *malpa* can mean friend, companion, colleague or mentor (Mason, 2015). NPYWC runs a number of different service programs that engage *malpa* such as in child and maternal health, disability assistance and youth activities (NPYWC Fact Sheet #6, Service Delivery, 2010).

Informal influences and networks

This section explores Aboriginal women's involvement and influence in women's specialist services at the level of informal interactions and networks and as clients and users of the services.

Conversations, contacts and networks

Both historic and contemporary interviewees from all three partner service locations described being influenced by Aboriginal women informally through conversations, contacts and networks. Indeed, these informal contacts may constitute the most significant of deep frontline engagements by services. The interviews conducted in the three locations in which the partner services operated often mentioned seeking out guidance, information and understanding through informal networks and contacts. In early days these networks are described positively. Said one woman "we knew all these ladies and they knew us, and they knew all our kids and our families" (A13*). Reflecting on one situation involving a woman who returned to her relationship with a local high-up official, an early worker recalled that "the older women promised that they would bring her back if anything happened" (AS1*).

Contemporary reflections also described using networks into Aboriginal women's communities extensively. In small towns and remote regions, little is "hidden" (AS12*) and "everyone knows" what is going on (NPY1). A long term worker observed that the pay-off for this visibility is approachability. She said that "we just go out and say g'day or they'll all drop into town and say hey, such and such or you need to see such and such" (AS2C). When visiting communities, the NPYWC DFVS workers wear shirts with the organisation logo so as to identify themselves. As one worker said:

> Because the service is couched within the organisation of NPY and so many women have a relationship with the organisation, you're not the unknown and you're not the enemy. As soon as you say I'm from Women's Council, there's an element of trust that comes before you, the person. (NPY6)

For the ASWS and the NPYWC, word of mouth sharing amongst women of what they do is critical—"we've never advertised but women came" to the outreach office (AS3A), especially for checking on women's safety (AS5). Both organisations had and presently run different non-crisis activities within their premises but also in Aboriginal communities. Typically, these are about getting together to share wellbeing and self/group-development activities, and to explore different issues. As an example of the former is the Quilt Project, a rolling group activity where women's special knowledge about domestic violence is sewed into squares for stitching into larger quilts.[77] An example of the

latter is the *Uti Kulintjaku* project that involves multilingual women on the Lands working as community researchers for NPYWC in intensive activities that develop resources for better understanding of language and its meaning.[78] Word-of-mouth networks and, more recently, wellbeing support groups and activity groups (such as the focus groups for this research) are also important in the region where DVCS operates. A woman in one focus group said that when she got to town her sister told her about the service (WGD1). Word of mouth can also easily cause a situation to deteriorate. Aboriginal women participating in the DVCS focus groups for this project all gave anecdotes they had heard or experienced of poor responses from many agencies, including from DVCS. While reflection was given about good practices, it is the poor ones that often get mentioned the most. A number of workers' interviews across the three locations commented on circumstances where women were worried enough to say, "I don't want everyone talking about me" (AS3).

Overall, however, across all three organisations the network of contacts with women in communities and with workers in Aboriginal-led organisations were critical sources of perspective on situations or emergent situations. As an example, a particularly traumatic trespass by an offender into the Alice Springs shelter and assault on his partner generated a very substantial amount of debate and discussion. The shelter used its town camp support groups:

> [T]o say, "This has happened, this is what we've done, what do you think we should do? Can you let women know there's a security guard there?" So straight after the kidnapping we kept a record of all the women we told, and within two weeks we managed to talk to 180 women in town. We have quite good networks. When it was an emergency we pulled it together very quickly. Then when we consulted with them about the fence. That's been a process over two years and I'm very comfortable that women want a big fence that makes them feel safe. Whitefellas will say it looks like a jail, but well, you're not the one terrified in the middle of the night." (AS2A)

In less dramatic circumstances the aspiration for more transparency and engagement is said to "happen because of the groundwork and the development that we're actually doing" (CA1). Networking through workers in Aboriginal organisations is "a way to do outreach that is not a targeted way at anybody", commented one worker in ACT. "We're talking to staff [in

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77   Available at http://asws.org.au/projects/a-stitch-in-time/ (retrieved 7 June 2016)

78   For this research, fi teen women came together in an *Uti Kulintjaku* workshop 19 October 2015) to explore and give advice on "how to talk to Aboriginal women about making NPYWC's DV service better, specifically *how* to talk to these women and what words to use so that they understand and feel comfortable to talk about the NPYDV service" (Workshop Notes on file with NPYWC and the authors).

Aboriginal organisations] who are working with clients, we're talking to them about what they should be asking and looking for in a safety plan" (CA5). Yet specialist DFV workers are also aware of sensitivities in some Aboriginal-led organisations around the issue of DFV (NPY3). Much depends on strong relationships forged with individuals.

The point of highlighting the informal networking is best summed up by one senior Aboriginal woman. She said difficult and tense issues don't "resolve [themselves] with an immediate solution, but was probably a bit of a journey over time. Black and white relationships have matured by constantly having that conversation" (AS11*).

Learning from service users: possibilities and ethical constraints

The literature review conducted for this research considered studies that drew directly on views from Aboriginal service users. The review noted both difficulties in accessing women as research participants plus weariness with surveys (Holder et al., 2015). Consequently, this research project focused on how services worked and shared learning from the services' research collaborations with women (see Chapter 6). This section considers the influence from Aboriginal women clients and service users on practices and responses through analysis of workers' interviews and through one-to-one and focus group discussions with clients.

It is important to state that the three services are demand-led. By and large, women initiate the contact, especially the crisis service components.[79] Interviewees commented that this way of initiating action was common for Aboriginal clients. Said one long time worker:

> They are using the service as it is intended to be used really. If they need something they use the service, if they need accommodation, they need transport, they need some help with something. They are not the clients that might spend a week or two in a motel before going on to a refuge. They're more likely to be the clients to be in a motel for a night or two and then go to a family member or friend's house. We are a crisis service. That is how we are intended to be used. (CA5)

Thus the most direct influence Aboriginal women as clients have on the services is whether they use them—or they don't. One outreach worker commented that women "turn away when they don't want to work with you" (AS9).

In all three services, workers commented about the range of practical things that women asked about. Said one early worker, "it's the basics—money, food, safe accommodation, transport". She commented that helping women sort out Centrelink and

money came about after women said that the "men won't humbug if you're with us" (AS1*).[80] Women involved in focus groups in two of the locations described this practical assistance, of workers actually doing something, of being there as "proper help" (FGD3). While Chapter 4 described the ways in which workers placed boundaries on their practice, there is a strong impression that the crisis work is driven by "what [the women] want…The reason they ring us is not to yarn. It's because they want help" (NPY3). This reinforces the focus of services and priority placed on practical crisis responses.

Interviews with workers in all three services emphasised that this focus on the practical is accompanied by constant and repeated conversations about safety: of getting safe or becoming safer. It is here that the influence of Aboriginal women clients is also apparent. Whereas workers acknowledged that for many non-Aboriginal women, seeking crisis help was a step in a strategy to get out or to relocate (AS14*), for Aboriginal women and many women from culturally and linguistically diverse communities, interviewees reflected that they were acting in relation to specific violence or in anticipation of specific violence. They wanted the violence to stop *and* they would likely return to the personal or family situation when the immediate danger had diffused, when some specific intervention had happened (from other family or authorities) or when something had changed (usually temporarily) in relation to the perpetrator. Thus service responses and practices *respond with* Aboriginal women as illustrated in the following comments from interviews.

> [She would sometimes ring and talk and] we realised we were like a big sister. She was using us like a big sister. She had no family in town so we were family. (AS3)

> Government officials wanted refuges to measure the number of women who had moved on and were living safe from violence. But many Aboriginal women didn't see leaving their husbands as what they wanted to do but refuges were giving them a break from a drinking spree and then returning to their normal living with full knowledge that there would be another similar situation in the future…It was not fixable in the way officialdom wanted it fixed. Women belonged to the land and to their communities and moving them to Melbourne or somewhere just didn't work. (AS12*)

> It's not a service where you just go "Okay, yep, you've made your complaint and it's on in court 10 o'clock next Thursday; so we'll see you there"; it's not like that. (NPY5*)

> [Women] might let their guard down. They think it is going to be better and it goes off again. He steals the car keys, assaults her and takes off again. There is a level of disappointment as well; it's happened again. And a level of embarrassment sometimes, and you try hard to not ever let them think, you don't want them to feel embarrassed. Because you want them to be able to at least come back again and again if they want to. (CA4)

Thus, for workers, seeing things "going round and round"

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79   Follow-up contact or "assertive outreach" may or may not be consent based for all three organisations. It depends on the circumstances of each woman. Usual practice is that women are told in advance about the follow-up and its purpose (for example, a safety check-in or to give court information). When and how is commonly subject to negotiation and agreement between the woman and the worker(s). The mode of follow-up may be by phone, SMS, face-to-face in her home or other locations (see Chapter 3). On crisis-led engagements by Aboriginal women with services, see also Cunneen (2009).

80   The term "humbugging" is described at footnote 34, page 30.

for many Aboriginal clients (CA5) means letting go of pre-determined or assumed best outcomes. An early worker in Alice Springs commented that "we learned not to get so uptight with women and it taught us how to respond to that. We learned to let go. You can't force anyone to do anything they don't want to do at the time. We learned not to react to what's happening but to go about just helping" (AS14*). A contemporary worker concurred in saying "I've learned not to focus on the control of that [story from a woman]"; "it's so broad" (AS5). Similarly, an ACT worker commented that what women "need at any given time is practical; they don't expect to be safe or their concept of safe is different" (CA9). These are grounded depictions of being client-centred by letting go of pre-determined or assumed best outcomes.

As client-centred and client-driven services, the three partners work closely with the reality of disadvantage. One experienced worker in central Australia observed that:

> The Australian standard of living doesn't apply to Aboriginal people. We think it is all about equitable access, being treated fairly, a lucky country and so on. There are people living in developing countries who have more than Aboriginal people. They experience discrimination, poverty, housing, lack of access to rights. There is a level of disadvantage that we are not talking about. (NPY8)

It is in the interaction of the crisis services with the statutory systems of law enforcement and child protection that these factors often come more strongly to the fore. For both the services and women, their space for action with statutory services can be circumscribed. At the same time the interactions can leverage something immediate, deliberate and meaningful in ways that can be constructive and destructive, and are most commonly mixed in consequence for Aboriginal women and for services. Aboriginal women are deeply wary of government authorities (Watson, 2007).

In the online survey conducted with partner services, a majority (65%) of workers said that their organisation "always" required them to "report to police where you consider a woman/child to be at risk". However, this finding was driven primarily by ASWS and NPYWC workers. The Northern Territory legislation mandating members of the public, including workers, to report domestic violence to police was a cross-party initiative of three Aboriginal women MLAs.[81] The practice was standard anyway in both the Central Australian services (NPY3, NPY4, AS3, AS2B). For the NPYWC DFVS it was a policy long endorsed by the board. It is said to be about "not creating a double standard" and providing "an avenue for women to get support" (NPY1). The longevity of the Women's Council means that it has previously witnessed "no [regular] police on the Lands" (NPY4) to the present situation where now many of the 26 communities have a steady or occasional police presence that enables workers to get "good protection" in very difficult circumstances; as one worker joked, "in [our DV service] we focus on small achievements" (NPY2).

The interactions with police in all the locations were described not as ends in themselves but as opportunities. One court-based worker in the ACT region commented that Aboriginal women:

> Need a bit of time; they need to think it over; they don't necessarily trust you for good reasons and for not really good reasons. Sometimes just having a chat…but just being willing to sit and chat about other things can help you establish, start to establish some relationship on a different level.

From this basis, workers can then ask "is this [court order] going to work for you?" (CA4)—and how. Being at court with Aboriginal women often provided this time. The emphasis services placed on their support with Aboriginal women in relation to the criminal and civil legal systems was that—informed, knowledgeable and consistent support. As one worker commented, "she can change the [protection order] as many times as she wants…we sit with her every step of the way. Our support doesn't change" (NPY6). The services do not oblige Aboriginal women coming to them for help to do any particular thing.

For all the partner services, how they worked with Aboriginal women when child protection services may be or become involved was also a critical part of their organisational learning. Eighty percent of workers responding to a question in the online survey said that their organisation requires its workers to "always" "report to child protection where you consider a child to be at risk". For the services working across central and South Australia their workers were mandated in legislation to report to authorities when children were at risk. In the ACT this was not a legislative requirement. However, in all locations there was solid recognition that the potential or actual involvement of child protection created a strong disincentive for Aboriginal women seeking help.[82]

In the ACT region the service emphasises to Aboriginal organisations that they can inform potential clients that they can phone just to talk and can do so anonymously. One worker commented that she'd rather women "withhold some information and accessed our service than just didn't contact us at all for support" (CA5). At the same time, the DVCS policy is clear and requires workers to inform clients that there are "limits to confidentiality". As the worker further said, they have to be upfront on each call:

> We explain how we contact police if there's an incident, that we do contact mental health if we've got concerns [about self-harm], and we do report to care and protection if there's child abuse issues. But we make every effort to tell our clients when we are going to report. (CA5)

Nonetheless, one woman in a focus group said that she "felt punished" by the child protection intervention, even though she had contacted police herself for help (WFG3).

For those working in locations where there was mandatory child protection reporting, the emphasis was still on talking through

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81   Interview AS2B. See s.124A of the *Domestic and Family Violence Act 2007* (NT).

82   Both notifications for and substantiations of child abuse of Indigenous children remain much higher than for non-Indigenous children (Al-Yaman, Van Doeland, & Wallis, 2006; Secretariat for National Aboriginal and Islander Child Care [SNAICC], 2012).

implications and consequences: "I might meet with a woman for two or three hours", said one outreach worker (AS9, AS10). These ways of responding to Aboriginal women's concerns about the involvement of police and child protection illustrate the depictions of advocacy and outreach in Chapter 4; that is, helping with cumbersome government systems that don't always accommodate the complexity of women's lives.

Apart from the day-to-day influence of clients on the way crisis work is practiced, there is also their direct and indirect influence on service evolution. One example of direct influence on the evolution of service is the position that NPYWC has taken on safe houses in their region.

In essence, their position was that safe houses would only work if they were staffed 24 hours and if they were somehow attached to the authoritative protection of police. The substantive investigation of this issue, including of models in other jurisdictions, argued against "bricks and mortar" as simple solutions. "Such a place", wrote the Women's Council Chairperson, "would be targeted by those who are angry at a woman, and so locations off the lands must be identified" (Lloyd, 2009, p. 3). In essence, evacuations of women at high risk from small remote communities remains common practice for NPYWC DFVS.

A second example involves indirect influence on service evolution by Aboriginal service users. Over the years, all three services in each location have worked in different ways on how they interact with men as perpetrators. In the NPY Lands there has been extensive liaison with the cross-border men's program since it was established in 2007, and in Alice Springs the shelter more recently commenced collaboration with Tangentyere Council's men's behavioural change program to conduct the partner contact aspect. In the ACT, the DVCS work with men has included a specific Mensline and partner contact for women whose partners participate in programs (Simpson, 2003).

An early DVCS worker describes the influence of Aboriginal women on the evolution of the service's thinking in the following comments. She said that Aboriginal women "were really wanting us to talk to their partners and we thought where we could make a difference". As crisis workers attended the crisis scene following a callout from police, this was an opportunity. Therefore "leaving the scene as safe as you possibly could…even stay[ing] at the scene without police" meant sitting and talking with men. It was, she said, "a path of learning". Within the service, staff conversations about the practice with and for Aboriginal women asked "what might work better and if we do that, do we extend it across the whole service or keep it as unique to Aboriginal women". As a feminist service, the challenge was "to stop being so closed off about men" and the learning "came about from working with Aboriginal women" (CA3*). The service remains engaged with men in different ways on a daily basis.

Finally, this report describes specific ways in which the partner services attempted to engage with Aboriginal women as service users and community members for the research project (see Chapter 6). The intention of these activities was to find ways that avoided simple statements of "satisfaction" and simple methods of "client feedback" or consultation. The desire was to work at a deeper level in identifying what was important, what

was valued, and ways in which these items might be measured and how. The case studies and interviews identified ways in which the services sought knowledge from and experiences of Aboriginal service users. These ranged from artwork (ASWS, NPYWC) to annual client surveys (DVCS).[83]

Throughout the research project and the deliberations about feedback and measurement, partners and workers discussed practical and ethical constraints. These included questions of timing, appropriateness, language and focus. The different modes of working present specific challenges: intense telephone conversations or providing emergency overnight accommodation do not lend themselves easily to simple feedback or demographic questions. Being out in remote areas can impact on internet access if considering tablet-based feedback forms. Workers also worried about "imposing" or "intruding" with service questions at occasions when women were afraid or distracted or distressed.

Across all three services there were questions about the language and focus of questions that might be put to women. These concerns obviously related to women in the NPY Lands who may speak two or three languages before English, but equally applied to finding "plain English" when professional terminology was unfamiliar to most service users, whether Aboriginal or non-Aboriginal. Even the use of visual images within the partners' research activities (see Chapter 6) presented challenges. The research purchased and distributed *Yarning Cards*[84] to the partners as resources for their projects. One image of an Aboriginal family group together was interpreted by a non-Aboriginal worker as a positive image of strong families. However, an Aboriginal mentor interpreted it as an image that reminded her of humbugging. In essence, all images, languages, words and formats are up for question and discussion. Nothing is simple. As mentioned previously, the work of the women in the NPYWC *Uti Kulintjaku* project demonstrates how critical are not just words, but also their meaning.

All of these practical challenges and issues remain salient for the partner services. Our project did not conclude with definite decisions about ways and means of engaging with Aboriginal women as service users. Rather decisions were about multiple methods and different times for different reasons. However, as researchers we would go so far as to argue that not to seek to learn and be informed by service users is itself unethical. More work needs to be done.

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83 Over their long history, all three partner services have employed a range of methods to engage with and to seek client feedback and comment about the services. Artwork and client surveys are just two examples.

84 Visual cards are a longstanding resource tool in many disciplines and areas. The Yarning Cards are an initiative of the Nungeena Aboriginal Corporation for Women's Business in the Glass House Mountains area of Queensland. For further information, contact nungeena@harboursat.com.au

Workers responding to Aboriginal clients

The previous sections have explored some of the ways in which women's specialist DFV services have responded to and worked with the formal and informal influences from Aboriginal women. We have done this without evaluation of whether the adaptations and evolutions are good or bad, effective or ineffective. The next section explores at a more detailed level the ways in which workers and their practices have drawn (and to varying degrees) on learning from Aboriginal clients themselves.

Earlier sections have touched on some emergent approaches to practice by Aboriginal workers and mentors. Chapters 3 and 4 also provided analysis of aspects of workers practices. In responding to the survey that informed much of those chapters, workers were advised that the primary interest was their work with Aboriginal women. However, comments from DVCS workers in particular but also from ASWS workers may be read as applying to any woman seeking help for DFV. Therefore, a specific open-ended question in the online survey asked workers to describe, from their day-to-day work, "what you do because a client is an Aboriginal woman, and how you do it?" The intention was to provide an opportunity for specific reflections.

A number of workers said that the core of their practice remained the same regardless of individual characteristics of any particular client. "I treat every woman the same" was one comment. Another worker said:

I treat every client with respect and try to listen to their wishes and intentions and provide relevant and helpful info.

Other workers offered a range of ways in which their practice adjusts in response to Aboriginal women. Some of these adjustments were about making more effort to connect, to make it easy to connect. One worker said she would offer a face-to-face visit. She went on to say:

In person, it is important to listen reflectively, remain client-directed, respectful, and authentic.

Others spoke of expanding the application of their usual approach. One worker said she applied "a broader definition of 'family' and [was] more flexible in providing crisis accommodation and practical supports. I am sensitive in approaching issues of child protection." Another used different definitions of "crisis" and also used more active practice. She said:

When a referral is for an [Aboriginal and/or Torres Strait Islander] woman and her children, the assessment for eligibility is different based on the definition of crisis. In addition, warm referrals are used more, information may be delivered in a different way that is more culturally accessible and I use the family violence approach to support rather than the white feminist power and control approach to support.

Another similarly spoke of using more pro-active practice in working with mothers and children. She said she used:

[A] similar approach initially—to engage and hear her needs, then build on this to ask more about specific cultural needs and preferences in working with me as a white woman or preferring Aboriginal organisation; [the Young Peoples Program] has decided to extend additional flexibility to Aboriginal mothers, i.e. offering an initial face to face support service even when situation not yet "post crisis"—given this window of opportunity, to make positive connection is slim.

Others however described listening more and being more careful and kind. One worker said:

The main difference [in my work with Aboriginal women] is the importance I place on listening. Literally willing myself to be quiet just a little bit longer so as not to interrupt what she is trying to say.

Similarly, another worker said she tries:

not to ask too many questions; in my experience that can feel intrusive and as though I am interrogating the client (even if my intention is to establish current concerns and issues around safety).

Another emphasised the listening as not being "bossy". She said her practice was to:

remain calm, maintain awareness of body language, don't rush, listen carefully—a lot of Indigenous women speak softly—don't be bossy and loud one; the women don't like it.

Other workers commented that they didn't approach the DFV issue directly in the first instance. One worker said she would "talk about family and community [and] leave space around questions—time to answer or think". Another also sought to demonstrate her reliability by saying she would "ensure I know where she is from and know who her family support networks are". This worker would also "speak in her language as much as I can. Meet with her in her home setting as much as possible. Be aware of cultural issues that might cause problems."

A number of workers mentioned trying to maintain openness and humility. Said one:

I try to avoid too much eye contact. Encourage the woman to talk about general things: children, artwork, etc. I do not pretend that I know how she feels or how the impact of her culture affects her life choices.

Another worker said she would also review her practice and her approaches. She would:

constantly check with senior Aboriginal women to ensure that my programs and projects are culturally appropriate. I

Table 5.1 Practices working with Aboriginal and non-Aboriginal women facing DFV, similarities and differences

What workers say they do differently when client is Aboriginal	What workers say they do whether client is Aboriginal or non-Aboriginal
• Offer face-to-face conversation • Ask about broader family/social relations • Use a broader definition of crisis • Use interpreters • Use terms/language developed with Aboriginal language speakers • Listen very carefully/with extra effort • Ask more deeply and extensively about who is safe, where is safe, how is safe • Check if she is connected into community or prefers not to • Think and talk very carefully about children's safety (having in mind child removal worries/histories) • Use warm referrals more • Ask if she would like to work with an Aboriginal worker/service • Extend offer of service beyond crisis • Build up knowledge about her, her family connections/his family connections • Don't be bossy, don't be loud • Check my understanding with senior women/Aboriginal mentors • Learn/speak her language • Think more broadly about "family" and about "safe accommodation"	• Treat her with respect • Listen • Be client-centred • Think always about safety • Initially engage and hear her needs • Listen to client wishes and intentions • Provide relevant and helpful information • She is a person • Treat her with kindness, respect and empathy • Try and do things together • Provide whatever unique resource have to offer • Side-by-side approach as much as possible • Offer experience and information • Discuss options • Help her make own decisions

Sources: Online survey of workers, interviews and focus groups. Advocacy for safety and empowerment project, 2015-2016.

also ensure that my practice is constantly sensitive to different cultural norms and values.

Further analysis of the online responses alongside the one-to-one interviews and focus group discussions with workers in all three locations suggested similarities in practices with non-Aboriginal women. Table 5.1 sets these out.

An overall observation from the interviews, survey responses and the research site activities is the emphasis that workers place on building rapport and relationships with Aboriginal and non-Aboriginal women. Reflecting on how best this is done, one mentor commented:

Western—straight out. Indigenous—sit and spend a few hours together. If you're not doing that, then you won't get the story. The Indigenous women will just say, "yes, yes, yes" to shut you up; or say can't talk now, talk later; or say yes even if they want to go to sleep. No direct questioning, another story, talk around, then come back to that person. A fictional story has a lot of possibilities, to snap the brain into. Then back into the now. Otherwise into disclosure of DV, and there could be an [adverse] reaction. If you crack that little ball of DV, you are scared that you will get a hiding. (AS6)

Workers build these relationships in brief occasions, and also in irregular or long-term interactions. They do this not only so that they may better respond and interact in their support, but particularly so that they may be better informed and have deeper understanding of the broad and deep risks that are especially relevant for Aboriginal women facing DFV. Learning more about kin, relationships, living arrangements, personal resources and community is part of developing cultural awareness, but it is crucially about working with a woman's safety.

Towards culturally informed responses

Cultural competence is defined as "a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations".[85] As Indigenous academic Kylie Cripps (2016) argues, all services must "become culturally sensitive and responsive" to serve all.[86]

Our research with the services and workers showed people trying to think and talk through the different influences of and from Aboriginal women: what were they hearing and seeing; did they understand right? For those working in central Australia, there was more opportunity to converse and interact directly with Aboriginal clients and significantly less so for those working in the ACT region. Much—though not all—discussion was about understanding "culture". In the survey, interviews and groups workers discussed "culture" in different ways. For some it was a word used in a kind of singular manner or as a short-hand. There was a sense that this way of seeing "culture" was that it was somewhere else or, to reference Indigenous scholar Marcia Langton, as created symbols. Seeing culture as something "other" in this manner is to see "[t]he world of Aboriginal sociality and politics [as] distant and shadowy" (Langton, 2003, p. 119). For workers in all three partner services this argument is both accurate but also missing part of their working environments. This is because, as (mainly) non-Aboriginal workers in specialist DFV services, there is more interaction with Aboriginal women, children and men as clients, community members and peers than in most everyday settings in Australia.

These interactions are more or less intense in differing degrees across the three locations and in other places. The specialist services do operate in complex cultural landscapes where the boundaries between Aboriginal and non-Aboriginal worlds are more porous, more "grey". Workers face dealing with the awfulness of DFV and its impact on victims on a daily basis, both with Aboriginal and non-Aboriginal women. In these working environments conversations about "culture" can reach "a very passionate and personal place" very quickly and "before people are able to talk things through enough to get to a point of effective understanding" (CA9). Yet try they must, and do.

In their working environments, workers may feel that "culture can be a tool for harm and for safety. It is integral to a woman's empowerment and connection but is also used as a justification for violence" (FGD3). The relentless nature of the work and scarce resources can undermine workers recognising a greater breadth of identities and roles of women as they struggle to assist women as "victims". Yet women *are* carers, custodians of land and Law, workers, artists, interpreters, sisters, aunties, and community leaders (to name a few). Their identities and their connections are multiple, whether in town or city, camp or community. Their cultures are many.

Many workers struggle with an "essentialized understanding of culture" in a way similar to debates about essentializing gender or all women (Merry, 2006, p. 8). At the final workshop of the research project,[87] partner services discussed culture as a contested notion. They rejected any suggestion that Aboriginal women had to choose between culture *or* safety; and rejected any proposition that just because they were women-centred services that they were not also culturally sensitive. For them it was not an either-or. Partners commented that what was critical was "understanding differences, different values and how this translates to practice". It was, they said, "more useful to talk about the context of culture: different structures, different values, different pressures". In their working environments, there were many challenges in the work helping Aboriginal women who came forward for assistance following DFV, but it was critical for workers to "know themselves in context": to be open to continual learning. In this vein, partner services felt that the terminology of "culturally appropriate" or "culturally competent" responses and practices was too static and too fixed—as if one could simply attend a workshop and get a certificate.

Rather, becoming "culturally safe" or becoming "culturally informed" was useful *if* considered as a constant process of learning. Partners reminded us that "clients won't tell you everything", and that it has to be "a guided conversation". Workers needed to "be comfortable with grey and with complexity and to add a little purple".

Understanding, partners observed, comes over time. A key learning from the combined 70 year history of the partner services was to build up organisational knowledge of their context, to build relationships, to build connections with communities over time; to have the courage to actively seek out this learning; and to "grow up the space" (Watson & Heath, 2004).

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85   Char Tong and Terry Cross, Cross Cultural Partnerships for Child Abuse Prevention with Native American Communities, Portland, Oregon: Northwest Indian Child Welfare Institute, 1991, p. 12 quoted in Department of Human Services (Victoria), 2008, p.23.

86   Note: the distinctions between cultural safety, cultural competency, cultural sensitivity and culturally informed practices/services are nuanced. Terms are defined in the "Aboriginal Cultural Competence Framework" of the Department of Human Services (Victoria) (2008, p56).

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87   The workshop took place over 3-4 May 2016, in Canberra. It was hosted by the DVCS.

Chapter 6: Measuring what matters

"Services assist women to become safer. Services can't make women safer."

"KPIs should be relevant to the issues facing women."

(Third partner workshop notes)

Introduction

Recent reviews of existing published evidence on effective interventions to reduce and prevent DFV involving Aboriginal women have lamented the dearth of robust evaluation studies in Australia (e.g. Blagg et al., 2015; Holder et al., 2015; Olsen & Lovett, 2016). However, there are very good reasons for this, including the lack of investment in multi-site large scale evaluations, the nature of DFV responses that makes it difficult to define and measure impact, the inappropriate methods associated with rigorous and empirical studies, and the fact that many projects are small-scale, disparate and dispersed (Olsen & Lovett, 2016).

Back in 2003, Laing (2003) attributed the lack of research and evaluation of DFV intervention outcomes to the unique characteristics of domestic violence service delivery, where contact can be brief, risks can be high, and the desired outcome is not guaranteed or achievable. These are neatly captured below, and still hold true today:

> …[U]nlike some service programs with obvious and tangible outcomes—such as those designed to prevent teenage pregnancy or to teach parenting skills—domestic violence service programs provide multiple services with difficult-to-measure outcomes. In some cases, services are extremely short-term (such as providing information over the phone) or are provided to anonymous individuals (as is often the case with crisis calls). It is also difficult to evaluate programs designed to prevent a negative event from occurring (in this case, battering), because the survivor is not responsible for preventing, and is indeed often unable to prevent, this negative event from occurring regardless of her actions. (Sullivan & Alexy, 2001, p. 1)

It is also incorrect to assume that there have not been evaluations and reviews of women's specialist DFV services; it's just that much of the material generated from such activities remains hidden or at least not visible in wider academic literature or in the public domain. Much of this work may also fall short of the standards required for "hard" evidence and may not be applicable or relevant beyond the immediate program or service that has been assessed. Often what is known remains in the sector, or it has a short-lived and therefore ephemeral life within policy circles. There has been little focus on research that specifically addresses and incorporates the views of Aboriginal women, as stakeholders and clients. What has been done is likely to be localised, small-scale and qualitative.

Having examined in detail the contents within the "black box" of service practice and reported on it in previous chapters, the purpose of this chapter is to report on research that was undertaken to see if measures and methods could be produced that would aid in assessing the efficacy of the box's contents. The chapter describes and summarises the research activities undertaken by the partner services which sought to come to grips with what might constitute improved outcome and feedback measures for crisis interventions that are both meaningful and useful to services and to Aboriginal women clients.

This chapter focuses on the mechanics of *how* the partner research projects were done. We want to be as transparent as possible about the pitfalls as well as the benefits, and to document and illustrate the methods and measurement tools that were developed and tested. The first section provides some context by acknowledging that services are engaged in monitoring and review but that very little is available on service outcomes. A section explains why the partner projects chose to focus on crisis service responses to DFV and the challenges associated with measuring short-term outcomes for such responses.

The rest of the chapter concentrates on describing the three partner projects. Each partner project had constituent parts. However, as the projects had common approaches and similarities in method, research activities across the projects are summarised under the headings of:

1. Defining outcomes: women's language and concepts;
2. Measuring outcomes with women; and
3. Finding outcomes in the records.

The most important objective of the chapter is to make clear what women—primarily those who had been or were clients of the service—said about their experience of contact with services and what they valued in the service practice and as outcomes from the contact. However, a secondary objective is to assess the implications of the partner projects on the partner services and their workers in terms of how useful and onerous the methods and processes were. At the end of the chapter, we turn to the issue of what was gained from undertaking the partner projects.

Context

To meet requirements of funding contracts, services have to produce some measures of what they do, typically output statistics that indicate numbers of clients and type of contact. As evidence-led policy has gained ascendency, the demand for proof of success or outcomes has become more pronounced. Such calls dovetail with calls for greater efficiency and accountability. The difficulties in meeting such demands, however, are not new to the three partner services. Despite producing statistics on client numbers, the women's specialist DFV services have struggled with government and funding bodies over defining what is achieved and can be viewed as a "success" of their services. This is most stark for crisis intervention and support. It is well illustrated by past battles over whether the rate of Aboriginal women returning to crisis accommodation should be viewed as a positive or negative outcome (see Box 6.1).

Box 6.1 Aboriginal women's return rate to crisis accommodation—a measure of success or failure?

According to a former worker at ASWS, an issue that arose during the 1990s was the Northern Territory government's attitude towards Aboriginal women's return rate to the shelter. While, for non-Aboriginal women, coming to the shelter was generally part of their strategy of leaving their partner and leaving town, for Aboriginal women, this was not necessarily the case.

The government thought that they came, you fix the problem, they go out and you never see them again… there wasn't much we could do–get women not to return to their partners? It wasn't going to happen…In the end it was a decision about coming down on the side of the women. You would work the data to get them (the government) off your back… (AS14*)

The results of the national survey of women's specialist services would suggest many services are employing a range of monitoring and review mechanisms, most frequently through client feedback, via surveys, exit interviews or otherwise unspecified. This is not surprising. Dating back to the early refuges with their resident and staff meetings, there has been a commitment in the women's specialist services sector to seek the views of and feedback from the women who use their service ("with and for women"). The impact of the more recent trends of service standards, workforce professionalisation and accountability to external funding bodies (see Chapter 2) was evident in other responses in the survey. An analysis of the open-text responses suggests that processes such as quality assurance or accreditation process or audit, and internal case and staff reviews, were the next most common monitoring and review mechanisms (Table 6.1).

Table 6.1 Monitoring and review mechanisms used by services (number and % of responses)

Mechanism	Number	%
Client feedback and surveys	20	51
Quality assurance and management/accreditation/audits	10	26
Staff meetings, internal performance and case management processes	7	18
Stakeholder feedback, consultations	6	15
Service data and statistics	6	15
Reports for funding bodies, boards	4	10
Evaluations (internal and external)	2	5

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Source: National survey of services, Advocacy for safety and empowerment project, April-May 2016

In the survey, more than half of the service managers (59%) said their services did have specific measures to incorporate Aboriginal women's views into any review or monitoring activities. Participants reported measures such as having Aboriginal women's groups or networks to advise and to consult with, and consulting directly with, Aboriginal women who used the service or who worked in the service. One said that an evaluation of one of their programs was based on Aboriginal women's design and input.

Like the organisations that participated in the survey, the three partner services have been engaged in various strategies to seek the views of clients and Aboriginal women. DVCS has been involved in research that focuses on Aboriginal women, as victims and in relation to DFV (Victims of Crime Co-ordinator [VOCC], 2009; Weaver, 2013; Whetnall & Payne, 2011). NPYWC DFVS has had several practice reviews undertaken by external consultants (Bolger, 1996), the most recent unpublished internal review undertaken in 2015, and as part of research into good practice models (Urbis Keys Young, 2001).

Both ASWS and DVCS have experimented with various methods to get feedback from their clients. At various junctures they had both tried questionnaires but they were found to be too long and the response rate low. DVCS now asks a number of short questions although the numbers who respond are relatively few, while ASWS has used its engagement activities and an artwork done of the shelter and surrounding area to hold conversations about residents' level of satisfaction with the service. According to a former manager of the shelter, the painting—which was done by a woman from a remote community who was a sometime resident of the shelter—effectively communicated to her and others why an outreach service was vital for Aboriginal women who used the shelter.

But there is not much about outcomes. Only two participants in the national survey referred to a formal evaluation. ASWS

has had one of its outreach service (Gander, 2013) and DVCS has had several of the service itself since its inception (Kelly, 1989; Urbis, 2007) and as part of reviews or evaluation of the wider program FVIP that DVCS is part of. NPYWC DFVS has focused on documented reviews to its service practice.

Based on this past experience and ongoing engagement in review and evaluation, the partner services wanted to focus on outcomes. Through the project, the partner services wanted to be able to clarify and articulate what their service achieved—to improve the way short-term outcomes were conceptualised based on what women clients or former clients said—and to test out and refine ways of measuring these outcomes.

Why focus on crisis responses?

All three services provide a multi-faceted service but agreed that it is crisis support and intervention that is the most challenging to measure for successful outcomes, and the nature of the work leaves little time for review and reflection.

Women and their children cycle in and out of contact with services (see Chapter 3 for workers' perceptions of contact). There is an open and service-wide approach to managing demand. For example, the ASWS shelter does its best to accommodate whomever is referred to them or the women who contact them directly. With NPYWC DFVS, once a woman is on their books she stays on their books until such time that a case review finds that the case should be closed. The client could remain on the books for a period of many years and this results in a cumulative database of clients. Contact with the service is usually when the woman makes contact, and contact can be sporadic or for short and intense periods. With the DVCS crisis phone line, anyone can ring the service at any time, and they do not have to give a name. Some may become longer term clients of the service, but it is up to the client to decide the frequency and duration of contact via the crisis line. Follow-up visits or phone contact may be initiated by the services—described as "checking in" by a DVCS worker—but the extent and degree of follow-up is moderated by assessment of risk and capacity.

Workers are often under pressure and services over-stretched, which leaves little time or capacity for ongoing and intensive review, research and evaluative activities. As a DVCS worker commented, "we're so busy—doing, doing, doing—it's hard to then stop doing the doing and to do something differently" (CA12). One of the objectives therefore of the partner projects was to test out methods that might be *feasible* to adopt into the future to better capture crisis support outcomes—either as recorded in client files or from a client's perspective.

What does crisis intervention and support look like?

The way women and their children are assisted at times of crisis by women's specialist DFV services does vary. The most well-known form of assistance is that provided by refuges or shelters, which provide accommodation to women and their families at times of crisis. Table 6.2 gives an overview of what the three partner services offer at times of DFV crises.[88] At a workshop, NPYWC representatives gave the following summary of what they saw the service doing as a response to a crisis and to increase a woman's safety:

- put protection around her—e.g., report to police;
- help her to move from an unsafe place;
- help her to know what she can do—give her information;
- help to meet her practical and basic needs—clothes and blankets, food; and
- talk to her about what she could do to make herself safer.

As conversations and focus groups with women who accessed a partner service identified, at the time of crisis they may be hurt, very upset, feeling scared, affected by drugs or alcohol, and uncertain. As can be imagined the "contact" has to be conducted with care and skill by workers. The context in which the contact occurs can also be very different—for example, a NPYWC worker may have travelled by car for 3-and-a-half hours before meeting a woman for 10 minutes in the community where she is currently staying, or a DVCS worker could have had a 10-minute phone conversation. With women often in a traumatic state or bearing the impact of potentially years of abuse and control, and with the frequency and length of contact determined by the client and affected by other factors, it can feel intrusive and inappropriate to ask about a client's "satisfaction" with the service. Hence, the partner projects involved considering *how* and *when* to ask for women's views of their needs and whether services were meeting them.

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88 Table 6.2 is only a summary of what is offered at times of crisis. The services also follow-up after initial crisis, offer advocacy with other agencies, assist with transport to court, doctors etc., and may organise childcare for court, and for injuries to be documented in a way that is admissible in court for those not yet engaging with police.

Table 6.2 Crisis accommodation, intervention and support by partner services: summary from partner workshop

ASWS Shelter	DVCS	NPYWC DFVS
• Women mainly self-refer—ring or walk in. 24/7 access to shelter • Assessment/intake • 30-bed shelter—women and children stay for variables lengths of time—planned exit or just leave • Offering a place of sanctuary and basic amenities—blankets, washing machine, food • Arrange and transport to appointments, shops, school, etc. • Workers talk with women about how they are and what they will do after the shelter • Talk about potential legal actions	• Women ring on 24/7 phone line or have agreed for DVCS to come to the home at time of incident • May offer emergency accommodation in hotel or motel • Workers talk with women about how they are, what they want to do • Refer or broker contact with other services • Talk about potential legal actions	• Women ring, call into the office in Alice • Workers contacted/approach while in a remote community • Referrals by other organisations (mainly the police, followed by schools and clinics in the communities) • Evacuations/preventative evacuations • Assistance with transport and practical help ("sit with them") • Take them to or contact other services, other potential support people ("safe" family) • Work with police, child protection, clinic • Talk about potential legal actions

Source: First partner workshop notes

Challenges of outcome measurement for crisis intervention and support

Developing tools to assist services to ascertain whether they have been effective usually involves asking questions of clients to see at various points in time whether there are indicators of positive change, for example in family functioning and wellbeing, parental efficacy and in the emotional and physical wellbeing of DFV survivors (e.g. Freiberg, Homel, & Branch, 2014; Haswell et al., 2010; Meyer, 2014). However, these types of measures are more suited to programs where there is linear trajectory of progress towards a defined outcome, and limits placed on the number of individual client case loads or group participants, and not the kind of open-ended, demand-driven contact of crisis support.

What are the outcomes from immediate crisis responses? The ultimate or aspirational goal of DFV services is women and children's safety. For example, DVCS has the vision of a violence-free society. But the clients of the services cannot be made safe, only assisted and supported to be safer, as many other factors impinge on whether a woman and her children are safe.

The challenge for the project was identifying and measuring the short-term outcomes of contact with services at the time of crisis. The contact can be of very short duration and although immediate steps can help facilitate a safer environment in the short-term, the question was posed as to what else has been achieved. A crucial part of the initial stage of developing the partner projects was to work on service logics and to tease out the expected short-term outcomes from the crisis support they each offer. This involved the partner services articulating what they believed could be positive outcomes related to both the experience of service practice, and changes for the women that flowed from the contact. In the first workshop a preliminary list of potential outcomes was devised. The ensuing research activities aimed to see:

- how well these resonated and corresponded to what the women who used the services say;
- whether there were tools or methods that would enable services to ask women whether these outcomes had been achieved as a result of contact; and
- whether the tools and methods suited both users and workers of the services.

Partners' projects: a collaborative process

The partners' research projects were undertaken over a 9-month period. The development and execution of the projects was not linear. It was often a time-consuming, frustrating process, especially when an investment in one approach did not yield the expected results. It was an investigative and experimental approach that focused on strengths—what has been termed "appreciative inquiry" (Mertens & Wilson, 2012) to trial, review and modify through a collaborative effort and participation. Feedback from service leaders and staff who were responsible for the projects, researchers brought in to assist with the projects and women who participated in focus groups[89] indicated that they had found the process rewarding. At the last partner workshop it was agreed that the services could and would use some of the tools and learnings from the partner projects.

A theme throughout this report has been the collaborative underpinnings to the project as a whole. The partner workshops that were held at three intervals in the project played a crucial role and were examples of collaborative leadership. The advantage of having the workshops was that:

- There was a joint sense of purpose to and understanding of the project as it progressed. The partner services learned about each other and shared their service experiences with each other and the research team.
- The focus of the research activities was agreed across the three services because of their similar concerns, which ensured there was a mutual interest in the results from each of the projects.
- It provided space and time for review and reflection on the research process away from the immediate demands of work.

By the end of the second workshop each of the project partners had a draft project plan. In the month or so after the workshop, further refinements to the plans were made, and the arrangements put in place to undertake the research. These partner project arrangements—which differed somewhat across the three services—were described in the first chapter on methods (see Box 1.1) as a collaborative research process that involved and drew on staff expertise and external assistance. The process fostered among those involved—workers, clients or ex-clients, members of the community and of the research team—a sense of being "co-researchers" engaged in a process that would be helpful to services.

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89   It was not always ethical nor practical to follow up with feedback for other women clients.

Partner projects: very similar design and methods

The workshop process involved working through service logics and identifying expected short-term outcomes from each service's model of crisis intervention and support. There were notable similarities in the expected short-term outcomes. This flowed through to a congruence and overlap across the partner's research projects. There were common elements to aims, key research questions, and methods.

Table 6.3 presents a summary of the partner projects, and the overlap is evident in the major categories of expected short-term outcomes, research focus and methods. Although largely developed and executed separately, what was most striking was the common approach to the research and methods that included:

- Finding out about the language or concepts that resonated with women.
- Trialling various methods or tools to elicit women's views on whether the service has delivered short-term outcomes.

- Reviewing client files or cases to ascertain whether expected short-term outcomes could be routinely identified from past records.

Each had a somewhat different emphasis and approach. DVCS had a main project and two sub-projects. The main element of their project—exploring what women valued from a service and how to measure achievement of these aims—is focused on in the following sections as this related most closely to the overarching aim of the three partner projects. However, findings from the two sub-projects are included where relevant. One explored with Aboriginal women their trust in services (and in particular DVCS) and the other was a study of the court processes in the ACT that related to domestic violence orders (DVOs).[90] With both sub-projects, the focus remained on Aboriginal women's views and experiences of service responses but not explicitly on these at times of immediate crisis.

Table 6.3 Summary of partner projects: service goal, expected short-term crisis outcomes, research focus, methods

	ASWS	DVCS	NPYWC DFVS
Common overall goal of service	• Women and children are safer • Women are stronger		
Expected short-term outcomes from contact at times of crisis	A woman at the shelter: • feels safer and calmer inside the shelter • uses the facilities • asks for stuff A woman feels or is stronger after a stay at the shelter: • has a plan • walks out upright	Adults and children have: • immediate safety • increased knowledge of DFV • increased awareness of options • decreased isolation	Women to be and to feel as soon as possible: • believed • less isolated, more connected • more supported • more capable • more in control
Area of research focus	Whether staying at the shelter makes women feel or be stronger? How do women define feeling or being stronger? Can tools be developed to measure if women feel or are stronger?	Whether expected short-term outcomes corresponded to what women valued at time of crisis? Can these outcomes be measured? Do Aboriginal women trust the service?	What is the proper help for Aboriginal women experiencing family and domestic violence? How can the service measure this? How can the service know and measure that in response to a crisis it has helped women so that they are: • believed • more connected and less isolated • feel safer[a]
Methods	• Conversations with women in four stages • File reviews	• Focus groups • Interviews • File review	• Workshop • Interviews • File review

Note: a. This question was added during the analysis of the client file eviews.

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90   DVCS has a Court Advocacy Program, with workers based at the court who assist and support women who are there as witnesses in criminal matters or with their applications for domestic violence orders.

1. Defining outcomes: women's concepts or language of outcomes

As noted above, the three partner services had identified what they expected as short-term outcomes from crisis support and intervention. But through the partner projects they wanted to see how well these resonated and corresponded to what the women who use the services say. Finding the words, in different languages, to talk with women about their experiences of the DFVS led to a workshop involving senior NPY women. The two other partner projects had different methods, but the same focus—on finding out what the women valued from the shelter on the one hand, and their contact during a time of crisis with DVCS on the other hand.

a. NPYWC project: Uti Kulintjaku (UK) Project Team workshop: "Good worker" and "proper help"

A one-day workshop was held in October 2015 and involved 15 *Uti Kulintjaku* (UK) project team members, all women and representative of the NPYWC's membership. UK is a special project of the Women's Council. The project team is made up of a group of senior Anangu and Yarnangu women who initially came together to work on mental health literacy, but are now working as a research group within the organisation. Members of the group have experienced domestic violence directly and indirectly as victims, as the mothers and sisters of victims, and as the mothers and close relatives of men who use violence and are subject to criminal justice penalties.

This workshop sought advice from the UK project team on how to talk to Aboriginal women about making sure the NPYWC's DFVS service is effective: specifically what words to use so that they understand and feel comfortable to talk about the NPYWC DFVS service. It was explained to the UK project team that a strong bridge was wanted between the service and the women, and their help was being sought to do it. The questions guiding the discussion were:

- What kind of help do women want for domestic violence problems?
- What stops them from getting help, or what does proper help look like?
- How does a woman know she can trust someone (a worker)?
- What kind of help does she need?
- What are the characteristics of a good worker or what makes a good worker?

The UK team members worked with the two interpreters on the words for feelings and experiences relating to domestic violence. The discussion and the particular words or phrases were in Pitjantjatjara and Ngaanyatjarra and translated into English. Key words and concepts that were discussed included how women felt as a result of domestic violence. As the first section of Table 6.4 illustrates, these included words for anxious, scared; isolated; and not thinking straight, sad.

Table 6.4 Key words[a] for feelings and experiences related to domestic violence in regional languages (Pitjantjatjara and Ngaanyatjarra) and English

Pitjantjatjara and Ngaanyatjarra	English
Kutjutja	Isolated; alone
Putu kulini	Can't think what to do
Putu pukulpa	No happy life
Ala patiringkunytja	My whole future life is blocked
Putu kunkunarinytja	Can't sleep
Kulira nguluringkunytja	All [her] thoughts are taken over by fear
Putu kulira	Not thinking straight
Tjtiturutjituru pulka	Very sad and worried
Nyakukatira, nyakukatima, nyakukatipai	Always looking out, looking around; vigilant
Tjulurrtjulurr-pa	Looking around nervous

[a] Note: A much longer list was compiled and discussed during the workshop.
Source: Summary report of the UK Project Team workshop held October 19, 2015.

During the workshop questions were asked about what kind of help women wanted, which helped them to focus on the questions of trust and the characteristics of a good worker. Several women stressed how workers need to learn from Anangu and work with them, by underlining that:

> The workers have their own ways of working and ideas but we need to make sure they know how we work and how they need to work to help us.

> That worker should be listening to Anangu and learning from us. They need to be the liaison between the women and the police and maybe the police will listen to the worker better than they listen to Anangu.

> (From the summary report of the UK Project Team workshop held 19 October 2015)

It was also said that it was crucial for a worker to act as an advocate or an intermediary, which was explained thus: "It is fine when a whitefella is in the role of the workers, as it is too hard for Anangu to be DV workers because families get angry and there might be fights". Table 6.5 lists some of the key terms and words in regional languages (Pitjantjatjara and Ngaanyatjarra) and English for what the participants viewed as important in a good worker and what proper help is. In summary, these included:

- What a good worker is: careful listening, strong, caring, confident, not frightened, vigilant, responds in a helpful and humble way, an advocate or friend/"tool" ("malpa") to support a woman in telling her story
- What proper help is: watch over, look out for, immediate help, remove to safety and resolve.
- What proper help resulted in: being connected, being protected

Table 6.5 Key terms and words[a] for a good worker and proper help in regional languages (Pitjantjatjara and Ngaanyatjarra) and English

Pitjantjatjara and Ngaanyatjarra	English
Characteristics of a good DV worker	
Pina ala	Listening closely
Ngaltunytju	Sympathetic and wanting to help
Kunpu	Strong
Kulilipai, pina alangku	Listens and understands
Ngururpa	In the middle (advocate)
Minyma pulka, ninti munu rapa rapa	Someone who has experience and knowledge and is mature and confident
Ngulu wiya, nguluntju wiya	Not frightened
Yamatji walykumunu	Good friend ("tool" such as a digging stick)
Describing proper help	
Mapalpangku	Quickly
Help-amilantjaku	To help immediately
Mulamula, kurunpa mula mula	Trust
Miraanykurru	Watchful eye; vigilant
Mulamula, kunpu, ngaranma. wangkama, alpamilanama, atunymanama, kanyinma, nyangama, ngurinma, kalypanma	Always be strong and true in what you say, in how you help, in how you protect, look after, watch over, look out for, remove to safety and resolve.

Note: a. A much longer list was compiled and discussed during the workshop.
Source: Summary report of the UK Project Team workshop held October 19, 2015.

b. ASWS project: finding the right language for what was valued

Initially, the ASWS research plan developed in late August 2015 sought to develop tools to measure if staying at the shelter made women feel or be stronger. The first step in this process was to define, with shelter clients, the word "stronger" in relation to their experience in the shelter. However, women tended to associate the term "strong woman" with concepts such as going bush and women's business, that is, it was associated with cultural strength.

After reflection, rather than asking women to define "stronger" in relation to the shelter, more work was done on exploring what women value about coming to the shelter, and to elicit some of the language about feelings evoked in relation to the shelter. In talking about the shelter, the women tended to talk about the physical aspects of the shelter, such as the bed, bathroom, washing machine, and air conditioning. When asked about how they feel when coming to the shelter, a lot of women spoke of these things: "you can get a hot shower, have a sleep, washing clothes, watching TV"; "I get cold kitchen, cold bedroom, eat, watching movies, cup of tea."

Further interviews and conversations confirmed the value women placed on the shelter for providing rest and meeting their basic needs. A woman talked about it as a place where she can "throw all her worries away" and stop her continuous thinking. It is like "a backpack of worries" that she can throw away, because of the supports here: "this is a safe place."

The term "free"[91] was also explored with the women in the shelter. A woman conveyed how hard it is to be free or feel free even if that man has another wife (second wife). Another woman explained that:

> Women can go shopping, can go bush, community, can take the kids to school, watch the kids grow up. This can be done when he is in jail…The men need to go to jail for five to six years and then you are free, free to walk around…

As a result of these conversations with women over several months, the key concepts that emerged of what was valued were:

- **Free**: Associated with being able to go to the shops, getting kids to school, kids having a nice time, "free of him in my brain", and of first and second wife responsibilities.[92]
- **Safe**: About being inside and behind the walls (no-one can see in or get in).
- **Time to think**: Including "he's not in my brain, things not going round and round".
- **Having a rest**: Sleep, respite, calm.
- **Activities**: Doing nice things, kids having things to do.
- **Welcome**: Being spoken to kindly, being welcomed.
- Using **facilities**: shower, clothes wash, etc.
- **Help**: Practical assistance going with them to appointments.

The next stage, which is described in a later section, involved developing measurement tools that would assist shelter workers and residents by:

- Recording women's responses about how their feelings changed in relation to certain concepts during their stay at the shelter; and
- Providing client feedback on those aspects of the shelter that women had stated they valued.

c. DVCS project: focus groups on what women value at the time of crisis

Out of a total of six focus groups at DVCS, five concentrated on what women value from the service at the time of crisis.

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91   The Tangentyere Women's Safety Group was exploring the term "free" with women in the town camps at that time.

92   "Free as a bird" was used initially, but an ASWS Aboriginal mentor raised concerns about this term being associated with being free to go with another man.

Three groups were held in a community setting and involved women who had contact with DVCS in the previous 6 months.[93] The other two groups were with women who were detained in the local prison, who reported considerable exposure and experience of DFV. There was, however, less knowledge and experience of DFV services, and if there was, it was often of services outside of the ACT.

In total 41 women were involved in the focus groups—12 who had recent contact with DVCS, ten through an Aboriginal community organisation, and 19 who were at the prison. A total of 17 identified as Aboriginal women.[94]

With three of the groups, the participants were recruited by a DVCS worker, while the two groups held at the prison involved all women detainees who were interested in being involved.

Facilitated by two DVCS workers, the focus groups followed the same basic format, with fine-tuning as more were held. During the groups participants were asked about:

- Feelings before and after contact with a service during or after a DFV crisis.
- Experience (positive and negative) of the services.
- What was most important and what could be improved.

The focus group process involved using image cards (see Box 6.2 for reflections). Key positive aspects to crisis service contact included:

Heard, not judged, listened to with compassion and understanding, presented with a different perspective, provided with options and reassured, given practical help, supported, validated by other women.

Key feelings were associated with a negative experience:

Judged, criticised, ashamed, regret, burnt, hurt, betrayed, waste of time, not validated, frustrated by lack of options

At the feedback—the sixth—workshop, participants agreed that there were too many overlapping concepts and it was agreed to summarise what was most valued as "**active listening**" and "**expertise and knowledge translated into practical help and plain English**".

Factors that contributed to the success of the events included good catering and venues (child and family centres in the community), honorarium vouchers for participants, having skilled and experienced workers who acted as facilitators and support people, and having an "outsider" present who was there to listen, record and learn. As a process, participants and researchers or workers believed it was a worthwhile and personally beneficial experience.

d. DVCS project: when do Aboriginal women trust a service?

The importance for Aboriginal women of having trust in services has been stressed in Australian research (see Holder et al., 2015). In the ACT it was a dominant theme in research undertaken with Aboriginal victims of violence (Whetnall & Payne, 2011) and of family violence (VOCC, 2009), and in research on service responses to DFV in the local community (Weaver, 2013).

The subject of trust in services was canvassed explicitly during one focus group, for part of another group in prison, and in two interviews. A total of 19 Aboriginal women were involved in the discussions. Questions included asking about good and bad experiences with services, what they want from DFV crisis services, what makes a service trustworthy, when do they prefer to use Aboriginal services, and what can DVCS do to encourage Aboriginal women to use their service (see Attachment A for the interview schedule used for the trust focus group and interviews). Themes from the discussions and responses are summarised in Box 6.2. They included:

- Child protection was a huge issue for Aboriginal women. During focus groups and interviews, Aboriginal women described the agency responsible for child protection in the most negative light. It was spoken of with fear, dislike and distrust. Several limited or avoided contacting services about DFV because of the fear that they and the children would be reported to the child protection authorities.
- Trust in a worker was very important. Several Aboriginal women had a strong preference for an Aboriginal service or worker wherever possible. But the majority gave qualified answers and said it would depend on who worked or used the service, and whether they had rapport with an individual worker.
- What the Aboriginal women said they wanted and valued from a crisis service was very similar to what was said in other focus groups, and in the ASWS project overall. The observation of a senior and very experienced DVCS worker was that much of what was asked for or recommended in the focus groups related to longer term support and that at the time of crisis, women were not so concerned about whether a service was run by an Aboriginal organisation or whether they were dealing with an Aboriginal worker.

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93 In all of the partner projects, the focus was on talking with women who had recently had contact with a service, and who were assessed as safe to contact. We wanted to elicit recent memories of crisis contact with the respective services. As the DVCS prison focus groups showed, recollections and views of service experience can often become generalised and not specific to a particular service or crisis response if there is no recent contact.

94 In the five "what is valued" groups where Aboriginal women were in the minority, it was left up to them to mention during the introductions or in discussions their identity as an Aboriginal woman. None chose to in the community-based groups. In the prison groups, the women already knew each other.

Box 6.2 Trust in services—feedback from Aboriginal women in the ACT

Negative experiences with services:
- "The service dries up after a while."
- "Some are never there; ring them and they're never in."
- "Feels like you can see the service but they can't see you and you can't access them."
- "You get passed on, passed on by services."
- "It was 5 weeks too late."
- "1 year later repeating the same things."
- "Every 6 months, new worker."
- "Didn't help—not given what I asked for."

What they want from a DFV crisis service
- Never give up on us.
- Safety.
- Empathy.
- Understands.
- Not judged.
- Not blamed.
- Someone who has gone through situation and not just read about it.
- Someone to talk with you.
- A dedicated worker to look after kids.

The importance of a person who you can trust
- "All depends on whether you know the worker. Sometimes it is good to deal with non-Aboriginal people."
- "Certain people you can trust. Shop around for the right person, right staff."
- "Good if don't have to see different people, don't have to repeat stories, a holistic follow-through service, build rapport."

When Aboriginal services are preferred
- "Non-Indigenous services don't know you as they do in Indigenous services, so therefore less likely to help you. Or they refer you to an Indigenous service or assume you only use Indigenous services."

- "Confidentiality is tricky." "His relatives might be there or work there."
- "Everyone knows each other…gossipy. May be mandated to report [to DOCS]."
- "Sometimes at hospital awkward with doctor and nurse, some prejudice where you go."
- "Makes a difference if Koori works there. But won't go if don't get along with the workers."
- "If personal/Murri shit going on, don't want the workers to know—prefer a white service."
- "Too scared to call anyone…If you have too much contact with police, the DVCS and others of course they are going to ring DOCS."

What they would like from DVCS/other services
- "Counselling and/or good Aboriginal worker can help."
- "Take time", "get to know you", "genuine interest and concern—not just a job—right from the start", "more in-depth conversation first time "
- "Need DVCS to do the ringing, to make the first call, because of the shame."
- "Workers need to understand shame and how it affects us."
- "Need Koori workers and programs for Indigenous people to attend, have outreach workers who come out, it's shame going into the office "
- "Dedicated case worker."
- More awareness in the community of services, including good Aboriginal services.
- Participants agreed it was good to ask over the phone the cultural background of the caller—explain that asking the women helps with service referrals, give options.

2. Measuring outcomes with women

The next step in the partners' research projects was to experiment with ways to use the outcomes (words and phrases) specified and valued by women and how they might be measured. The ASWS and the DVCS were particularly interested to identify if and how they could develop pre- and post-measures of women's involvements with the crisis services.

a. ASWS project: developing, trialling and adapting measurement tools

Drawing on the language women had used in interviews and conversations at the shelter, two measurement tools were developed. The first tool sought to elicit how women felt prior to arrival at the shelter and how this changed over their stay at the shelter. The concepts and forms were discussed with ten shelter residents. Overall, it was found that there were too many concepts to discuss, and that women did not engage with the forms but talked generally about a few of the concepts. The revised version of the form had a continuum for the following concepts:

Frightened → Safe

Tired/stressed out → Rested

Alone/no family support → Supported

He's (his family is) the boss → Free/strong in myself

Not happy with/in myself Happy with/in myself

The second tool was a list of client feedback questions for service improvement. For feedback, women were being asked to measure on a negative to positive scale how they felt about:

- The time they spend with other women at the shelter;
- (If with children) how their kids are able to spend their time at the shelter;
- The way the staff talk with them;
- Getting to use the shower, washing machine and the kitchen (the facilities);
- Being able to go to appointments; and
- The information you receive about what you could do next.

That the questionnaire asked "how happy" women were with various aspects was considered a potential problem, in that women tended to say they were happy with everything unless something was broken (like the washing machine). As a result, this term was removed.

Using paper-based forms did not work well. One woman said that the tools were pieces of paper that women would automatically associate with "work" or just another form that needs to be filled out, rather than something caring. Among some women, having a piece of "white paper" did arouse suspicion ("why are you asking?") and was negatively associated with "whitefellas" "doing research". As an alternative to paper, some picture cards were used to elicit responses about feelings with a few women. While the women found the picture cards engaging, it was difficult to incorporate them into a measuring tool.

The tools were discussed with other staff. The manager of the crisis accommodation suggested that one way to avoid the paper scales was to ask women to indicate on a scale in the sand how they felt and for feedback about aspects of the shelter experience. Women enjoyed using the sand scale and it was a good way to initiate conversation about how their feelings had changed over the period. It was more difficult to use the sand to engage women with the feedback sheet, as the worker needed to refer to the paper, so the client tended to look at the paper too. It was decided therefore, to replace the scale with faces showing positive, neutral and negative reactions. Once the women had been engaged in talking about their feelings with the first tool, it was found to be easier to engage them in the paper feedback tool.

Further work is still to be done to trial incorporating the tools into the workers' day-to-day practice.

b. DVCS project: focus group to refine measurement tools

The aim of the focus group was to bring together the participants in the earlier groups on what is valued, in order to present a summary of what had been discussed, to seek feedback on key learnings, and to seek their views on content and method for client feedback or perspectives. The focus group was organised so that the women were asked to participate in four exercises that covered:

- Key learning: what they felt pre- and post-crisis contact;
- Key learning: what they most valued and would like from services;
- Questions to ask post-DVCS contact: when and how?
- Asking women how they are feeling: content, when and how?

With the last two, the participants were asked to comment on two measurement tools to seek feedback from clients of DVCS. The first consisted of three questions, which could be asked post-contact with DVCS, and the second had a list of feelings and a scale for each kind of feeling.

In relation to what, when and how to ask questions post-DVCS contact, the participants were asked to comment on three questions that were developed based on the earlier focus groups:

- As a result of contacting us, are you **aware of options**?
- When you were talking with us, did you feel you were **listened to**?
- When you were talking with us, did you feel you were **not judged**?

The feedback on these questions was that they were the right kind of questions to ask, and accorded with what had been identified in the earlier sessions, with the addition of "do you feel **happy/free to call again?**". A text message from DVCS a few weeks after the initial contact was endorsed by the group as showing that the service was "following up" to find out how the woman is. However, there were concerns about when the questions were asked, who would ask them and how. The group stressed that it was important to ascertain first how the woman was, that she felt "over the other side", and that it was best to ask the second or third question a week or two post-crisis.

For the second "tool", participants were invited to try out on a sheet of paper the scales for key concepts, and comment on the content, and to make suggestions on how and when to ask such questions.

Scared → Safe

Trapped → In control

Isolated → Not alone (connected)

Unsure → Confident

Anxious → Calm

There were concerns with the potential tool. Several participants said it would be useful as a "reflection" tool, especially if used as a comparison with an earlier contact/period. Several did not mind completing the scales. However, the reservations among participants mainly centred on the scales. Comments included that there was a risk of losing connection, of being "too clinical and impersonal", and that it "feels like you are doing a psychology test".

Rather than women being invited to complete the scales either by themselves or through the worker asking questions over the phone, the recommended approach that participants agreed on was for the DVCS worker to complete the scales after a conversation with a client. The group also recommended that the tool include **practical questions** related to a woman's situation and safety.

c. NPYWC project: face-to-face interviews with individual women

The NPYWC project involved both a client file review and face-to-face interviews and discussions with women, and was undertaken by the one researcher. The report on the project methodology outlined how discussions and interviews of varying length and depth were held with nine women who willingly agreed to be interviewed when approached and who ranged in age from 30 to 53 years. The discussions and interviews were guided by the concepts of and words for a "good worker" and "proper help" that had been discussed at the UK workshop. The

researcher had a prior relationship or contact with seven of the nine women. Two structured and more in-depth interviews occurred with women who considered themselves safe and who were seeking help from NPYWC in Alice Springs. For one of the interviews an interpreter involved in the UK workshop enabled the interview to be guided and informed by the language and concepts developed by the UK project team. An interpreter was not essential for the second in-depth interview.

After some deliberation, two detailed case studies were drawn up based on the review of the women's files and interviews and discussions with the two women. The case studies sought to examine in detail:

- the nature of the client's contact and engagement with NPYWC DFVS;
- what kind of help the client wanted;
- how NPYWC DFVS helped the client; and
- whether the client felt safer and more connected.

One of the case studies was especially effective in conveying the woman's circumstances and her views on what she valued from a "good worker". These included:

- **Advocacy**: Activating police help. She was scared and "worn down" by the violence.
- **Practical help**: Being with her through court proceedings.
- **Assertive outreach**: "Coming to look for me and my kids".
- **Kindness and positive affirmation**: From DFVS worker and others involved in the court proceedings.

As a result of having "proper help", the woman said she felt safe, confident and "able to tell her story". She said she was now "interested in life again" and "mixing with her family again".

3. Finding outcomes: digging into the records

Each of the partner services' projects included client file reviews, albeit for different purposes. So much information is stored in files, and a significant amount of a worker's time is spent recording and accessing the information in files. The repository of information was seen as a potential source of outcome information that could be reviewed and used by services to complement the discussions with women. The section outlines in brief the conduct and findings of the reviews. However, many of the lessons from the process related to internal record-keeping and the need to be strategic and cautious before embarking on a review. This is discussed further in the next section.

a. ASWS client file reviews

The file reviews were jointly undertaken by a member of the research team and an ASWS worker. The two reviews were done at the outset of the ASWS project and involved exploratory research to see if the files could reveal sufficient information to address or partly answer a number of research questions.

The first file review was intended to explore whether women implemented actions from safety plans developed during their stay at the shelter. A total of eight files were reviewed. The main conclusion was that there was insufficient information to ascertain whether women implement safety strategies as a result of their stay at the shelter.

The second file review was designed to ascertain whether women who came to the shelter were more likely to seek help prior to the occurrence of a physical assault, by comparing files for a month in 2009 and in 2014.

The results showed that, when the two time periods were compared: the number of referrals, including self-referrals was quite similar; there was an increase in the percentage of self-referrals accepted by the shelter; and there was an increase in the referrals from "other organisations" following a physical assault. However, the review did not show the expected difference in women's behaviour in terms of more preventive action in the latter period, although this may be due to limitations of the recorded data.

The main difference between the two time periods was an improvement in the quality of information recorded in the files. The change was attributed as being largely due to the use of a referral pro-forma in 2014 that encouraged better recording practices in workers.

In conclusion, the most useful outcome from the two file reviews was recommendations that were made about record keeping at ASWS.

b. NPYWC DFVS client file review[95]

A number of changes were made to the original plan in relation to the sampling frame for the file review. In effect, these changes[96] amounted to a reduction in the number of files, and a more opportunistic approach to the selection of files. The aim was to review each file (via the NPYWC data system) for the 1 month following a crisis episode to find out:

• What protection is put in place?
• Where did the women go? Who was there that cared?
• Did we know where she was?
• Did she stay in contact?

Sixteen files were reviewed in detail. Of the 16 reviewed, the average age was a little over 31 years. The 16 clients' residential links were spread evenly across NPY's region, reflecting the geo-cultural relationships and mobility patterns. For example, three clients are best described as having residential links to both Western Australia and the Northern Territory.

In-depth analysis was undertaken of eight of the files to ascertain whether the records indicated if the client was safer at the end of the file review period or when the contact ceased during the file review period. The analysis also looked at who made or how the initial contact was made in response to a crisis and what kind of help the women were seeking. In relation to the latter question, the analysis indicated that the majority were existing clients who initiated contact to request specific help from the service.

Of the five client contacts that were a crisis, the requests were for help in relation to violence and making a safety plan; for a worker to visit the woman that day in relation to an assault the previous night; help to return to her home community to see her children; information about her partner's prison release date, and a further one involved a face-to-face visit in the client's community with another agency.

Box 6.3 describes what the researcher found from the file review and analysis about the client's safety.

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95   It should be stressed that a *client* file review was undertaken for the project. The NPYWC DFVS undertakes *case* file reviews to assess client's risks and what level of service is required and or whether the case should be closed. These are very resource dependent but they are also very useful as they highlight the nature and extent of the violence and the kinds of barriers and issues the client faces and they can provide important biographic and socio-cultural information to inform the casework. They are usually accompanied by a case chronology.

96   The principal reason for the reduction in the number of files was because of the length of time it took to review each file It was necessary to read back through the file before the start of the file review period, to get a better understanding of what kind of contact had already occurred, the nature of the relationship between the client and the service and how that may influence the kind of contact or engagement during the research period. The reason for the extension of the time period to a year was to provide a more comprehensive picture and include the time when the service began to gain stability with the recruitment of new and skilled staff and a renewed focus on the service model.

Box 6.3 Was the NPYWC DFVS client safer at the end of the file review period? Was she more connected?

The case file reviews and a case study indicate the relational nature and degrees of safety and connectedness the women experience and express, and the kinds of help (casework) required to meet those needs. The sample gives a snapshot of the degrees and the different dimensions of safety they experience. For example, a client may be safer from violence from her partner because he is in custody but she is feeling isolated and fearful due to the social pressures on her and attributed blame for his incarceration. In another case, the client was physically safe from her partner and connected to her family but separated from her child and facing ongoing violence if she attempted to re-connect with her child.

Excerpt from NPYWC project methodology report, May 2016

c. DVCS client file review

A sub-project was developed by a DVCS worker originally as part of post-graduate study. The research project continues, although some details can be shared. The focus was not on crisis intervention and support, but on women's decision-making within the context of the arrangements in place in the ACT for domestic violence orders (DVOs).[97]

The key research questions related to the factors that influence women in their decision-making and whether these factors differ if they are Aboriginal women. Based on their experience, workers had the impression that Aboriginal women clients were more likely than non-Aboriginal women to engage with the service only at times of crisis but that there could be contact at times of crisis over many years. The project aimed to see if this was the case.

The original proposal for the study had two elements: interviews with women and a client file review. **During the first stage of the project only two women volunteered to participate in an interview.** In the second stage, the time period for the file review was expanded to 12 months to generate a larger sample of Aboriginal clients. A total sample of 59 files was generated, of which 16 related to clients that were recorded as being of Aboriginal and/or Torres Strait Islander origin.[98]

Preliminary analysis suggests there is very little difference in DVO process outcomes between Aboriginal and non-Aboriginal clients. The main difference was the relatively high proportion of successful interim DVOs for Aboriginal clients. In addition, a finding that supported workers' impressions was the long term contact with some of the Aboriginal women—half of the Aboriginal DVO client sample had had intermittent contact with DVCS for more than 10 years.

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97 The domestic violence order (DVO) application process in the ACT has a number of features, which will not be elaborated on here. The research aimed to identify key factors that impact on women's sustained engagement with services and structures associated with the process of applying for a DVO. The research focuses on two pivotal stages in the DVO application process: the application for an interim DVO and the return conference, through which the applicant seeks final orders, confirming the DVO for up to 2 years.

98 The principal reason for the reduction in the number of files was because of the length of time it took to review each file It was necessary to read back through the file before the start of the file review period to get a better understanding of what kind of contact had already occurred, the nature of the relationship between the client and the service and how that may influence the kind of contact or engagement during the research period. The reason for the extension of the time period to a year was to provide a more comprehensive picture and include the time when the service began to gain stability with the recruitment of new and skilled staff and a renewed focus on the service model.

Outputs and learnings from the partner projects

Table 6.6 reminds us what methods were employed in the projects, and summarises the main findings and outputs from the projects. The findings that emerged from the partner projects are interwoven into this report and underpin much of what has been written. However, at a broad level, key findings across the projects were that:

- Key short term outcomes valued by women align across the projects and with services' expectations of what they should strive to achieve in crisis responses.
- There are locally informed and appropriate ways of eliciting client feedback and perspectives on crisis responses.
- Methods and tools do not always work well, may require adaption, and can be resource intensive.

As a result, the main outputs from the partner projects were:

- A cluster of short-term outcomes from crisis responses that reflect what women value from services.
- Tested ways of eliciting Aboriginal women's feedback and views that can inform reviews and evaluations.
- Guidance for other women's specialist DFV services.

As has been highlighted throughout the chapter, the partner projects also produced key learnings about research methods, including those related to contacting and holding conversations with women, digging into files, employing various visual aids, and developing rating scales for states of being and feeling. In brief, the conclusions related to:

- the benefits of exploring outcome concepts and language with women (see Box 6.4);
- the diligence and cautious approach required for client file reviews;
- realistic expectations about the number of women who will want to hold discussions or provide feedback about their service experience; and
- how discussions with women must be done safely, with circumspection and be open-ended.

In relation to discussions or conversations with women it was noted that women may speak in a very roundabout way and then get to the purpose of the conversation. In central Australia, as one worker/researcher put it "direct questioning doesn't work. Let the conversation go. Anangu tend to talk in a narrative. The worker needs skills in facilitating a story…it's a building block for finding out."

Although it was possible to have discussions with women in the shelter, in many other situations, workers would be unlikely to be able to have such conversations when responding to crises on the phone or when visiting homes where the incident occurred. Finding **the space for interactions** require outsider assistance and additional resources. At times, it may be more appropriate to hold focus groups or workshops that engage Aboriginal women in collaborative research activities that can inform areas of practice or service delivery.

Box 6.4 The benefits of exploring women's concepts and language of concepts

Exploring women's concepts and language for concepts was viewed by the partner services as extremely beneficial to the research process and to services as a whole. For the NPYWC the exploration of language in the UK project team workshop has had a value for the organisation as a whole–for example "what makes a good worker" is now used in staff inductions. The value of having an advisory group of local Aboriginal women, such as the UK group, to help design and influence practice and evaluation was something that ASWS is going to explore. The language used in DVCS focus groups will assist in more effective communication by staff and with the wider community.

Table 6.6 Partners' projects: methods, findings, outputs

	ASWS	DVCS	NPYWC DFVS
Methods	Conversations with women in four stages File reviews	Focus groups Interviews File review	Workshop Interviews File review
Findings	Key short-term outcomes that re-focus away from the concept "stronger" to other concepts that capture how women are and may change as a result of being in the shelter Key feedback items that centre on material and practical help to check with women about their stay in the shelter	Key short-term outcomes valued by women align across groupings What is valued is both about the nature of contact and what is offered What happens to and about children as a result of crisis contact is of crucial importance to Aboriginal women Aboriginal women's trust in a service or worker is most important for longer term contact	Key concepts derived from local understandings languages of "proper help" and a "good worker" How such concepts can contribute to monitoring and evaluating practice and outcomes What women value as proper help includes assertive outreach and advocacy by workers The value of case studies in highlighting the specificities of women's circumstances and context, and the challenges of crisis support
Key findings	Key short-term outcomes valued by women align across the projects' and services' expectations of what they should strive to achieve in crisis responses There are locally informed and appropriate ways of eliciting client feedback and perspectives on crisis responses Methods and tools do not always work well, may require adaption, and can be resource intensive		
Outputs	Key items to focus on for feedback and to underpin evaluations Approach to seeking feedback Checklists and ways to improve record keeping	Focus group review model Feedback methods Approach to asking about cultural identity	Workshop model: senior Aboriginal women advising on language/concepts Select sampling of women to review progress and outcomes Building in reviews of practice for all NPYWC services as well as the DFVS based on the project findings
Key outputs	A cluster of short-term outcomes from crisis responses that reflect what women value from services Tested ways of eliciting Aboriginal women's feedback and views that can inform reviews and evaluations Guides and resources for other women's specialist DFV services		

What next?

The experience and lessons learnt from projects will inform what the partner services do into the future. At the last partner workshop there were discussions on how to strategically implement what has been generated and learnt from the projects. Some of this is internal and will be kept within the services. At the last partner workshop, it was agreed that they wanted to continue the momentum and build on the learnings. Embedding the methods and tools as part of an action learning culture and into a reflective organisation has to be judiciously balanced with resource constraints and service priorities. In particular, careful consideration is required of opportunities presented by:

- Service priorities and future plans: Embed in new programs and in reviews or evaluations of new practices or practice model review.
- Staff priorities and practices: Ensure there are clear benefits for clients and staff and that the revised or new methods fit with existing practices, as implementation relies on staff to do it, who, when focused on clients in crisis, see "pulling out the white paper" as not feeling right.
- Clients' priorities and wellbeing: That a woman's and her family's safety is always paramount, and whatever is tried or done does not exacerbate trauma.

From a pragmatic perspective, the partner services discussed what was realistic and feasible under the following headings: *Purpose*, *Method*, *Timing*, *Resources*, and *To produce what*. Table 6.7 indicates the options that were canvassed at the workshop.

Table 6.7 Project partners' approach to embedding project outputs and learnings

Purpose	Method	Timing	Resources	To produce what?
To be a sounding board and to provide high-level advice	Aboriginal women's group	Ongoing Strategic intervals	Costs of meetings	Cultural/community oversight
To explore an issue of concern	Focus groups	Two per year	Two staff (+external?) x 1 week	Ideas to address area of concern
To improve everyday worker practice	Embedding in individual worker framework	Everyday practice	Adjustments to record/data system Staff orientation	Client feedback for service improvement
To provide feedback about everyday service	Satisfaction survey—many different access points	Ongoing—at time where relationship is unlikely to continue Collate twice/year	No extra resources if already doing it Resources required to establish the practice and for regular collation	Client feedback for service improvement
	Key questions integrate into case reviews	Intermittent	Not resource intensive once established	Inform and review staff practice
	Dedicated client "guided conversations"	Sample Once a year	External researcher/consultant	Client feedback for service improvement
To inform/analyse practice	3-month snapshot file reviews	As required	Not resource intensive	To address systemic issue/lobby government/identify trends and gaps

Conclusion

The project research underlined that many women's specialist DFV services, including the project partners, are actively involved in monitoring and reviewing their practice and work, which includes client feedback through various means. However, demonstrating that the service responses have produced tangible results and outcomes is an ongoing challenge. Services aim to help women and their children to be safer and stronger. These are very bold goals as many other factors may impinge on and affect a woman and her children's safety.

The partner projects focused on the core business of many women's specialist DFV services—contact at times of crisis—and undertook research with local women, mainly Aboriginal women, to find the language and concepts that capture what they value as concrete, short-term outcomes.

There were two dimensions to this. Under what the UK group described as "a good worker" that resulted in "proper help" was a cluster of key aspects to the service response and worker practices at the time of crisis contact that women said they valued. These included:

- ASWS: The way staff talk to you, the information you receive;
- DVCS: Active listening, expertise and knowledge translated into practical help and plain English; and
- NPYWC DFVS: (Good worker) strong, caring, confident, not frightened, vigilant, (proper help) careful listening, immediate help, assertive outreach, practical help.

Under the kind of outcomes that women value were:

- ASWS: Free, safe, time to think, had a rest, time with other women, kids okay, access to facilities, practical assistance like going to appointments;
- DVCS: Aware of options, listened to, not judged and happy/feel free to call again; and
- NPYWC DFVS: Strong/confident/safe, being with family, kept up to date with information about court processes/prison release dates.

There was a degree of affinity across the projects about what feelings should be measured to indicate a good outcome or as a way of assessing the current state of a client's wellbeing. These continuums of feelings were:

- ASWS: Frightened/safe; tired/rested; alone/supported; he (his family) the boss/free; not happy with, in myself/strong in myself;
- DVCS: Scared/safe; trapped/in control; isolated/not alone, connected; unsure/confident; anxious/calm; and
- NPYWC DFVS: Anxious, scared/protected; isolated/connected; not thinking straight, sad/happy, doing their own thing.

In relation to measurement tools of clients' wellbeing, the results and learnings were quite complex and equivocal. Experiments with various measurement "tools" were, by and large, not successful. Visual cues (photos, images, sandbox) did help at times. To a large extent, they remain open to further exploration and modification depending on the context.

Key questions that directly asked about a woman's experience with a service were less problematic. The central issues here were when and how to ask them, and how to build them into everyday frontline practice.

A strategic and purposeful use of certain research methods (focus groups, workshops, file reviews and guided conversations with clients and former clients) were found to be helpful in:

- defining and exploring concepts that can inform practice and evaluative activities; and
- assessing whether certain outcomes are being achieved.

The partner projects have produced concrete outputs for the partner services. The outputs can also form the basis for guidance on what can be realistically done by other services that are committed to incorporating the views of Aboriginal women into their monitoring, review and evaluation activities. Defining and measuring outcomes from their services is no easy task, and the projects have demonstrated that there is a core set of service responses and practices valued by women that contribute to what women need and want. However, the partner projects show methods and language have to be tailored to local contexts and specific service models. The core concepts and outcomes, moreover, are not static. Nor are women's experiences. For services, continuing to seek women's views on what they value and whether the service contact helped them requires a significant and strategic investment of time and people. Additional resources and support are essential for this to be done well and with care.

Chapter 7: Concluding discussion and reflections

In the beginning

Our focus as a research team, and with the communities of women we engaged with, was learning. Learning how women's specialist services were actually responding with and for Aboriginal women facing DFV; learning about the practices workers were employing in the "small spaces" of person-to-person interaction; learning about the priorities and perspectives of Aboriginal women who sought help in three specific locations and how best to tap into these; figuring out what matters in measurement, and how all this was situated in a wider sector of specialist support for victims of DFV.

As an active research partnership with independent women's services in three locations that were also providing daily services, the project was grounded in everyday practice. The commitment of the three partner services was essential to this approach: the Domestic Violence Crisis Service (DVCS) in the Australian Capital Territory (ACT), the Alice Springs Women's Shelter (ASWS) in Alice Springs, Northern Territory (NT), and the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPYWC) Domestic and Family Violence Service, based in Alice Springs and working across the cross-border tri-state region of central Australia.

The participatory and iterative approach of the overall project was designed to undercut the "expert" stance of researchers and feminists that has been critiqued by Aboriginal scholars (Moreton-Robinson, 2000; Huggins, 1994) but also to remain open and responsive to knowing and learning as it emerged in context (Greene, 2007). As researchers we believed it would be helpful to shed some light on the services' activities and the interactions between staff and the women seeking help. In the end, what have we learned and understood better about Aboriginal women seeking help and the (largely) non-Aboriginal workers who respond?

And now?

We have understood that work responding to DFV and supporting women remains stressful and difficult, and that there is no real end to these interactions being hard. In the space and time of crisis, things are immediate and time-specific. It is a brief yet powerfully intense moment of interaction. Indeed, it is probably a positive that uncertainty and ambiguity remain about the conduct of the work as this requires constant awareness, reflection and critical thinking on the part of the (largely) non-Aboriginal workers who try to help. It also requires constant openness to communication.

In this report we have tried not to represent or depict Aboriginal voices while at the same time we have attempted to reveal and explore a little of what has been said and done by Aboriginal and non-Aboriginal women in three locations over the life of the research. Of course, knowledge as well as action is "positional and partial" (Elenes, 2003, p. 198). Aboriginal and non-Aboriginal women have shared what they decided to share with service workers and researchers in the three locations. The service workers have shared what they decided to share with us as researchers. None of this is a whole picture.

Finally, there remains the question of whether any of the learning derived with the partner services and summarised in this chapter would be any different if they were located in Broome or Melbourne or Mount Isa. While there are inevitably situation-specific factors in every location, we would suggest that there is enough similarity across the three locations and from the national survey to suggest that the themes would likely be present in other settings. However, the exact extent of these similarities is a currently unanswered empirical question.

Findings from the chapters

Turning now to the research findings, Chapter 2 considered women's specialist DFV services as a sector. It explored how much (and how little) is known about the characteristics, nature and scope of these services nationally, and key influences on their work. It pondered those Aboriginal-led or controlled services that focus on women as victim/survivors of DFV. The chapter highlighted the obvious but key features to specialist DFV services: that they focus on women, that they prioritise safety and that DFV is their core business. A focus on three women's specialist DFV services highlights how their independence facilitated their responsiveness to their local context over past decades, and facilitated flexibility in responses to women individually and collectively.

The next chapter shifted from the macro to the micro to examine frontline practices, that is, the direct work with women as victim/survivors of DFV. It explored workers' critical, reflexive engagement with their practice, and the "small spaces" of interaction with clients. It described workers' perceptions of the bounded decision-making of Aboriginal and non-Aboriginal clients, and workers' assessments of the reliability of other service systems in providing "good support" to women seeking help for DFV. Overall the chapter sketched a profile of frontline practice that was grounded in the realism of "option giver" rather than "saviour".

The fourth chapter reached further into the "black box" of women's specialist DFV service practice to examine the fine grain of safety planning, advocacy, and outreach. Supplementary literature reviews revealed how little is actually known about these practices and still less about their efficacy whether with Aboriginal or non-Aboriginal women. Workers' reflections on their practice further showed their assessment of the limits to "achieving safety" for women, and more of their very grounded focus on the circumstances of each individual, which may or may not go to helping her become "safer" in given situations and at particular times. The chapter identified that it was in the diverse practices of advocacy and outreach that core principles of women's specialist services were manifest—that is, protecting women's rights, promoting her self-determination and facilitating one-to-one collaborative practice. In summarising this aspect of the research, the chapter found that arguments about women's choice and agency need to be understood within context, and that a working assumption of women as both victim *and* agent recognises constrained circumstances and resources as well as personal and collective strengths.

Following these detailed examinations of services, responses and practices of women's specialist DFV services, Chapter 5 moved to explore the involvement and influence that Aboriginal women had and have. The chapter considered involvement in a formal sense through governance structures and processes as well as employment, and informal influence through networks, contacts and conversations. On both dimensions, the research found that formulaic or "tick-box" approaches were perceived to be inadequate and unhelpful. There were similar findings about the influence of Aboriginal women as service users. The chapter assessed some of the ways that services had heard and attempted to incorporate learning from Aboriginal and non-Aboriginal clients. It explored workers' reflections on their practice if a client was an Aboriginal woman. Across all areas the research found that creative and contextualised approaches that were realistic, guided and adaptive were meaningful to clients and to workers. No single activity or measure met all requirements all of the time. All of the activities and measures tried and put in place by specialist services benefited from deep engagement with local contexts. The chapter concluded that building and sustaining "culturally informed practice" was an ongoing commitment.

The chapter of research findings presented discussion about the activities undertaken by the partner services as part of the overall research project to measure what mattered in their service delivery. The overall context to this challenge is the difficulty the sector has (as do other human service areas) in determining the precise nature of the outcomes sought and ways of measuring them. Services generally adopt both an ethical position on evaluating their work, and respond to a contracted obligation to funding bodies. Partner services used the research project as an opportunity for deliberate, focused and careful engagement with Aboriginal and non-Aboriginal women as service users and community members to explore what mattered, what was valued and how these concepts might be used more systematically and routinely. There was surprising similarity across the partners' locations about what women valued. What was also shared was continued uncertainty in wrestling with measures and tools.

This final chapter synthesises what we have learned and attempts a modest reflection on research collaborations between researchers and service providers.

Learning from women

Overall we have learned that the three women's specialist services provide spaces where many women, and many Aboriginal women in particular, can experience being listened to with care and consideration about their personal situations, being asked thoughtful and meaningful questions, and having guided conversations that are enquiring and aimed at being helpful. In short, a woman can experience being responded to with respect and dignity[99] when, in other areas of her life, she does not.

We have learned that seeking support and offering support is a complex and subtle undertaking. Indeed, we have learned that "support" is as important as safety for Aboriginal and non-Aboriginal women facing DFV—support as an orientation to seeking and to helping. More than an array of admittedly careful practices, support is a relationship between human beings that is highly valued in everyday interactions yet is undervalued in the policy, evaluation and research literature. Not everything is about safety.

We have learned that Aboriginal women's perspectives and priorities for women's specialist services are multiple. They are practical and emphasise relationships with workers and services (Table 7.1). We also learned that these perspectives and priorities were not so different between regional and remote areas.

We have learned that "safety" is not an end but that "becoming safer" is highly contextual and time-based, and is inextricably linked to the relationships and resources in women's lives. Therefore the link between Aboriginal women's perspectives and priorities and becoming safer is leveraging these things [resources] into and expanding her "space for action". And women consistently say (in this and other research) that they want the violence to stop and they want ways to stay connected with their communities, to bring up their kids, and to live lives of dignity that they choose.

Women approach the specialist services for help. What enables them to do so is trust, a working knowledge of what the services do, and an expectation that the services will be able to respond in a helpful and non-judgemental manner. Women broadly spoke of needing services that were not connected to family or other community relations, that were strong on protecting her privacy and confidentiality, and that stood up for her.

Women seek out the "right staff" and have clear views on who and what is a "good worker" who offers "proper help". From their perspective this is someone who knows their stuff, knows a lot of things that may be helpful, and knows how to help (and how to help quickly and thoughtfully, knowing enough about her situation). Women seek out workers who understand and who help.

Having the same rights to protection and safety amongst and between Aboriginal and non-Aboriginal women doesn't necessarily mean being responded to in the same way. Being responded to with respect and admiration as Aboriginal women also doesn't mean that all Aboriginal women should be responded to in the same way. Aboriginal women occupy many different physical locations, and different social and personal worlds.

When provided opportunities to help workers and services figure out what mattered to women in their responses and practices and how to evaluate these, many women participated in thoughtful and considered ways (Table 7.2). They reflected that the opportunities gave them a chance to contribute—to be someone other than "a client" or "a victim". It provided them with occasions to help other women, their families and their communities.

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99   Dignity is central to individual and social life (Richardson and Wade, 2010).

Table 7.1 Research findings about Aboriginal women's perspectives and priorities for women's specialist services in the three locations (not listed in a particular order)

What are Aboriginal women's perspectives on, and priorities for, women's specialist services in remote and regional Australia?

Good service contact

- To experience kindness
- To have proper workers (explains, expert, knowledgeable, stands with/in-front, will act, be humble, be hands on) who actually help
- For there to be the right words/language for better understanding
- To not be judged
- To not be blamed
- To be heard/reassured and experience relief
- To be listened to and acknowledged
- To have time to sit and talk (not ask so many questions all the time)
- When asking, don't go in front, go side-on.
- To experience understanding without judgement
- To share hope and find that spark
- Never give up on women
- Be genuine
- Don't refer, refer [to other services]

Help they want

- Feed, blanket, personal care
- Space to rest, to sleep and to think
- To have a "cuppa", toast, watch movies, and do ordinary things
- To be free to talk even during the night
- To re-charge phones, be given emergency phones
- Help with legal stuff
- Need a creative space, do positive stuff
- Financial help
- Help with emergency housing/accommodation
- Help (empathetic) to make difficult decisions especially (but not only) as a parent
- Get her the specific information she needs/is asking for (for example, court outcomes, prison release dates)

Desired outcomes to service contact

- To not be isolated; to be connected
- To have face-to-face support during an incident
- To be supported with police and at court
- To have support for children and families, including men
- To be safer—practical, context specific, dynamic, ongoing, realistic
- To be offered and do nice stuff that helps wellbeing and self-respect

Learning from frontline workers

Workers in women's specialist DFV are bodily present and have social and political commitments (to varying degrees) to the women, their locations and communities, and to each other. Bearing daily witness to the violence that is done to women is really hard. Specialist services need help with specifying the exact nature of what their workers do so that it can be better understood and valued by governments, other organisations and wider communities. It really is extraordinary how little solid research there is on victim/survivors (Aboriginal and non-Aboriginal) and on the services that work with them (Holder et al., 2015).

Workers strive to demonstrate respect and understanding in their daily practices with women. At the same time, stepping out of professionalised language and assumptions about practice needs to be done regularly and thoughtfully. Using language that is understandable to women in ordinary life is critical. It is really important to have a supportive workplace where critical self-reflection by workers is expected and welcomed. It is equally vital to seek out and sustain ways to receive critical (and positive) feedback and interaction with service users. These are fundamental to ethical practice in human service.

Workers in the three locations emphasise using a collaborative approach with women clients. The services emphasise using a client-centred approach. It is important to be open to what is unknown or not understood. In working environments where workers are responding to so much injury and fear and distress, remaining open is harder than it sounds.

All workers in the three locations spoke about working for a woman's safety within her own descriptions of her family and community relationships. Workers described needing to ask about these relationships in quite detailed ways and on each conversational occasion with a woman, and being broadly guided by her about who and what was safe and unsafe. Thinking about and working with "safe family" is a difficult and very fluid notion but one that can be more deliberately thought about and pursued. Responses and support are dependent on what women choose to say, but the key thing is asking and checking.

Workers are extremely skilled in conversations with women. These conversations have to traverse from women wondering whether their experiences are abusive, to negotiations about the content and form of mandatory disclosures to authorities, and to intense planning in situations where the safety of women and children is at real and imminent threat. Workers have to know a lot about a huge variety and range of other help sources. At the same time, workers have to think deeply about individual women who are often from different backgrounds with different values, different life experiences, and different ways of seeing and engaging with their social worlds. This is a very significant skill set.

Workers wrestle with their different ways of thinking through and being part of a localised context, with multiple cultural mores and practices. They seek to have, and should be encouraged to acquire, local knowledge of the many different communities and traditions that women embody. Aboriginal women live and act in cultural landscapes that intersect and overlap with non-Aboriginal women's lives. There are going to be differences between women and, in some places and communities, the most obvious markers of difference between worker and client will often be poverty and instability. In others, cultural traditions and practices will be a key element of how women, both workers and clients, see themselves. These traditions and practices can also affect women's safety and their capacity to make themselves safer in positive and negative ways.

Workers demonstrate that practising strong advocacy, assertive outreach and constant safety planning with women rests on nuanced and careful negotiations and collaborations with individual women.

Table 7.2 Research findings about how Aboriginal women's views may be more effectively integrated into service delivery

How can Aboriginal women's views be more effectively integrated into service practice and delivery? What are useful methods and resources for regional and remote services that work with Aboriginal women experiencing domestic and family violence?

- Adaptations and evolutions to the partner services are, in part, because of the influence of Aboriginal women.
- Many services do seek Aboriginal views (see national survey results), but we are not sure how effectively integrated these are.
- Support is needed for services to improve or build processes that enable them to review and reflect on practice and delivery, and to see how well they accord with what women, particularly what Aboriginal women, value and need.
- There are a cluster of key concepts that capture what women value and value as "help"; but there are local nuances in how these are communicated and practicalities related to particular service models.
- Partner projects showed us the importance of deliberate and carefully planned involvement of Aboriginal women in collaborative activities that aim to define language and concepts for help and good practice; and to develop methods and measurement tools that centre on these key concepts.
- We found that for "collaborative" approaches and methods that were trialled, focus groups worked well, there were challenges with face-to-face interviews, and file reviews needed to be very targeted and clear in their purpose.
- We found that tools trialled for measuring these concepts varied in usefulness. Feedback questions were broadly acceptable to users but issues of timing, and how questions were asked, needed to be thought through. Some innovations such as sandboxes and "smiley" faces can assist in communicating measurement, and visual images helped to prompt discussion.

Learning from services

Specialist services operate in a system of support and intervention services and organisations (government and non-government) whose core business is not DFV. How these systems work can help or hinder the specialist services mission of ensuring women and children's safety. The partner services are skilled and mature operators in negotiating their place in these systems.

After many years of lobbying and pressure, women's specialist services are central players in coordinated and integrated responses to DFV. In each of the locations the history to these developments and the role of the respective partner service was differently influential. Being part of a coordinated response brings risks and rewards. Some things that are of concern in these environments are pressure to share women's information with systems that are not "victim-friendly", assumptions about what specialist services can do or have the capacity to do, and presumptions about how services can or do work with women (as autonomous persons) in situations of risk. The key point about being in a coordinated response and sharing information is that it is not in itself protective or helpful, "it is what is done with information that can make a difference" (Kelly & Meyeson, 2016, p. 6).

All of the partner services carry a considerable heritage of endeavour. Legacy and longevity will only get services so far, however. The partner services are living organisations: they are adaptive, continually engaged with different networks, and diverse communities. Creativity across different response areas matters for a healthy workforce. It also matters being able to respond in different ways for different groups of women asking for support and representation on different issues.

Independence is a crucial characteristic that enables the services to be responsive and flexible organisations providing responsive and flexible services and enabling responsive and flexible practices in interactions between women and workers.

The services' focus on women as women (Aboriginal and non-Aboriginal) is multi-layered. It is a source of their expertise and wisdom, an expression of their commitment to values of non-discrimination and equality, and a demonstration of their respect for women's individual and collective self-determination in lives of their choosing.

The specialist services say that "relationships are everything" in their work with Aboriginal women and communities. This can be so even when the interactions are fleeting. They and their workers attempt to demonstrate this at multiple levels, and internally as well as externally. Of necessity, this requires services and their workers to demonstrate and enact integrity of purpose and authenticity in their presence. On this foundation, trust is built and sustained.

The core business of the partner services is women and children's safety and wellbeing. This mission is big and complex. It is big and complex enough without being expected to take on everything to do with DFV. Taking on and bearing responsibility for women's safety is enormous. It does not mean that specialist services can "prevent" DFV.

There is no single or simple "effective approach" to working with Aboriginal women who are facing DFV in remote and regional Australia. There are many approaches (Table 7.3). It is essential that there is a specialist and focused service response whose mission is to prioritise the safety and wellbeing of women and children and to respond to their approaches for help and assistance.

Sometimes the language of debates about ways to respond to Aboriginal DFV can cloud what is actually happening on the ground (or "on the frontline"). Debates can present ways forward as distinct choices between one thing or another thing. For example, between "mainstream" or Aboriginal-controlled, or between women-specific and family-focused, or about crisis or healing responses. However, some activities are about primary prevention and some are about secondary and tertiary responses to what has actually happened. None of these are mutually exclusive. All have a function and a role to play. Aboriginal women, children and men have a right to access a range of possibilities at different times for different requirements and different aspirations.

Table 7.3 Effective approaches identified to working with Aboriginal women who have experienced DFV in urban, remote and regional Australia (not listed in any particular order)

What are effective approaches to working with Aboriginal women who have experienced domestic and family violence in urban, remote and regional Australia?
Practice orientations
• Passionate/fearless
• Local knowledge and networks
• Nurturing (different ways)
• Generating realistic options with her
Practices
• Can get information that women need
• Ensure women can return/call again
• Collaborative client-centred practice (time, judgement, ethics, clear boundaries)
• Being a strong advocate
• Focus on resourcing her
• Post-crisis follow-up
• Repository of important documents
• Security upgrades
• Sourcing identity documents
Service orientations
• Crisis responses that are practical, safety-focused, rapid, context-specific and knowledgeable with proper workers
• Flexibility (with clients and as service)
• Responsiveness (with clients and as service)
• Ensure women can return/call again
• Independent (link with flexibility, responsiveness and trust)
• Find and nurture connections with senior women
• Focus on women
• Capacity to work with kids
• Being clear on boundaries and constraints e.g. child protection
• Multi-component/multi-program (accommodation, funds, food, transport, support, help with kids, help with police/child protection)
• Outreach (in all its forms)
Resource needs
• Specification of services in funding contracts allows for flexibility
• Brokerage funds
• Higher weighting (salary plus client:staff ratios) for work with and for Aboriginal women
• Workforce strongly supported, trained, mentored
• Having support system that supports the work of the specialists (not undermining, not walking away, not over-relying, not holding women responsible)

Learnings for government and funders

Governments are providing leadership and sustained investment in responses to DFV in Aboriginal and non-Aboriginal communities and families across the country. Statewide, consistent and coordinated approaches are increasingly important in this work. Governments everywhere are working with different stakeholders performing different functions. For independent women's specialist services, these recent developments result from many years campaigning. Yet collaboration and partnership is tricky. Top-down decision-making can sometimes drive change but it can also smother and distort what is happening at local levels and in the small spaces of interaction between services and women and between services and communities. The inter-dependence of these layers needs acknowledging. Independence carries real meaning and real importance and should be fostered.

What counts in responses and practices with Aboriginal and non-Aboriginal women seeking help for DFV is not simple. There is a "need for those who set policy for and fund shelters [and specialist services] to better understand both what [they] actually do (i.e., beyond proscribed 'core services'), and why they do it" (Walthen et al., 2015, p.141). This US study talks about "allowing" specialist services to be flexible and responsive. For the three partner services in our own research project, their responsiveness is both a feature of their long engagement with their communities but also part of what they have "learned" in their work with and for Aboriginal women facing DFV. For funders to not "allow" this responsiveness is to not "allow" Aboriginal women to use specialist services in ways that work for them. Funding prescriptions and KPIs have not kept pace with "what counts".

Being funded to a level that "allows" women's specialist services to perform a flexible mandate for women, their children and families is a crucial learning from this research. A Canadian study of Aboriginal shelters and services similarly recognised the importance of resourcing that enables thinking and action "outside the box" (National Aboriginal Circle Against Family Violence, 2006, p. 25). Being funded for "the basics" of things women ask for is an absolute minimum. Being funded to be responsive, creative, supportive and flexible is, for the Aboriginal women in this study, also a minimum.

This research has highlighted how much foundational information is unknown. There is no national map and analysis of women's specialist services and the work that they do, no analysis of need (from the perspective of Aboriginal and non-Aboriginal women seeking help for DFV), and no national map and analysis of specialist Aboriginal-led services responding to Aboriginal women seeking help as victim/survivors of DFV. There is hardly any information about the workforce for

specialist services responding to victim/survivors (Aboriginal and non-Aboriginal), who they are, what skills they use and need, what quality assurance regimes are required, and what professional competencies and development is needed. This point is equally valid for developing the Aboriginal and non-Aboriginal workforce.

The research also highlighted some fundamental knowledge gaps. What is "safety"? What does it mean to different women in different locations at different times? What composition of resources, micro-actions and micro-interventions help make women "safer" and in what circumstances? What actually is safety planning, its content, forms, approaches and effects?

"Support" emerged as a crucial concept that is used in everyday language and we all assume we know what this is. What does "support" mean to different women in different locations at different times? Here also we need to ask, what composition of resources, micro-actions and micro-interventions contribute to "support" that is meaningful to women and in what circumstances?

Services and the various disciplines that they draw upon (for example, social work, community welfare, legal advice and assistance, counselling practice) need to push themselves to really pin down and define the nature of their practices, meanings and implementation so that meaningful, useful and useable measures of performance and outcomes (short, medium and long term) can be put in place.

The services sector should be effectively resourced to provide technical assistance to services to enable capacity building for self-evaluation. These services interact daily with Aboriginal and non-Aboriginal women when policy-makers, academics and other commentators are crying out for in-depth and rigorous information about what women are saying they need, when, why and how. Services sit on a huge knowledge pool. The women they work with have things to say. Knowledge-building from the ground up is crucial.

And finally …

What have we learned about research collaborations between academics and women's specialist DFV services?

"Drive-by" or exploitative research has been roundly criticised (Riger, 1999; Tuhiwai-Smith, 2012). Instead, research collaborations can be extremely rich in producing a range of data and contextualised analysis (Sullivan et al., 2016). For researchers, they can potentially facilitate access to populations that are hard-to-reach and marginalised. For services they can enable opportunities for intense reflection and can leverage advances in understanding and ways of doing. For all parties there is mutual benefit in listening to a range of critical perspective and arguing through interpretations.

None of this eliminates the existence of power differentials which are at work at all levels—as they certainly also are between services and service users, or between researchers and subjects (whether professional or lay, Aboriginal or non-Aboriginal). Any research with human subjects shares "responsibility to respect the rights, dignity and welfare of participants" (Downes et al., 2014, p. 3). Research, such as this project, that is informed by emancipatory principles as well as actively seeking participation and iteration of direction and understanding, will inevitably throw up questions about its ethics and the nature of the findings (to name just two). We want to conclude with reflection on some of the tensions that emerged.

First, most research is designed with particular questions and an assumption of linear progression. Participatory research is not like this. Researchers must let go a degree of control and services make choices about areas of practice to expose with full knowledge that "choosing" also is fluid. Both necessarily give themselves over to uncertainty. Trust, mutual regard and careful communication are critical.

Second, by focusing on what women's specialist services did, this research attempted to stay close to our obligation for critical reflection on our own privilege. But there was an active tension in wanting also to open spaces for co-research and co-production of knowledge with workers and with Aboriginal and non-Aboriginal women service users. Discussions about research ethics, especially in those methods where there was latent ambiguity in close interactions of researchers with workers, and of researchers and workers with Aboriginal and non-Aboriginal women service users, were active and detailed and need to be so. Standard university ethics protocols usually require submission of questions and steps that can undercut aspirations for collaborative participatory and iterative research. It could be argued that these processes in effect require researchers and services to position Aboriginal women solely as "victims" and not as rounded persons with knowledge, experience and opinion to offer in shaping service delivery.

We caution against over-enthusiastic claims about participatory research. Co-research, co-production and co-design are attractive concepts and approaches with considerable potential. However, we all—researchers, service providers and service users—remain positioned in different ways with differing access to power including the power of self-presentation. We may be as aware as we can be that "co" does not necessarily mean equal and still fall short. For example, while service partners have had a role in shaping this final report, none of the workers or the service users or other participants have had the opportunity to do so. We have made commitments to return to the locations to share and discuss the findings but this obviously narrows scope for interpretation and representation. Furthermore, none of us—researchers, service providers and service users—may have the necessary influence or control over the context or conditions to which research findings are put.

Nonetheless the responses we observed and that were articulated by the Aboriginal and non-Aboriginal women service users and community members who participated in the research demonstrated the power of deliberate and careful engagements with them as knowledge producers, even in such a sensitive area as DFV. The research did not ask them their experiences of abuse and other painful topics (though stories were shared). Rather it asked for their insights on definitions, concepts, meaning, priority and measurement. While small, these were opportunities to make a positive impact in shaping parts of their, and our, world.

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Appendix

Interview schedules

Service provider interview guide

Note: make sure the interviewee has been provided with an information sheet and signed the consent form

1. Background on interviewee

- ☐ Name
- ☐ Agency
- ☐ Position
- ☐ Relevant experience with agency and with sector (length of time, other details)

General service provision

2. Could you please describe what your service does and provides?

3. We are particularly interested in three areas of practice—advocacy, safety planning, and outreach. Could you please outline how your service (and/or you) are involved in each of these areas:

- ☐ Advocacy
- ☐ Safety planning
- ☐ Outreach

4. How does your service monitor and review its practice and service provision? (statistics, practice reviews, evaluations)

Working with Aboriginal women

5. Could you please describe how your service/you works with Aboriginal women?

- ☐ Practices
- ☐ Engagement
- ☐ Relationships
- ☐ Other

6. Could you please describe any specific needs or issues in relation to Aboriginal women, and how your service has responded to them?

- ☐ Needs
- ☐ Issues
- ☐ Staffing
- ☐ Training
- ☐ Networks/links to other services
- ☐ Other

7. What do you think your service currently does well with Aboriginal women?

8. What would you like to see improved or done differently?

☐   By your service

☐   More generally

Historical reflections (only if relevant)

9. What do you know about the changes in the service since it was established?

10. What were the key influences on the service at a certain/different times?

11. Did Aboriginal women challenge and/or influence these changes?

12. What do you think have been the key lessons?

Focus groups and interviews: questions about trust

Note: make sure the interviewee has been provided with an information sheet and signed the consent form

- Which service would you recommend to family and/or friends if they say they have experienced DV or FV? Prompt—why? What for?

- Which service would you think of contacting first if you had experienced DV or FV? Prompt—why? What for?

- What would you want from a FDV crisis service?

- What would make you trust a FDV crisis service?

- In what circumstances do you prefer to use an Aboriginal service? When would you not use an Aboriginal service?

- Have you had contact with DVCS in Canberra? If yes, what was that like?

- Have you heard about DVCS from friends and/or family? If yes, what have you heard?

- What could DVCS do to encourage Aboriginal women to use their service?

Survey questionnaires

Survey of workers

This survey asks workers in three different specialist services about their practices, knowledge and experience in doing **advocacy**, **outreach** and **safety planning** for women who are experiencing domestic and family violence (DFV), especially Aboriginal women.

The survey should take about 30 minutes and is designed to be completed during work time. Your participation is voluntary. Before making a decision to take part in the survey, please take the time to read the Participant Information Sheet that was distributed in the original email to you. By proceeding into the survey it will be considered that you have read and agreed to the conditions.

The answers you give in the survey are confidential. The results from the survey will be summarised and incorporated into research reports and publications. You will not be identified. The survey is a combination of multiple choice and open-ended questions.

Your views and experience will help build greater understanding of this challenging work.

CONTACT DETAILS

If you have any problems with the online questionnaire or would like a hard copy of the questionnaire please call Dr Robyn Holder on (07) 3735 3440 or email: r.holder@griffith.edu.au

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This project has been approved by the Human Research Ethics Committee of the University of New England (Approval No HE15-020, Valid to 14/05/2016). Should you have any complaints concerning the manner in which this research is conducted, please contact the Research Ethics Officer at Research Services, University of New England, Armidale, NSW 2351. Tel: (02) 6773 3449 Fax: (02) 6773 3543 Email: ethics@une.edu.au

The evaluation study has been approved by the Central Australian Human Research Ethics Committee (CAHREC). If you have concerns or complaints about the conduct of this study, please contact the CAHREC Secretariat Support, Executive Support, Central Australian Coordination Unit, Department of Health and Families on (08) 8951 5294 or email cahrec@flinders.edu. au. Please quote ethics reference number HREC-15-290

Section 1: ABOUT YOUR JOB

1.1   How many years/months have you worked in the FDV sector in total? (Please write in)

1.2   Which organisation do you work for? (Please note this does not identify you personally.)

☐   Domestic Violence Crisis Service

☐   NPY Women's Council*

☐   Alice Springs Women's Shelter

(*Note: Some people answering this survey may have been invited to do so because of their prior work for the NPY Women's Council, rather than their current employment)

1.3   How many years/months have you worked/did you work for this organisation? (Please write in)

1.4   My professional background* for the work that I do/did for this organisation is (tick any that apply):

☐   Social work
☐   Community development work
☐   Community service work
☐   Lawyer
☐   Counsellor (incl psychology, psychiatry)
☐   Lived experience (eg as a survivor, as a community member or some other important qualification)
☐   Other (please state what) ……………………………………………………………………

(*Note: this question is not about the level of qualification such as a diploma or a degree. Rather, it is about the type of background that brings you to this work.)

1.5   How do you mainly describe your job (remember this does not identify you personally) [Please tick which mainly applies]

☐   Shelter worker
☐   Outreach worker
☐   Crisis worker
☐   Advocate for client with other government/justice organisations
☐   Counsellor/support worker
☐   Other (please state what) ……………………………………………………………………

(*Note: you may do more than one of these activities in your job but please tick ONE that mainly applies.)

1.6   On a day-to-day basis I think that the main priority of my job is to:

	Not at all a priority for my job	Somewhat of a priority for my job	Desirable, a high priority for my job	Essential, my highest priority for my job
Do something or provide something that helps make the client safer	0	1	2	3
Treat the client's trauma from the violence	0	1	2	3
Organise or provide practical resources for the client to use	0	1	2	3
Get other organisations to respond to the client better	0	1	2	3
Provide the client with options and information, and talk these through with her	0	1	2	3
Help the client connect with other women in similar circumstances	0	1	2	3

1.6.1   Other *essential priority* for my job is (please write in):

1.7   This question asks what you (as a DV worker) think is an *ideal approach* to your job. It is not what you think is an ideal service. We are trying to be specific. Please rate what would be most ideal or most important for your job from the following statements:

	Not at all part of an ideal approach	Somewhat important as part of an ideal approach	Desirable, an important part of an ideal approach	Essential, an ideal approach
Being an unwavering supporter of the client	0	2	3	4
Using the helping relationship to enhance the problem-solving and coping capacities of individual clients	0	2	3	4
Assisting in the resolution of issues or problems between the client and other persons	0	2	3	4
Assisting in the resolution of issues or problems between the client and other organisations	0	2	3	4
Making connections between clients and needed resources	0	2	3	4
Introducing, enabling and encouraging clients to use new knowledge and skills	0	2	3	4

1.7.1   Do you want to say more about this ideal?

1.8   In my day-to-day work, the clients I work with are (this is your perspective and not exact):

	Hardly any	A few	Quite a lot	Mostly	Don't know
Women	0	1	2	3	4
Aboriginal	0	1	2	3	4
English-speaking	0	1	2	3	4
Born outside Australia	0	1	2	3	4
Under 25 years old	0	1	2	3	4
Between 26 and 40 years old	0	1	2	3	4
Over 40 years old	0	1	2	3	4
Have a physical disability or are physically incapacitated in some way*	0	1	2	3	4
Have a mental disability or are mentally incapacitated in some way*	0	1	2	3	4
Are trauma-affected in some way*	0	1	2	3	4
Are primary carers of children	0	1	2	3	4
Are primary carers of other family members	0	1	2	3	4

(*Note: these questions do not assume a diagnosis.)

1.8.1   Do you want to say more about the clients you work with?

Section 2: ABOUT YOUR PRACTICE

NOTE: *for the rest of this survey please give answers about your work with <u>women</u> clients experiencing DFV.*

2.1   In my day-to-day work as a DV worker my main contact* with an *individual* client is:

One or two contacts	Two to five contacts	More than five contacts
0	1	2

*NOTE: "contact" is any direct interaction with a client by phone, email, text or face-to-face in whatever setting

2.2   As a DV worker, my contacts* with individual clients are:

Sporadic, I might only speak with the client once or twice	Contacts provided to a number or target set by my service	Contacts that are spread out over a very long period of time
0	1	2

*NOTE: "contact" is any direct interaction with a client by phone or email or face-to-face in whatever setting

2.3   This question asks about how you actually approach your job. In my day-to-day practice as a DV worker, my main approach with clients is:

	Not at all part of my approach	Somewhat important as part of my approach	Desirable, an important part of my approach	Essential to my approach
Being an unwavering supporter of the client	0	2	3	4
Using the helping relationship to enhance the problem-solving and coping capacities of individual clients	0	2	3	4
Assisting in the resolution of issues or problems between the client and other persons	0	2	3	4
Assisting in the resolution of issues or problems between the client and other organisations	0	2	3	4
Making connections between clients and needed resources	0	2	3	4
Introducing, enabling and encouraging clients to use new knowledge and skills	0	2	3	4

2.3.1   Do you want to say more about your actual approach to your work?

2.4   Thinking about the work that you do with clients on a day to day basis (free text answers)

I am most proud of…	
I am most worried about…	
The biggest challenge I face in my day to day work with women clients is…	
I think that the biggest challenge facing women who experience DFV in my locality is	

2.5   In my day-to-day practice as a DV worker, I am able to:

	Never	Hardly ever	Sometimes	Most of the time	Always
Initiate follow-up contact with clients	0	1	2	3	4
Spend time with a client talking about what she needs	0	1	2	3	4
Tailor an individual response for the client	0	1	2	3	4
Help the client make connections with family and friends	0	1	2	3	4

2.6   In my day-to-day experience as a DV worker, women clients mostly ask me for:

> Free text

*Perhaps write in three to five things that women most commonly ask you for.

2.7   In my day-to-day experience as a DV worker, I am mostly able to provide women clients:

> Free text

*Perhaps write in three to five things that you are most commonly able to provide women.

2.8   In my day-to-day experience as a DV worker I can help women clients to become *safer* by:

> Free text

2.9   In my day-to-day experience as a DV worker I help women become *empowered* by:

> Free text

2.10   Which of these statements *best* describes your day-to-day practice as a DV worker with women clients (tick only one)

☐   I try to do what she wants me to do
☐   I try to influence the woman
☐   I try to develop a collaboration with each woman
☐   I try to get her to follow my advice

2.10.1 Do you want to say more about your answer to the previous question?

> Free text

2.11   If a woman client wants to take an action/decision that I think is harmful to her, then I will work with her in the following way:

Free text

2.12   In my day-to-day experience as a DV worker with women clients they:

	Never	Every so often	Quite a bit	A lot
Eventually find a way to live without violence	0	1	2	3
Return to the abusive relationship	0	1	2	3
Get good support from their families	0	1	2	3
Get good support from their communities	0	1	2	3
Come back and forth a number of times to our service	0	1	2	3
Use our service to get resources	0	1	2	3

2.12.1 Do you have any other comments to make about your answers to the previous question?

Free text

2.13   In my day-to-day practice as a DV worker, if a woman is remaining in the relationship or situation that is unsafe I am able to:

Free text

2.14   In my day-to-day experience as a DV worker, women remain in a relationship or situation that is unsafe:

Never	Every so often	Quite a bit	A lot
0	1	2	3

2.14.1 Do you want to say more about your answer to the previous question?

Free text

2.15   In my day-to-day experience as a DV worker, I find that men who use violence against their female partners usually stop when:

Free text

2.16   In your job as a DV worker with women clients have you ever

	Never	Once or twice	A few times	A lot
Had a client tell you they didn't like your approach/style	0	1	2	3
Had a client request to change to another worker	0	1	2	3
Had a client request help from another worker in addition to yourself	0	1	2	3
Had a client make a formal complaint about you	0	1	2	3
Changed your way of working with a client when she asked	0	1	2	3
Had a client specifically request to work with you	0	1	2	3

2.17   Can you give an example or share the ways in which you are open to learning from the women (clients) you work with?

Free text

2.18   In my day-to-day practice as a DV worker with individual women I am able to:

	Never	Hardly ever	Sometimes	Most of the time	Always
Visit her in her home environment	0	1	2	3	4
Meet her at locations outside of my workplace	0	1	2	3	4
Speak with her on the phone outside of nine-to-five work hours	0	1	2	3	4
Talk with her family or friends about her safety and support needs	0	1	2	3	4
Go with her to important appointments	0	1	2	3	4
Communicate with her via text or other social media	0	1	2	3	4

2.18.1   Do you want to say more about your outreach practices?

```
Free text
```

2.19   In your day-to-day work, can you describe what you do because a client is an Aboriginal woman, and how you do it?

```
Free text
```

(*Note: your practice may not be so different, or it may be substantially different as with non-Aboriginal women.)

Section 3: YOUR WORK WITH OTHER ORGANISATIONS

3.1   In my day-to-day practice as a DV worker, when I speak with other organisations about a woman client's needs I will:

	Never	Hardly ever	Sometimes	Most of the time	Always
Only speak with her permission	0	1	2	3	4
Speak for her	0	1	2	3	4
Give her views	0	1	2	3	4
Help her speak for herself	0	1	2	3	4
Give her names/numbers to call for herself	0	1	2	3	4

3.1.1   Do you want to say more about being an advocate for women clients?

```
Free text
```

3.2   In my day-to-day job as a DV worker, my organisation requires its workers to:

	Never	Hardly ever	Sometimes	Most of the time	Always
Report to child protection where you consider a child to be at risk	0	1	2	3	4
Report to police where you consider a woman/child to be at risk	0	1	2	3	4

3.3   In my day-to-day experience as a DV worker, I find that I can rely on others [the following] to give good support to women seeking help about DFV.

	Never	Hardly ever	Sometimes	Most of the time	Always
The police	0	1	2	3	4
The legal system	0	1	2	3	4
The housing system	0	1	2	3	4
The job/seeking employment system	0	1	2	3	4
The financial or income support/welfare system	0	1	2	3	4
The school/vocational/educational system	0	1	2	3	4
The child care system	0	1	2	3	4
The child protection system	0	1	2	3	4
Aboriginal community organisations	0	1	2	3	4
The hospital	0	1	2	3	4
The health care system	0	1	2	3	4
The welfare/community system	0	1	2	3	4
Her own community	0	1	2	3	4
The substance abuse/care system	0	1	2	3	4
The mental health system	0	1	2	3	4

3.3.1   In my day-to-day experience as a DV worker, others in my locality give good support to women when they:

…………………………………………………………………………………………

This question asks what you think good support from others to women experiencing DFV actually is or actually looks like. If you do not have anything to say, please proceed to the next question.

Section 4: ABOUT YOU

4.1   Are you?   ☐ male   ☐ female   ☐ other

4.2   What is your date of birth? ……………………………….

4.3   What country were you born in? ☐ Australia ☐ other (specify) ………………………………

4.4   Do you speak a language other than English at home?

☐ no, English only   ☐ yes, another language (specify) ………………………

4.5   Do you identify as Aboriginal or Torres Strait Islander?

☐ no

☐ yes, Aboriginal

☐ yes, Torres Strait Islander

☐ yes, both

4.6   Do you have a disability of any kind?

☐ no

☐ yes *(please specify)* ....

4.7   What is the highest level of education you have completed?

☐ No formal schooling

☐ Year six primary school

☐ Year twelve high school

☐ College/TAFE

☐ Bachelor's degree

☐ Post-grad qualification (of some kind)

☐ Master's or PhD

4.8   The most important thing I have learned in doing this work is

……

4.9   The most helpful training I have undertaken to do this work is

……

Survey of services

The *Advocacy for safety and empowerment* research project aims to improve the evidence-base on and resources for key areas of concern to specialist women's services, which incorporates Indigenous women's perspectives in responding to family and domestic violence in remote and regional Australia.

Funded by ANROWS and due for completion in June 2016, the project involves three service partners in central Australia and Canberra.

In this survey, we are asking women's specialist services across Australia to indicate the kind of services they provide, especially related to how they work with Indigenous women.

The results from this online survey will be summarised and incorporated into the final report on the project.

Before making a decision about participating in the survey, please take the time to read the Participant Information Sheet on the project.

Participation in this survey is voluntary. Your answers will be completely confidential.

The survey should take about 25 minutes to complete. There are 36 questions—almost half of them are multiple choice and the rest are open-ended where you can choose to write as much as you like.

CONTACT DETAILS

If you have any problems with the online questionnaire or would like a hard copy of the questionnaire please call Dr Judy Putt on 0458 110 092 or email: jputt@une.edu.au.

This project has been approved by the Human Research Ethics Committee of the University of New England (Approval No. HE-15-020, Valid to 14/05/16). Should you have any complaints concerning the manner in which this research is conducted, please contact the Research Ethics Officer at Research Services, University of New England, Armidale, NSW 2351. Tel: (02) 6773 3449 Fax: (02) 6773 3543 Email: ethics@une.edu.au

The evaluation study has been approved by the Central Australian Human Research Ethics Committee (CAHREC). If you have concerns or complaints about the conduct of this study, please contact the CAHREC Secretariat Support, Executive Support, Central Australian Coordination Unit, Department of Health and Families on 08 8951 5294 or email cahrec@flinders.edu.au. Please quote ethics reference number HREC-15-290.

I have read the Participant Information sheet and understand what participating in this online survey involves. I am aware that I do not need to complete the survey if I do not wish to.

Please tick ☐

1. In what jurisdiction is your service located?

    ☐   ACT
    ☐   NSW
    ☐   Northern Territory
    ☐   Queensland
    ☐   South Australia
    ☐   Tasmania
    ☐   Victoria
    ☐   Western Australia

2. Where is your service located?

    ☐   City
    ☐   Regional centre (population of more than 100,000)
    ☐   Country town (population less than 100,000 and more than 50,000)
    ☐   Small country town (population less than 50,000)

3. Do you also service surrounding area and communities?

    ☐   Yes
    ☐   No

4. If yes, please describe the area you cover (e.g. size, number of communities)

    _____

5. How long has the service been running?

    ☐   Less than five years
    ☐   Five to less than ten years
    ☐   Ten to less than fifteen years
    ☐   Fifteen to less than twenty years
    ☐   Twenty to less than twenty-five years
    ☐   Twenty five to less than thirty years
    ☐   More than thirty years

6. What sector is your service in?

    ☐   Health
    ☐   Community service—family and domestic violence
    ☐   Health—rape, sexual assault
    ☐   Legal

7. Is your service government or non-government?

    ☐ Government

    ☐ Non-government

8. The following is a list of services that your service might provide. Please tick all those that apply.

    ☐ Crisis accommodation

    ☐ Outreach service

    ☐ Legal advice and assistance

    ☐ Court support

    ☐ Support groups

    ☐ Other (please specify)………

9. If you provide an outreach service, could you please describe what this involves:

    _____

10. How many full-time staff are employed by your service?

    _____

11. How many part-time staff are employed by your service?

    _____

12. How many positions in your service are either for and/or held by Indigenous people?

    _____

13. What is the average number of clients per week that your service helps?

    _____

14. In our day-to-day work, the women clients my service works with are:

	Hardly any	A few	Quite a lot	Mostly	Don't know
Women	0	1	2	3	4
Aboriginal	0	1	2	3	4
English-speaking	0	1	2	3	4
Born outside Australia	0	1	2	3	4
Under 25 years old	0	1	2	3	4
Between 26 and 40 years old	0	1	2	3	4
Over 40 years old	0	1	2	3	4
Have a physical disability or are physically incapacitated in some way*	0	1	2	3	4
Have a mental disability or are mentally incapacitated in some way*	0	1	2	3	4
Are trauma-affected in some way*	0	1	2	3	4
Are primary carers of children	0	1	2	3	4
Are primary carers of other family members	0	1	2	3	4

(*Note: these questions do not assume a diagnosis.)

Service approach and practices

15. Please describe what you see as the three main characteristics of a women's specialist service

1._____
2._____
3._____

16. These statements ask you to indicate the priority placed on various aspects of your service.

	Not at all a priority for my service	Somewhat of a priority for my service	Desirable, a high priority for my service	Essential, my highest priority for my service
We do something or provide something that helps make the client safer	0	1	2	3
We treat the client's trauma from the violence	0	1	2	3
We organise or provide practical resources for the client to use	0	1	2	3
We get other organisations to respond to the client better	0	1	2	3
We provide the client with options and information, and talk these through with her	0	1	2	3
We help the client connect with other women in similar circumstances	0	1	2	3

17. This question asks the extent of outreach your service is able to provide to women clients.

	Never	Hardly ever	Sometimes	Most of the time	Always
Visit a client in her home environment	0	1	2	3	4
Meet a client at locations outside of the workplace	0	1	2	3	4
Speak with a client on the phone outside of nine-to-five work hours	0	1	2	3	4
Talk with a client's family or friends about her safety and support needs	0	1	2	3	4
Go with a client to important appointments	0	1	2	3	4

18. Does your service explicitly see itself as providing advocacy

    ☐ Yes

    ☐ No

    ☐ Don't know

19. If yes, please describe

    _____

20. As a matter of routine does your service develop a safety plan with clients?

    ☐ Yes

    ☐ No

    ☐ Don't know

21. If yes, please describe what you do

    _____

22. On a day-to-day basis, my service is mostly able to help clients to become *safer* by:

Free text

Working with Aboriginal women

23. What proportion of your clients are Aboriginal women?

☐ Less than 20 percent

☐ More than 20 and less than 40 percent

☐ More than 40 and less than 60 percent

☐ More than 60 percent and less than 80 percent

☐ More than 80 percent

☐ Don't know

24. On a day-to-day basis, can you describe what your service is able to do to respond to the needs of Aboriginal woman?

Free text

*Note: your practice may not be so different compared with other groups, or it may be substantially different

25. Has the way your service engages with Aboriginal clients about family and domestic violence changed in the past five years?

☐ Much better

☐ A bit better

☐ About the same

☐ A bit worse

☐ Much worse

☐ Don't know

26. What barriers inhibit the ability of your service to improve responses to Aboriginal women?

_____

27. What factors help your service to improve responses to Aboriginal women?

_____

28. How does your service monitor and review its practice and service delivery?

_____

29. Are there specific measures you undertake to incorporate Aboriginal women's views into any review or monitoring activities?

☐ Yes

☐ No

☐ Don't know

30. If yes, please describe

_____

Working with other organisations

31. In our day-to-day practice, when workers speak to other organisations about a client's needs, my service approach is to:

	Never	Hardly ever	Sometimes	Most of the time	Always
Only speak with the client's permission	0	1	2	3	4
Speak for the client	0	1	2	3	4
Give the client's views	0	1	2	3	4
Help the client speak for herself	0	1	2	3	4
Give the client names/numbers to call for herself	0	1	2	3	4

32. In our day-to-day practice, my service requires its workers to:

	Never	Hardly ever	Sometimes	Most of the time	Always
Report to child protection where a child is considered to be at risk	0	1	2	3	4
Report to police where a woman/child is considered to be at risk	0	1	2	3	4

33. In our day-to-day practice, our service is able to rely on others [the following] to give good support to women.

Overall views

34. The biggest challenge my service faces in its day to day work with women is …

_____

35. I think that the biggest challenge facing Aboriginal women who experience domestic and family violence in my locality/experience is ….

_____

36. Is there anything else you would like to say about your service?

_____

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