

Office for the Status of Women
Department of Prime Minister and Cabinet



WORKING TOGETHER AGAINST VIOLENCE

THE FIRST THREE YEARS OF PARTNERSHIPS AGAINST DOMESTIC VIOLENCE

AUGUST 2001



**Partnerships Against
Domestic Violence**

Coordinated by the Commonwealth Office of the Status of Women

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FOREWORD

Partnerships Against Domestic Violence, a national strategy in which Heads of Government are working together to prevent domestic violence, was launched in November 1997. The Prime Minister, the Hon John Howard MP, announced the *Partnerships* initiative, with \$25 million in funding for the first three years, at the first National Domestic Violence Summit attended by all Heads of Government. The Summit was hailed as the beginning of a cooperative process for Australian governments.

The Heads of Government Statement of 7 November 1997 acknowledged over two decades of work and achievement by governments and community groups, women's and men's groups, across the nation to address domestic violence. At the same time, it recognised the magnitude of the continuing problem:

“Governments have funded safe shelters and enacted specific laws. But domestic violence has not stopped. Domestic violence remains a key area of concern for many women.

“Of greatest concern is the growing evidence of the profound effects of domestic violence on children; not only the effects of living in fear of experiencing or witnessing domestic violence, but also of the risk of repeating the violence in adulthood.”

In committing to the *Partnerships Against Domestic Violence* strategy, the Commonwealth Government provided \$12 million to June 2001 for cooperative work between the Commonwealth, States and Territories at local, state and national levels. An additional \$13.3 million was provided for new Commonwealth portfolio initiatives. The funds were directed at programs that aimed to prevent domestic violence, protect its victims, and educate the community about the scope and unacceptability of domestic violence and the need to break the cycle of violence for children.

That funding has led to over one hundred local, regional, State, Territory and national projects exploring innovative ways to address and prevent domestic violence. The *Partnerships* initiatives have covered many fields: research; intervention and best practice; education; worker competencies; and development of effective service delivery arrangements. Projects have targeted a wide range of groups: women, children, young people, men; people living in rural and remote areas; people with disabilities; Aboriginal and Torres Strait Islander communities; and culturally and linguistically diverse communities.

In the 1999-2000 Budget, the Commonwealth Government committed a further \$25 million for *Partnerships Against Domestic Violence*, bringing to \$50 million the total commitment over six years. In extending *Partnerships*, the aim was to build on and extend its achievements to date, with a particular focus on children at risk, Indigenous family violence, work with perpetrators, and community awareness and education.

In the three years since *Partnerships* began, much has been learnt, with greatly increased understanding and information about domestic violence — but much still remains to be done. Violence continues in the lives of many women and their children.

Partnerships builds on over twenty years of work by women's representatives, governments and service providers against domestic violence:

- In 1974, the first refuge for women subject to domestic violence was established, in Sydney, and by 1979 about 100 refuges were operating and receiving Commonwealth funding from the Community Health Program.
- In 1983, the Women's Emergency Services Program was established — a Commonwealth, State and Territory program providing further funding to refuges for services such as information and crisis help.
- In 1985, the joint Supported Accommodation Assistance Program (SAAP) was set up to rationalise all refuge and other accommodation programs. This coincided with growth in related support services such as rape and incest information and referral centres.
- In 1985, community consultations by the Office of the Status of Women identified community and domestic violence as issues of major concern to women.
- In 1987-1990, the Office of the Status of Women developed a national domestic violence education program to create greater awareness of the issue and gauge community attitudes. An initial survey found that one in five Australians thought that violence by a man against his wife was acceptable in some circumstances. A range of community education programs followed, along with an advertising campaign with the message "Break the Silence". A follow-up survey in 1995 found that the number of people who saw "provocation" as an excuse for domestic violence had almost halved.
- In 1990-1993, the National Committee on Violence Against Women, the first Commonwealth/State and Territory body on the issue of violence against women, was established.
- In 1996 a Domestic Violence Forum was held, attended by 130 experts on domestic violence from government and non-government sectors including police, service providers, researchers, judiciary, medical practitioners, and representatives of national peak welfare bodies.

A national survey of women in 1996, *Women's Safety Australia*, established that:

- 38 per cent of women recently had experienced one or more incidents of violence since the age of 15. Of the women who had experienced physical violence, one third had experienced more than one incident.
- Women are four times more likely to experience violence from a man than from another women, with younger women more at risk than older women.
- 23 per cent of women who had ever been married or in a de facto relationship had experienced physical violence from a male partner.
- 42 per cent of women who had been pregnant during a relationship had experienced violence during the pregnancy, and for almost half of these, the violence began during their pregnancy.
- 56 per cent of women who had children in their care and had experienced violence from a partner said that one or more of the children had witnessed the violence.

- Of the women who had experienced violence from a partner in the last 20 years, 80 per cent had not sought help from services at all. Just five per cent experiencing violence from a current partner reported the last incident to police.
- 73 per cent of women who often experienced violence from a current male partner identified that they lived in fear.

The 1997 National Domestic Violence Summit, at which *Partnerships* was launched, was the first time all Australian Heads of Government had come together in a united effort to address domestic violence.

Since that time, *Partnerships* has engaged not only Commonwealth, State and Territory governments, but service providers, communities and academics across the nation. Its many initiatives have been well documented in a wide range of reports, and all are being evaluated through a comprehensive national evaluation strategy. The outcomes of all *Partnerships* initiatives and their consequences for policy and service delivery will be detailed in a report of the national evaluation strategy due at the end of 2001.

This report, *Working Together Against Domestic Violence*, summarises the current issues in domestic violence in Australia, provides an overview of the work undertaken in *Partnerships* projects from 1997 to June 2001 and the early findings that have emerged from that work, and identifies some of the areas requiring further development and policy attention. *Working Together Against Domestic Violence* will provide a resource for all those engaged in *Partnerships* initiatives and those for whom violence against women and domestic violence in particular is of concern.

The Office for the Status of Women, the government agency with responsibility for *Partnerships Against Domestic Violence*, has established the elimination of violence against women as a key Policy Goal Area. The Office has two central objectives in this area: to work towards a society where women are free from violence and the threat of violence, and their safety and wellbeing is secured; and to position Australia as an international leader in reducing violence against women.



ROSEMARY V. CALDER
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INTRODUCTION

Domestic violence is a widespread though often hidden problem across Australia. It occurs in all parts of society, regardless of geographic location, socio-economic status, age, cultural and ethnic background, or religious belief, and its often devastating effects — psychological, social and economic, short-term and long-term — rebound on families, children, and the community as a whole.

Partnerships Against Domestic Violence (PADV), initiated by Heads of Government in 1997, represents a major step at the national level towards preventing and ameliorating the effects of domestic violence. This document provides an overview of the first phase of PADV. It describes where we have come from, where we need to go, and the main challenges in achieving our objectives — the issues that will continue to challenge policy makers, funders and service providers. The document offers a resource for government, policy makers, service planners and service providers at the national, State/Territory and local level, to provide information, facilitate continuing collaboration, and provide a strong basis for future work.

DOMESTIC VIOLENCE: AN EMERGING CONCERN

Domestic violence first came to notice as a public concern during the early 1960s, when it started being discussed in medical and psychiatric journals. The focus in this medical context was on individual traits and pathologies, particularly those of victims.

In the late 1960s and early 1970s, a different perspective came to the fore as feminists raised public awareness of violence against women, including domestic violence, as a consequence of women's oppression. The women's movement was the catalyst that

brought governments and self-help groups in many countries to address the problem of domestic violence. Australian responses involved State, Territory and Federal governments, non-government organisations and self-help groups.

The first concern was to provide safe accommodation for women and children escaping domestic violence, and this led to establishment of the first women's refuges. At the same time, the Australian Community Health Program and the opening of women's health centres provided other avenues of help for women experiencing domestic violence (Auer 1990). The women's movement in Australia engaged with government early in its history and by the early 1980s women's refuges were government funded. By the late 1980s most State and Territory governments had held investigations into domestic violence, and had enacted legislative reforms specific to domestic violence.

At the national level, the Commonwealth Office of the Status of Women conducted the "Break the Silence" campaign in 1989. The National Committee on Violence Against Women, established in 1990, released the National Strategy on Violence Against Women in 1992. This consolidated much of what was known about domestic violence, recognised its multi-dimensional nature, and suggested action across a wide number of sectors.

Despite the many responses to domestic violence, there has been little consistency of approach. Many sectors have been involved, including public housing, public welfare, the law, law enforcement and health. A wide range of activities have been initiated, a diverse range of information systems and organisational arrangements established, and the assumptions and theoretical frameworks (implicit or

explicit) that support this multitude of approaches are not only varied, but sometimes conflicting (see page 8).

Furthermore, much of the policy, law enforcement and justice apparatus, and many of the services, are the responsibility of the State and Territory governments, and there is wide diversity in the structures and approaches in place across the different jurisdictions. There are disparate criminal laws, organisational structures and departmental procedures. Approaches in the non-government sector are equally diverse.

Much was achieved and many individual programs evaluated, but there was no coordinated overview and little knowledge of what actually works best to prevent or ameliorate domestic violence and achieve optimal outcomes for those affected.

PADV INITIATED

In November 1997, Heads of Government endorsed PADV, an initiative between the Commonwealth, States and Territories to work together towards the common goal of preventing domestic violence across Australia and ameliorating its effects. PADV has established a strategic collaboration to test and research new ways of addressing domestic violence, enhance and share knowledge, educate the community about domestic violence, and develop and document good practice.

Over its first three and a half years, the first phase of PADV — PADV One — has worked towards these goals by conducting a wide range of model and pilot projects designed to stimulate new developments and enhance existing projects. A total of \$25.3 million was committed for this period, \$12 million for work on a national basis and in States and Territories, and a further \$13.3 million for new Commonwealth portfolio initiatives.

Responsibility for implementing these national initiatives has ranged across a number of the Commonwealth departments, including Prime Minister and Cabinet (through the Office of the Status of Women); Family and Community Services; Attorney General's; Transport and Regional Services; Immigration and Multicultural Affairs; Employment, Education, Training and Youth Affairs; and the Aboriginal and Torres Strait Islander Commission.

Principles

The Heads of Government endorsed the following principles underpinning PADV:

- All individuals have the right to be free from violence.
- All forms of violence are unacceptable in any group, culture or creed.
- Many forms of domestic violence are against the law. Acts of domestic violence that constitute a criminal offence must be dealt with as such.
- The safety and wellbeing of those subjected to domestic violence must be the first priority of any response.
- Those who commit domestic violence must be held accountable for their behaviour.
- The community has a responsibility to work towards the prevention of domestic violence and to demonstrate the unacceptability of all forms of domestic violence.

In relation to intervention and prevention, the following principles were endorsed:

- Reducing the incidence of domestic violence requires a shared commitment and a coordinated response by governments and the community.
- Children need education and experience that enables them to build equal, respectful and non-violent relationships in adulthood.

- Strategies need to include programs aimed at early intervention and prevention of further violence, abuse or deprivation.
- Strategies are needed to improve the response of the criminal justice and other systems to domestic violence.
- Services need to take account of the fact that women and children, as the victims of domestic violence, have their own particular legal, health, welfare, social and economic issues.
- Strategies developed to address domestic violence need to take account of the needs of all Australian communities, including the needs of Indigenous people and people from culturally and linguistically diverse backgrounds.
- Domestic violence strategies need to address the different needs and experience arising from gender, age, sexuality, disability and geographic isolation.
- Ongoing strategies are needed to increase community awareness that domestic violence is unacceptable.

Structure

PADV has worked through a Taskforce involving State, Territory and Commonwealth representatives, which has set program directions, identified and developed project strategies, and advised on funding allocations. A number of working groups have been responsible for project development and management. At the same time, an ongoing meta-evaluation of the whole initiative has provided regular bulletins and progress reports on projects under PADV, including key learnings; run conference and showcase presentations; and provided advice to the Taskforce. The overall structure of PADV is shown schematically in Figure 1.

Priority areas

Six priority areas were identified as the focus for projects to be funded by PADV over the first phase of work, from 1998 to 2001:

1. **Working with children and young people** to break the cycle of violence between generations,
2. **Working with adults** to break patterns of violence: working with victims and violent men,
3. **Working with the community**, educating against violence,
4. **Protecting people at risk**: reforming legislation and improving responses by police and courts,
5. **Information and good practice**: finding out what works and researching areas where new information is needed to support violence prevention,
6. **Helping people in regional Australia**: overcoming barriers to receiving assistance.

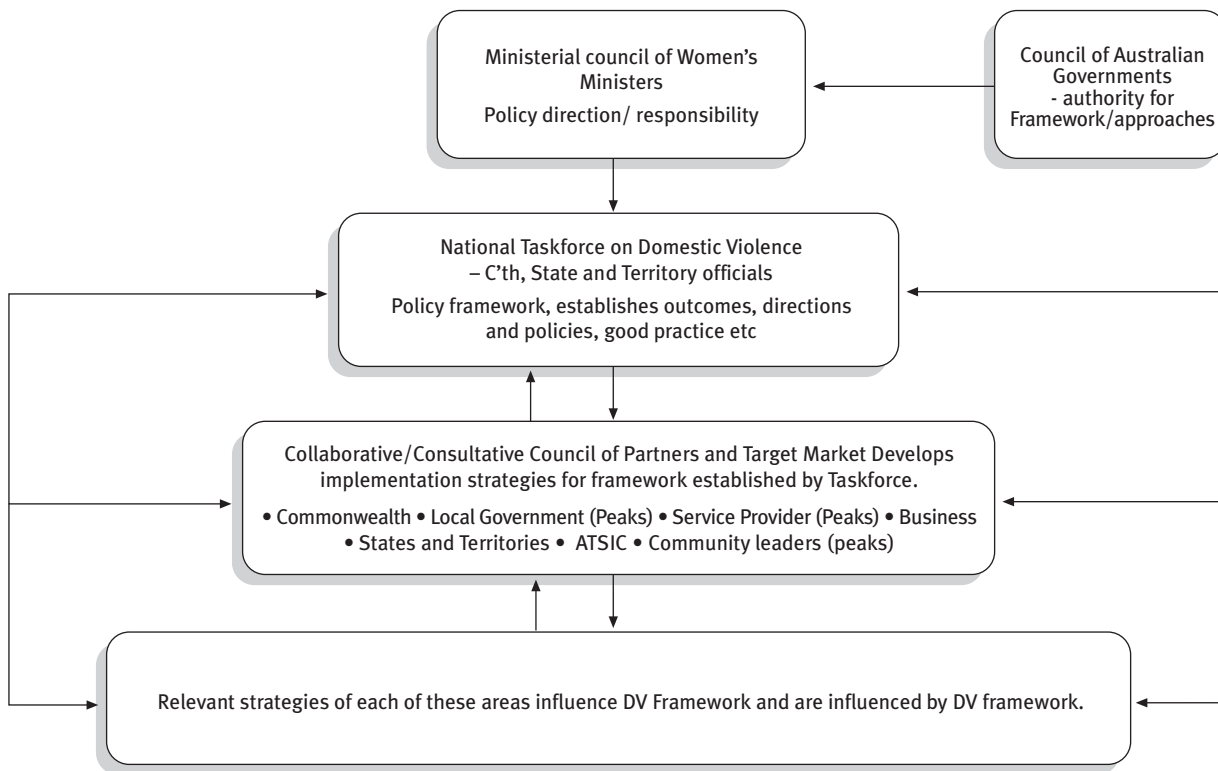
The PADV Taskforce determined that issues such as ethnicity, race, gender and other aspects of diversity would be reflected across all six themes, rather than as separate issues.

Development of the partnership

PADV One, which came together as a loose coalition of individuals and ideas, has developed into a cohesive and imaginative program with strong commitment from all involved. It has become an effective partnership, with the Commonwealth and all States and Territories participating in joint decision making around policies, strategies and initiatives (see Figure 1).

Most importantly, PADV has developed considerable expertise in the area of domestic violence, with a clearly articulated theoretical framework for action, and it is moving towards

Figure 1: PADV One – Structural Framework



practice that is firmly grounded in evidence. All projects under PADV now have a strong and consistent evaluative component, and the comprehensive meta-evaluation of PADV One, by Strategic Partners in collaboration with the Research Centre for Gender Studies at the University of South Australia, is synthesising what has been learnt about practice, to make it available in a form that can be used to enhance practice and inform planning and policy.

Transition to PADV Two

Funding under PADV One concluded in 2001. PADV Two funding and collaboration will continue through to June 2003 and will develop a strategic framework that will be informed by all the evaluative material. The major focus of PADV Two is on prevention, and it is pursuing action on four fronts:

- **Community education:** conducting a broad national community awareness campaign, focussing on such key issues as the harm

done to children by domestic violence and the need for perpetrators to take responsibility for their violence;

- **Indigenous Family Violence Grants Programme:** supporting community-based projects and trialing new approaches to reduce the level of family violence in Aboriginal and Torres Strait Islander communities, with the overall objective of providing practical and flexible support for grassroots projects;
- **Children:** prevention and early intervention with children at risk through domestic violence;
- **Perpetrators:** building on the outcomes of the National Forum on Programs for Perpetrators of Domestic Violence (May 1999), with advice from an expert group drawn from the Commonwealth, State and Territory police and justice areas, service providers and academic experts.

Through PADV Two funding, the Australian Domestic and Family Violence Clearinghouse has been established by the Centre for Gender-Related Violence Studies at the University of New South Wales. The Clearinghouse provides a central point for the collection of all Australian domestic violence policy, practice and research information, and information on efforts in other countries.

It produces newsletters focussing on topical news, projects and publications, and provides in-depth research of topical issues through its issues paper series. Previous newsletters and Issues Papers have focussed on issues such as children and young people; criminal justice interventions, women and counselling and progress, trends and challenges in domestic violence. The Clearinghouse disseminates these publications free of charge by calling 02 9385 2990.

The Clearinghouse also provides a service responding to requests for publications and good practice projects. In addition to responding to email and verbal requests, its web-site contains user-friendly searchable databases on good practice projects and publications, and can be accessed at <http://www.austdvclearinghouse.unsw.edu.au>.

THE SIZE AND SCOPE OF THE PROBLEM

This chapter explores the various ways of looking at domestic violence, and presents estimates of its extent across our society, and its economic cost.

WHAT IS DOMESTIC VIOLENCE?

Domestic violence occurs when one partner in a relationship attempts by physical or psychological means to dominate and control the other. It is generally understood as gendered violence, and is an abuse of power within a relationship (heterosexual or homosexual) or after separation. In the large majority of cases the offender is male and the victim female.

Children and young people are profoundly affected by domestic violence, both as witnesses and as victims, and there has been growing recognition and concern about this in recent years.

Many Aboriginal and Torres Strait Islander communities prefer the term “family violence”. “Family” covers a diverse range of ties of mutual obligation and support, and perpetrators and victims of family violence can include, for example, aunts, uncles, cousins and children of previous relationships.

Domestic or family violence may involve a wide range of behaviours, including:

- **physical abuse** — including direct assaults on the body, use of weapons, driving dangerously, destruction of property, abuse of pets in front of family members, assault of children, locking the victim out of the house, and sleep deprivation;
- **sexual abuse** — any form of forced sex or sexual degradation, such as sexual activity without consent, causing pain during sex, assaulting genitals, coercive sex without

protection against pregnancy or sexually transmitted disease, making the victim perform sexual acts unwillingly, criticising, or using sexually degrading insults;

- **spiritual abuse** — denying access to ceremonies, land or family, preventing religious observance, forcing victims to do things against their beliefs, denigration of cultural background, or using religious teachings or cultural tradition as a reason for violence;
- **verbal abuse** — continual “put downs” and humiliation, either privately or publicly, with attacks following clear themes that focus on intelligence, sexuality, body image and capacity as a parent and spouse;
- **emotional abuse** — blaming the victim for all problems in the relationship, constantly comparing the victim with others to undermine self-esteem and self-worth, sporadic sulking, withdrawing all interest and engagement (eg weeks of silence);
- **social abuse** — systematic isolation from family and friends through techniques such as ongoing rudeness to family and friends, moving to locations where the victim knows nobody, and forbidding or physically preventing the victim from going out and meeting people — in effect, imprisonment;
- **economic abuse** — complete control of all monies, no access to bank accounts, providing only an inadequate “allowance”, using any wages earned by the victim for household expenses.

The problem of domestic violence frequently leads to and is compounded, for the victims, by mental health issues, alcohol abuse, or addiction to medications prescribed to help cope with symptoms such as anxiety. It is particularly difficult to find appropriate

solutions for women with these complex problems, and problems related to issues such as employment, housing, education and training might all be exacerbated for these women.

“The violence started not long after we had been together... We lived in a community where our families were well known and respected, and I was fairly naïve and very scared... At age 17 the abuse was getting worse, but I couldn’t talk to anyone for fear of not being believed, and I was embarrassed as I thought that somehow it must be my fault...”

“With my first child on the way and now married, I thought that everything would change, but it didn’t. I was so sick nearly the whole pregnancy from being abused physically, mentally, sexually and socially... still no doctor suspected anything, just kept prescribing Debendox for morning sickness... I went on to have three more children...”

“Because of the fear and control my partner had over us, we knew to be quiet about what our life was really like or God knows what would happen to us. I also got into self medicating...”

(Domestic Violence & Incest Resource Centre, and Women’s Health West 2000, pp. 19-20)

Accurate and comprehensive community understanding is an essential ingredient in identifying domestic violence and responding effectively to ensure the safety and wellbeing of victims and children. Currently, however, community awareness of domestic violence is limited largely to physical violence (Office of the Status of Women 1995). This understanding needs to be broadened to include the full continuum of domestic violence and reflect its impact on victims, families and society.

FRAMEWORKS FOR UNDERSTANDING DOMESTIC VIOLENCE

All policy and action to address the issue of domestic violence takes place within a context of beliefs and assumptions about the nature of that violence, and hence the most appropriate means of addressing it.

The following theoretical frameworks have been identified in work around domestic violence. This summary shows their differing values and perspectives, which can, in some instances, be incompatible and contradictory.

Importantly, it has become clear under PADV that approaches that focus only on the individual, or the individual family, ignore many significant causal and intervention factors; that what is needed is a comprehensive approach that looks at the individual within the context of society.

Individual pathology: a psychological approach

Individual pathology theories have their roots in early medical science, particularly in psychoanalysis, which endeavoured to explain individual deviance. They assume an inherent psychological problem that results in a person being more likely to use violence or to experience violence. Until the 1960s, such theories comprised the dominant explanation for domestic violence, and they are still accepted by many, particularly in the general community.

Over recent years, pathology theories have focused on identifying predictors of intimate violence and the characteristics of men who might be predisposed to violent behaviour and women who might be prone to be the targets of violence. The perpetrator, for example, may be seen as damaged by having exposure to violent role models as a child. Alternatively, the woman may be seen as deficient in some way, psychologically or emotionally, and unable to

achieve the traditional “happy family”. In either case, intervention takes the form of individual treatment.

Such explanations are readily supported by perceptions and expectations within society. Self-esteem studies show that women internalise failure and see it as their own fault, while they externalise success, ascribing it to luck or others’ achievement. Men, on the other hand, externalise failure and internalise success. Women also tend to take responsibility for relationship management and what is called “emotion work” (Dunscombe & Marsden 1993). In this context, failure in a relationship is easily seen as the woman’s “fault” by both man and woman, and the solution is seen to rest with the woman, through “improvements” in her behaviour and compliance with his demands.

Domestic violence has also been explained as the outcome of personal stress and inability to control one’s anger — again, a focus on individual traits. Stress theories draw on the notion that conflict is a healthy part of human nature but stress, if not periodically released, will lead to an explosion which may take the form of a violent outburst (Strauss et al 1981). Intimate violence is thus seen as a deviant behaviour that needs to be changed through learning strategies for anger management and impulse control.

Individual pathology theories have often looked to families of origin for explanations of a disorder and many studies have demonstrated a correlation between development of poor attachment styles in childhood and a need, in adulthood, to maintain or regain control in intimate relationships. The gendered dimensions of power (see below, page 10) are not a significant focus in such explanations. Where the individual is seen to be damaged through early experiences, therapeutic psychological interventions are needed to ‘repair’ the damaged psyche.

These individual pathology approaches have been critiqued for not taking into account structural power and gendered power relations in society. Today many practitioners would include elements of the power and oppression theory discussed later in this paper.

One step removed from individual pathology theorists were early family theorists who described violence and abuse by a family member as a symptom of dysfunctional family processes and traits. In this approach, the various behaviours of members of the family system are seen as inter-dependent, and the family unit (rather than individuals within it) is the focus of therapeutic intervention. The aim is to identify and change dysfunctional aspects of the family system, to resolve the symptom — the violence. This approach has been critiqued for not placing full responsibility for the violence with the perpetrator and consequently, in effect, further victimizing the victim. Another concern is that such interventions are not accessible where there are varying linguistic and conceptual skills amongst family members.

Social stressors and individual risks: a sociological approach

A sociological approach has seen domestic violence as a reaction to social and structural stresses in an environment that promotes the use of violence. Such theories focus on social structures and institutions that are claimed to influence behaviour. In particular, theorists have suggested that there is more risk of experiencing violence when living in poverty or among lower socio-economic groups, and this has generated a “subculture of violence” theory.

Theories of this type have been critiqued for externalising responsibility for violent and abusive acts while overlooking the nature of power in society. Furthermore, by focussing on those groups considered most marginalised and most likely to come to attention as a result of

violence, such approaches have the potential to render invisible groups who use less detectable forms of domestic violence and/or do not access services. This may encourage the (erroneous) view that domestic violence is largely confined to particular socio-economic groups.

Power and oppression: a feminist approach

Power and oppression theories of domestic violence emerged from early feminist thinking, which saw male structural power — patriarchy — as leading to women's oppression and violence against women. Patriarchy, in this view, gives individual men power over individual women in both public and private domains, and domestic violence is seen as a mechanism that oppresses women and maintains male power. It is gendered violence, a reflection of patriarchal structures and hierarchical gender relationships in society.

The approach was an understandable and radical reaction to the individual pathology approach that saw victims as the cause of violence, and to a patriarchal legal system where women did not have equal power and rights. It holds that violence is a choice; that men can choose *not* to use violence as a tool of oppression; that men who choose to use violence are in need of correction and change; and that women who experience violence are in need of support. One of the early outcomes of this approach was the establishment of women's refuges to protect women's safety.

Power and oppression theories highlight the need to raise awareness — through individual and group work and community education — that domestic violence is unacceptable and women are not responsible for men's use of violence. They suggest a need to identify how political structures perpetuate and legitimise domestic violence, and to empower women to make choices about the future of their relationships, and they require that criminal sanctions be enforced against perpetrators.

The approach has, however, been critiqued for being essentialist about gender and not taking into account individual personality and situational circumstances.

Interactive systems and individuals

The perspectives discussed above have attracted criticism for over- or under-emphasising various aspects of theory — psychological theories for neglecting broader social and gender implications, sociological theories for neglecting gendered power differences, and early feminist theory for over-emphasising patriarchy at the expense of factors such as class, race and ethnicity.

A broader approach sees domestic violence as arising from a complex interaction between, on the one hand, pervasive political and social structures in which women generally have less power than men, and on the other, individual responses to these structures. Essentially, a systemic imbalance of power makes it difficult for many women who experience violence to take effective action to stop the violence. This approach focusses on the ways the structures of society influence and shape the way people behave, and individuals involved in domestic violence are seen as having identities beyond that of “victim” or “perpetrator”.

A major strength of this perspective is its emphasis on the use of violence as a choice *in context*. This context can include the effects of patriarchal ideology on a man's beliefs, his sense of masculinity and what it means to be a man, the use and acceptance of violence, power and control in various facets of his life, and the structural forces on individuals and families related to their material and social circumstances. Both psychological and sociological categories of experience can be called upon, without ignoring the abuse of power in relationships.

Intervention also focuses on the individual *in context*. If domestic violence has multiple causes,

it requires a comprehensive range of individual and systemic responses. These include a criminal justice response — domestic violence is seen clearly as a crime — as well as a therapeutic response which takes into account the needs of individuals and families and works with individuals to help them find positive ways of coping with and changing the impact of social and structural factors in their own life.

An interactive approach enables investigation of how social and structural factors such as rural culture, heterosexual dominance, homophobia and racism may contribute to or exacerbate situations of domestic violence. It enables exploration of the concept of “family”, to take into account the needs and roles of various family members. At the same time, there is a capacity to consider individual difference as well as social and structural issues. For example, while domestic violence is largely perpetrated by men against women, the approach has the capacity to accommodate women’s abusive behaviour.

At the level of policy, an interactive approach offers a broad view of the range of sites and factors that can contribute to domestic violence, and thus of the opportunities and sites for prevention and intervention (eg within education systems, peer systems and social systems such as the media). The approach does not, however, provide strong guidance on the content of programs.

HOW WIDESPREAD IS DOMESTIC VIOLENCE?

The social sanctions that prevent open discussion of domestic violence make it impossible ever to know the full extent of such violence in the community. Estimates vary depending on the research method used, the way domestic violence is defined, people’s recall of what exactly happened, and agency methods of recording of domestic violence.

Of considerable concern, research has clearly shown that in many families where there is domestic violence, there is also child abuse, including physical and emotional abuse and neglect, and child sexual abuse (Worth & Martin 1997).

The following provides an overview of current estimates of the prevalence of domestic violence.

Studies of women

The 1996 *Women’s Safety Australia* survey carried out by the Australian Bureau of Statistics (McLennan 1996) found that:

- 7.1 per cent of the 6,300 women surveyed had experienced physical or sexual violence in the previous 12 months, most frequently in the home, and 38 per cent had experienced one or more incidents of violence since the age of 15 years. In 87.7 per cent of reported incidents of violence, the perpetrator was male.
- The incidence of violence was higher amongst younger women compared with older women: 19 per cent of women aged 18-24 had experienced an incident of violence in the previous 12 month period, compared to 6.8 per cent of women aged 35-44 and 1.2 per cent of women aged 55 and over.
- 23 per cent of women who had ever been married or in a de facto relationship had experienced physical violence from a male partner. The survey confirmed results of previous research in showing that the perpetrator was more likely to be a current or previous partner than a stranger.
- 1.9 per cent of women had experienced sexual violence in the past 12 months, and 18 per cent had experienced sexual violence at some time since the age of 15 years. Over half of these experiences were within a

relationship. Sexual violence (both within and outside domestic or dating relationships) was almost exclusively perpetrated by men (99 per cent).

Among the women who had experienced violence since the age of 15 years, the survey found that:

- 14.7 per cent had experienced physical violence from a current partner, 47.6 per cent from a previous partner, and 10.8 per cent from a boyfriend, girlfriend or date;
- 3.6 per cent had experienced sexual abuse from a current partner, 21.2 from a previous partner, and 33.6 from a boyfriend, girlfriend or date.

Of particular concern are studies that have shown that over one in five women (21 per cent) reported domestic violence during pregnancy, and of this group, 40 per cent reported that the violence began when they were pregnant (Purdie 1996). Women who have experienced violence in pregnancy are more likely to have injuries to the abdomen, miscarriages, neonatal death, premature delivery, and infants with lower birth weight (Webster 1996).

Studies of women and men as victims

A 1996 study of domestic violence in Western Australia (Ferrante et al 1996), which looked at reports of domestic violence from a range of sources, found that, according to police records, 91.4 per cent of victims of domestic violence incidents reported to police were women and 8.6 per cent were men. This figure is likely to reflect very largely physical violence, which is the form of violence most likely to be reported to police. The study also included a survey of 3061 people (1511 males and 1550 females), which identified only three male victims.

Across the range of sources used by Ferrante et al, women made up between 88 and 92 per cent of all domestic violence victims.

A 1998 study in South Australia reported the results of a random telephone survey that included physical and emotional abuse in its definition of domestic violence. Of 3001 people interviewed (roughly equal numbers of men and women), 18 per cent said that they had experienced forms of domestic violence, of whom two thirds were women and one third men. When asked about the effects of the violence, 50.5 per cent of the women reported being physically hurt, compared to 1.5 per cent of the men (South Australian Department of Human Services 1998).

Dating violence

Definitions of dating violence vary, but they generally encompass the use of sexual, physical, emotional, verbal, or psychological abuse of one partner by the other in a dating relationship; a pattern of abusive and coercive behaviour whereby one partner in the relationship seeks to control the other — be this on a first date or in the context of a serious relationship.

Dating relationships are very much more common among, but not restricted to, young people, and dating violence has been identified as a risk marker for domestic violence in adulthood (Carlson 1990).

Studies of dating violence vary considerably in the range of data collected and while they generally indicate that males and females engage in violent behaviours in approximately equal proportions, research findings indicate a range of prevalence rates ranging between 12 and 87 per cent, depending on the definitions used and questions asked (Bagshaw et al 2000). This is an area for further work. Some studies suggest that, while more females than males may use dating violence, females' violence is more likely to be at a lower level and a one-time event, while males' dating violence tends to be more severe and is more likely to be a regular pattern (Bagshaw et al 2000).

A recent Australian survey of 5000 young people aged 12-20 years, funded partly through PADV, found that, of those who had ever been in a dating relationship, 37 per cent of boys and 36 per cent of girls had experienced some measure of physical violence in one or more of those relationships. This included almost half of 19-20 year olds who had been in a dating relationship. Females were more likely to slap, whereas males were more likely to put down or humiliate, try to control the victim physically, and to throw, smash, hit or kick something. Females were also substantially more likely than males to have been both frightened and physically hurt (National Crime Prevention 2000, Indermaur 2001).

Despite the shortcomings of the studies, and the difficulty in comparisons due to widely varying methodologies and definitions, violence within dating relationships is clearly widespread, can occur during adolescence (both for both victims and perpetrators), and can take the most serious forms (eg rape).

Fear and violence: qualitative aspects

The figures tell only part of the story. Research highlights the many qualitative differences between men's and women's violence.

As perpetrators of violence, men are stronger and usually inflict more damage than women. Some studies suggest that women's violence is more likely to be self-defence against a violent male partner (Bagshaw & Chung 2000). The research suggests that typically, men use physical force to assert control while women use it to protect themselves, to retaliate, or because they fear that their partner is about to assault them (Thorne-Finch 1992).

Research under PADV (Bagshaw & Chung 2000) has shown that fear is a strong and constant presence for women who are victims. Even if the violence happens only very occasionally, the threat may be constant and terrifying. In contrast, interviews with men

who had been victims of domestic violence showed they virtually never feared their violent partner, but tended to think of women's use of force as ineffectual.

"He only hit me once or twice in a month, but I lived in the fear he would hit me every day."

After the couple separate, there is considerable evidence to show that a man's violence may increase after separation, in reaction to his loss of control over his partner (Bagshaw et al 2000, Carchach & James 1998, Sev'er 1997). Women may be stalked, pursued at work, and sometimes lose their job because an employer is unwilling to put up with the man's behaviour.

Homicide and domestic violence

Women are more likely to be killed by current and former male partners than by anyone else (Bagshaw & Chung 2000). Approximately one third of Australian women killed by male partners are killed after separation (Carchach & James 1998).

Most male homicides, in contrast, are committed by males in public places as a result of alcohol-related arguments (Bagshaw & Chung 2000).

A study of homicides between 1989 and 1998 (Mouzos 1999) found that 88.6 per cent were committed by men, and about one third of all victims were female. Men were responsible for killing approximately 94 per cent of adult female victims, the substantial majority of these within an intimate relationship. Almost 60 per cent of female victims were killed by an intimate male partner, and about 90 per cent of these killings resulted from an "altercation of a domestic nature". Of the men killed, 11 per cent were killed by an intimate partner, 84 per cent of whom were female.

Viewed from another perspective, 77 per cent of homicides between intimate partners over

these same years involved a man killing a woman; 21 per cent involved a woman killing a man, and 2 per cent occurred within a same-sex relationship (Carcach and James 1998).

Studies of wives who kill their husbands reveal a history of systematic violence and terror in more than 70 per cent of cases, and over half of the husband killings occur in response to an immediate threat or attack by the husband (Bagshaw & Chung 2000).

Need for better research methodology

There is a need for more comprehensive research to understand the complex causal factors involved in domestic violence. Research that records only the extent of domestic violence ignores its social, political, cultural and economic background and context, and especially the fact that men often have more power than women in intimate relationships. Research that ignores such factors also ignores the differences between men's and women's experiences of violence (Bagshaw & Chung 2000).

WHAT IS THE ECONOMIC COST?

The total economic cost of domestic violence to the community is difficult to calculate, due to the hidden nature of domestic violence. Overall, very little work has been undertaken to date to establish the cost of domestic violence, and no comprehensive national cost study has yet been attempted. There are, however, substantial costs in many areas, amounting to billions of dollars annually.

There is evidence to suggest that domestic violence represents a considerable cost to the health system. It also significantly disrupts employment, and days of work lost must be taken into account in any economic assessment. There are significant welfare costs for women who are unable to obtain or keep a job in the wake of leaving a violent

relationship. Violence against women has been reported to be second only to traffic accidents in the police time it consumes (Astor 1994). Other costs include housing support, provision of specialist counselling and support, and all the costs associated with legal action and the court system.

Longer-term costs include the effects on the mental health of victims and children, and costs relating to education, including the economic and opportunity costs of disruption to children's education.

A number of States and Territories have tried to estimate costs both in terms of direct cost to government and the indirect cost to women experiencing domestic violence; however there is wide recognition that the estimates obtained are very conservative, due to the fact that much domestic violence remains unreported.

As part of the New South Wales Government Domestic Violence Strategic Plan (Womens' Coordination Unit 1991) a report was published of a study undertaken by Distaff Associates about the costs of domestic violence. The total cost of domestic violence was estimated to be over \$1.5 billion annually. This figure represents:

- Direct costs to women, including:

Non-disclosure (including medical costs and income forgone)	\$128.92m
Acknowledgment and help seeking (including legal, accommodation, medical, income, child care costs etc)	\$651.67m
Total	\$780.59m
- Direct costs to Government, including:

Health and welfare	\$35.67m
Accommodation	\$82.70m

Income provision and earning	\$249.79m
Legal and law enforcement	\$28.08m
Total	\$396.24m
• Indirect costs to others	
eg employers, lost labour and productivity, third party costs	\$48m
• Total costs of domestic violence	\$1,524.82m

The study noted that the costs of building an alternative life had not been estimated as they are difficult to assess; nor does the study count the long-term costs of dysfunctional adults and children.

KPMG Management Consulting was commissioned in 1996 to find out the economic costs of domestic violence in the Northern Territory. It was found to create direct costs of nearly \$8.86 million each year, while indirect costs, such as loss of earnings, amounted to an additional \$4 million each year. They concluded that the community including government bore 81 per cent of the direct costs of domestic violence. The study, based on consultations with 32 women, found that 69 per cent of participants reported days off work for some period of time as a direct result of domestic violence, and over 80 per cent reported having to replace household goods and other items as a direct result of the offender taking or destroying or selling these items (KPMG 1996).

A study in Queensland in 1991 estimated the costs of domestic violence to that State were \$108.61 million per year (quoted in Northern Territory Government 1999).

The Queensland Domestic Violence Task Force (Roberts 1988) assessed the cost of domestic violence by looking at 20 case studies of women who had experienced domestic violence. The data highlighted the direct costs to the community regarding services provided

for victims and the costs to women experiencing domestic violence though lost productivity. Cost to government included use of police and legal services, income support, child care, education, counselling, health services, housing, emergency accommodation and other practical support in assisting women to leave such as furniture and transportation of goods. The costs for the 20 female victims of domestic violence were:

• direct costs:	\$1,051,712
• indirect costs:	\$113,679
• Total:	\$1,165,409

A British review found that, while disparity of approaches precluded comparisons between the small number of research projects carried out into costs of domestic violence, all the projects reviewed concluded that costs were substantial. The impact was felt by health services, civil justice, criminal justice, social services, housing, women's aid and refuge services, advice and advocacy services, employers and employment benefits, and friends and family, as well as the person actually experiencing the violence (Crips & Stanko 2000).

SEEKING HELP: NEGOTIATING THE MAZE

Domestic violence is, in the large majority of cases, violence by men directed against women (as discussed above), and research and intervention have therefore focussed on the needs and safety of women and children. This section traces the experiences of women who are victims of domestic violence and seek help. The difficult and often discontinuous pathways through the service system for victims, children and perpetrators are charted later in this document (see pages 68 to 69).

FINDING REFUGE

For a woman experiencing domestic violence, the trigger to enter the service system is usually a crisis — a particularly severe attack that threatens her safety and often that of her children as well. Currently women have little option but to flee their home if their safety is under threat. There is no formal mechanism to remove the perpetrator and enable the victim and children to remain in safety.

“There were several years of physical abuse... I did as I was told, I did not tell anyone of the abuse taking place within our home, and slowly over the years became a prisoner within my own home. He became more powerful as I became powerless....

“I would become tired and worn down, but have this expectation and pressure from my partner to keep the house and myself well presented...”

(Domestic Violence & Incest Resource Centre, and Women’s Health West 2000, p. 21)

Often the police are called — by the victim, a child, or a neighbour — and they are likely to refer the woman to a refuge. They may also

refer the matter to the court system. Some women ring a phone crisis line, which may refer them to a refuge.

In theory, women can enter a refuge directly, without referral, but in practice this can be very difficult. Refuge phone lines are chronically over-taxed and many women simply fail to get through.

As well as providing safe accommodation and a level of support and counselling for women and their children, the refuge will help a woman to negotiate the court system. There can be problems, however. In refuges where there is communal living, it can be cramped and particularly difficult for families already in crisis. People with mental illness or other disability are often not catered for, and older women may not feel comfortable in a refuge environment. Some refuges will not take teenagers or children, and for Indigenous women and their families, there are additional issues. Nevertheless, refuges generally provide a positive and supportive environment — at least temporarily.

Some women choose not to leave their partner, despite the violence. For some of these women, outreach workers from the refuge or other domestic violence services can provide valuable help in planning for safety and longer-term goals. The contact, however, raises issues of safety for both the woman and the worker.

COURT PROTECTION AND ACCESS TO CHILDREN

Within the court system, a woman may gain a measure of protection through obtaining a protection or restraining order (designated differently from jurisdiction to jurisdiction), which restricts the perpetrator’s access to victim and children. An order is relatively easy

to get, but the terms are often loosely worded and difficult to police adequately, and the effectiveness of a restraining order often determined by the woman's capacity to report and achieve redress for breaches.

Increasingly, where children are involved, the woman is referred through the Family Court system to a contact service, which provides a safe environment for children and father to meet under supervision, while court action is proceeding.

In the absence of a contact service, women make ad hoc arrangements to hand over children for contact visits. Some meet at the local police station, with or without the cooperation of the police there. Many use McDonald's. Violence and being followed are ever-present threats.

BARRIERS TO JUSTICE

In some instances, a man will be charged over domestic violence. For this to occur, the woman must be willing to provide the police and the prosecution with the necessary evidence, in court — police evidence alone, gathered after the incident, is most unlikely to be sufficient to gain a prosecution. Many women are unwilling or too frightened to follow this course, and those who agree initially often withdraw that agreement before they get to court.

In a street brawl, in contrast, police are more able to give convincing evidence on the basis of evidence gathered, even if they did not witness the attack, as there are more likely to be a number of witnesses who can verify the facts. The victim may not even have to appear in court. In domestic violence situations, there are few witnesses except the victim and possibly her children.

If the case gets to court, it is then often difficult to establish legal proof that violence has

occurred. The need for clear evidence means that it is particularly difficult to prove violence that is not physical.

Anecdotal evidence suggests that, when men are convicted, it is often for breaches of a protection order rather than the violence itself. Two factors may contribute to this: many women choose not to pursue an assault charge once they have obtained a protection order; and in some jurisdictions, statistics do not specify whether an assault conviction involves domestic violence, whereas in the context of breaches of a protection order, they do.

“Unless there were physical signs or evidence or documentation from the police and others to support your story, this feeling of disbelief, that no one seemed to comprehend the mental wear-down, continued...”

(Domestic Violence & Incest Resource Centre, and Women's Health West 2000, p. 21)

Yet even to prove a breach of an order requires a level of evidence much higher than that required to obtain the order. In practice, protection orders are easily flouted without legal consequence — a major concern, given that a significant proportion of female homicides are committed by a partner, after separation (see page 13).

The small number of relatively new domestic violence courts present a different picture. The environment and the magistrate are much more sensitive to women's and children's needs, and protection orders are more tightly and appropriately crafted.

The issues — both practical and ethical — are complex, and there can be no simple answers, but currently many perceive the system to be inadequate to address and protect victims of domestic violence.

OTHER ROUTES: AVOIDING POLICE AND REFUGES

For women without access to resources, the refuge system, with or without police intervention, offers the only real option. A significant proportion of women, however — particularly those in middle or higher income brackets — avoid police, the refuge system and the courts if at all possible, in the desire to avoid the public “shame” of domestic violence. They may, for example, save up until they have a bond for private rental accommodation, then take a few days off work while they move. Some move in with family, though this is usually only possible for a short time.

These women often end up in the Family Court. Here again, the requirement for evidence of violence can make it difficult to obtain a fair separation settlement and custody arrangements. This difficulty tends to be exacerbated by the lack of police and refuge involvement, and sometimes by the man’s ability to afford better legal representation.

TURNING TO THE HEALTH SYSTEM

Some women first seek help, either directly or indirectly, through the health system, often a general practitioner, or a woman may present with injuries at a hospital accident and emergency department. Frequently, the response is limited and the signs that point to domestic violence are ignored — in generalist health and medical services, there is a lack of awareness and education about domestic violence, and a lack of appropriate screening tools. Physical injuries are treated, and prescriptions are more common than counselling or appropriate referral.

Community-based health services for women seeking help vary across jurisdictions, with some having a strongly clinical focus, while others offer a wide range of health, support

and housing services. Women’s health services, though rather fewer in number, usually offer appropriate help and/or referral.

In some relationships, abuse involves a high level of psychological violence, which may be coupled with control of all the household finances. The man, for example, may present the woman (both to her and to the world) as unstable and unwell; she is persuaded to accept treatment for her “depression”, “anxiety”, or “inability to cope”; and the individual focus of such treatment may reinforce her belief that she has a mental illness or personal problem. There have been cases in which, when the woman has left the relationship, her “condition” and medical reports have been tendered in the Family Court as evidence of her incompetence to care for her children.

WHERE TO LIVE?

For the large majority of women, the main practical issue is accommodation. From the refuge, a woman may move to supported accommodation, public housing (women in the refuge system are given priority) or, for those who can afford it, private housing.

“Why do we women live in refuges when the perpetrators live in the comfort to which they are accustomed?”

“Why must we three [woman and her two children] eke out a living on a pension of \$330 per week, of which \$130 goes in rent, while my husband lives on his salary of \$750 a week, of which \$85 goes on the mortgage, and lives alone in a four bedroom, two bathroom house?”

(Chung et al 2000, p. i)

Many women who leave a domestic violence situation move into poverty. Many cannot raise even the deposit for private rental, let alone

buy a house. Some lose their jobs — in some instances, because of post-separation violence, where the man seeks out the woman repeatedly at work; in other cases, because of logistical difficulties such as distance, transport, and awkward shifts. Many access some form of Centrelink payments.

Many people argue that it should be the perpetrator who is removed from the home; that the woman and children should remain and be made safe, to minimise further disruption to the already traumatised family. This issue is increasingly of concern within both legal and accommodation systems.

AND FOR CHILDREN AND YOUNG PEOPLE ...

For children, the disruptions and disturbances associated with domestic violence can be extreme. They may see violence directly, be woken by it, see their mother's distress and bruising, or damaged property. They live with the effects of the violence on the health and parenting skills of their mothers, and with constant fear.

When the victimised partner leaves home, or is hospitalised, some children are left with the violent partner. Others are uprooted from the family home. Young people of school leaving age may be urged to find work and contribute to the household expenses. Or they may become unemployed. Too often, they are pawns, bargaining chips, caught between parents both at home and in the courts.

Temporary accommodation may last for months, with friends, family or in women's or youth refuges. There are unfamiliar surroundings, maybe a new school, and often little money. It may be difficult to get to school at all, or to make new friends — some children and young people have difficulty in relating to their peers.

Sleep disturbances, chronic tiredness, withdrawal, poor self-esteem, anxiety, eating disorders, and suicidal thoughts are all common.

Some children and young people feel the violence is their fault and are caught up in feelings of guilt. Some are concerned to protect their mother or younger sibling. Some lose all trust in and respect for both parents.

WHAT CAN BE DONE?

The experience of women, children and men outlined above has become of increasing concern to policy makers and providers, and many of these concerns have been addressed through the more than one hundred projects of PADV One, under its six priority areas. The challenges and achievements in each of these priority areas are the subject of the following chapters. The outcomes of the PADV projects will inform future policy and service delivery, to improve the experience of women and children needing help, and to reduce the level of domestic violence within our society.

ACHIEVEMENTS UNDER PADV ONE: AN OVERVIEW

Over its three and a half years, PADV One has undertaken, across its six priority areas, a diverse and often innovative range of projects related to domestic violence, and has supported the development of research and the documentation of good practice.

In providing a strong national forum for domestic violence issues, PADV has fostered interchange of ideas, broadened horizons, and placed on the national agenda issues that require the commitment of various levels and departments of government. It has significantly increased collaboration across jurisdictions and between sectors in responding to domestic violence, by providing opportunities for dialogue between levels of government and across government departments. While essentially a heads of government program, PADV projects have also involved a wide range of non-government organisations providing a range of services to people affected by domestic violence.

PADV has significantly raised the profile of domestic violence in the public arena, and in relation to policy and service delivery. In the education sector, this has occurred through cooperation with National Crime Prevention projects focussing on young people and children. The much-needed national focus on domestic violence has given jurisdictions support in their advocacy for domestic violence prevention.

Furthermore, PADV has highlighted and made visible the needs and concerns of particular groups in the community in relation to domestic violence, including Aboriginal peoples and Torres Strait Islanders, culturally and linguistically diverse communities, older women and women with disabilities. This should have an impact not only on domestic violence policy, but also on policy in other areas such as disability and aged care.

PADV has worked towards a broad framework for response, at the same time supporting flexibility to suit local needs and innovations and address new issues as they emerge. Rather than a “top-down” approach, it has fostered and enabled participation and engagement at the local level.

Research projects have provided evidence for policy development and initiatives in practice, early intervention and education, and have facilitated debate about directions in, and underpinning approaches to, domestic violence policies and programs.

Good practice models have been documented and disseminated. PADV has sanctioned practice in working with children and working with perpetrators, and has provided a catalyst for “doing things differently” where appropriate. Showcasing the findings of PADV projects across the country has given PADV a public face and identity at the service delivery level, informed practice, and provided access to resources. Systematic evaluation of the whole program has drawn together themes in the work of PADV, identified key findings and learnings, and promoted this work through a series of papers.

Three national conferences have been held, and have generated enormous interest: the *Forum on Children, Young People and Domestic Violence: The Way Forward*; the *Men and Relationships* conference; and *Rekindling Family Relationships*, a conference on Indigenous Family Violence. A fourth conference, on Intergenerational Violence, is planned for early 2002.

The meta-evaluation of PADV, which has monitored and assessed all projects and the overall direction of PADV, has identified a number of planning and development

characteristics that have determined the success of those projects. These key characteristics are:

- **planning:** the level and quality of the project planning, the extent to which all key personnel were fully involved, and whether the objectives were realistic;
- **personnel:** the allocation of specific, skilled personnel dedicated to the project;
- **experience:** the history and experience of the agency in undertaking this work;
- **conceptual framework:** the extent to which the philosophy and theoretical framework was articulated and implemented;
- **infrastructure and support:** the infrastructure and management support directly available to workers, particularly the level of organisational commitment to supervision, debriefing and ongoing support;
- **reference groups:** the nature of the reference groups and their breadth of representation and focus.

The successful factors in the planning and delivery of PADV One projects will be presented in the meta-evaluation report to be published at the end of 2001, and will inform future policy and service planning.

The following sections of this report discuss each of the six priority areas of PADV One, to provide an overview of knowledge accumulated, outcomes achieved under PADV One projects, and challenges remaining.

PADV PRIORITY AREA ONE: CHILDREN AND YOUNG PEOPLE

The first priority area identified under PADV is “Working with children and young people to break the cycle of violence between generations”.

The issues in relation to domestic violence are very different for children up to the age of about 12 years, and young people from about 13 into young adulthood.

WHAT IS KNOWN?

Children and young people are often present in the house as witnesses, trying to intervene, attempting to seek help, and/or becoming targets of the violence. It has become increasingly clear from the research that children and young people in situations of domestic violence are not merely passive onlookers, but are actively involved in seeking to make meaning of their experiences and dealing with the difficult situations that confront them (Laing 2000a).

How many children and young people are involved?

Figures from a range of studies in Australia and overseas report that a high percentage of children living in a violent family witness extreme forms of violence such as wife assault, threat or use of a weapon, and homicide (Bagshaw et al 2000).

Women’s Safety Australia, the 1996 survey carried out by the Australian Bureau of Statistics (McLennan 1996), found that:

- 61 per cent of women who reported violence by a current partner had children in their care at some time during the relationship, and 38 per cent of these women reported that their children had witnessed the

violence — representing 132,400 women across the Australian population, based on projections from the survey sample);

- of women who reported violence in a previous relationship, 46 per cent reported that their children had witnessed the violence — representing 461,200 women across the Australian population, based on projections from the survey sample.

A survey of over 5,000 young Australians aged between 12 and 20 years from all States and Territories, funded partly through PADV, found that almost one quarter of the young people surveyed had witnessed an incident of physical or domestic violence against their mother or stepmother. About half of these had witnessed the violence more than twice. Females, older teens, those of lower socio-economic status, and those not living with both parents were found to have been more likely to have witnessed adult domestic violence. The study also indicated that one in 10 young people lived in households where the male carer had hit them and/or their siblings for other than bad behaviour, and in these household, over half the young people reported having been aware of male to female physical domestic violence occurring at some time. (Indermaur 2001).

This study further confirms earlier research showing that in many families where there is child abuse there is also domestic violence, including physical and emotional abuse and neglect, and child sexual abuse (Worth & Martin 1997).

Effects on children and young people

Over the past decade or so, a growing body of evidence has highlighted the effects on children and young people of living with

domestic violence, and this has been an area of increasing concern (Worth & Martin 1997, Camache & Snapp 1995). Until PADV, however, little was known about the most effective ways of helping these children and young people.

The literature focuses largely on the effects of physical violence, with considerably less known about the impact on children and young people of domestic violence that takes the form of verbal or emotional abuse, social isolation or economic deprivation (Laing 2000a).

The neuro-developmental impacts of prolonged domestic violence on children are similar to the effects of war or abduction (Hartman 1993, quoted in MacIntosh 2000) and the fear and trauma they experience has been shown to be akin to post-traumatic stress disorder (Perry 1994, Graham-Bermann & Levendosky 1998). Violence during pregnancy can cause problems in the newborn infant, and it may have long-term developmental effects on behaviour and mental and physical health (Quinlivan 2000)

Two types of reactions are seen among children in violent family contexts: externalising behaviours such as aggression and delinquency, and internalising behaviours such as withdrawal and anxiety. Children who witness and/or experience domestic violence are at risk of symptoms of depression and suicidal thinking, low self-esteem and self-blame, nightmares, emotional distress, somatic complaints, lying, and aggression against peers, family and property (Sunderman et al 1995, Irwin & Wilkinson 1997). They may experience cognitive deficits and difficulties at school, and may come to believe that violence is an acceptable means of control (Indermaur et al 1998). The negative human interactions they witness as children may lead to difficulty in forming intimate relationships in adulthood (Szirom 2000).

It has become increasingly evident that children who grow up with domestic violence are at increased risk of becoming perpetrators of abuse in adult life (eg Indermaur 2001). Nevertheless, many who experience violence in their home environment are able to lead lives free from violence (Bagshaw et al 2000, Indermaur 2001). Indeed, a British review of the research evidence concluded that the majority of children exposed to domestic violence do not become either perpetrators or victims of domestic violence in their adult relationships (Humphreys & Mullender 2000, quoted in Laing 2000a).

Adolescence is a critical transition period and the time when young people often start intimate relationships. Research suggests that the risk of violence in adolescent dating relationships is increased where there has been a history of family violence, while over 60 per cent of abusive men witnessed domestic violence as children (Ray 1994).

There is also an increased risk of homelessness for young people in domestic violence situations. Research suggests that a large percentage of adolescents who run away from home are attempting to escape family conflict and violence in the home. It would appear that the greater the amount of spousal violence, the greater the probability of physical child abuse by the physically aggressive spouse (Ray 1994).

Risk and resilience

While much has been learnt about the impact of violence on the health of children and young people, less research has been directed towards understanding the subjective experiences of children and young people and to the strategies they use to deal with the violence and its aftermath (Laing 2000b). Rather than emphasising psychopathology and developmental impairments, the need has been identified for an alternate perspective that

regards child witnesses of violence as victims of the perpetrator and of the power imbalances in society, and emphasises the strengths and resilience of children and young people (Peled & Davis 1995, quoted in Laing 2000b).

“Resilience” — the capacity to recover from adversity and difficult or harmful events, and to defend or protect oneself from the effects of such events (Fuller 1998) — is a concept of key importance.

Some children and young people are at much greater risk of adverse outcomes than others. Risk can be viewed as a continuum, from “minimal risk”, where young people are protected by factors such as positive experiences within the family, school and society, and limited environmental stressors; to “high risk”, where they are actively engaging in dangerous behaviours and experiencing extreme vulnerability. Attributes of the individual, the family, the school and broader societal circumstances all contribute to both risk and protective factors.

Some children and young people are exposed to multiple risks but do not develop problematic behaviours. They exhibit resilience. Key domains of personal skills or resources required for resilience are: social competence, problem solving skills, a sense of autonomy and self-efficacy, and a sense of purpose and future (Benard 1991, Withers & Russell 1998). Underlying the concept of resilience is the need for “connectedness”, a sense of belonging to a family, peers, school and the wider community, which is seen as crucial to building resilience in young people (Fuller 1998).

Intervention

Children are often powerless and vulnerable in situations of domestic violence, and their needs must be understood from this perspective.

Human service and justice administration agencies have a responsibility to develop policies and practices that enable children to be heard.

The critical developmental periods of childhood and adolescence offer an opportunity to intervene to help children and young people to deal with the fear and conflict associated with domestic violence, to minimise the effect on their social and educational development, help them to learn to build non-violent relationships, and break the cycle of intergenerational violence.

The importance of preventive interventions for children is highlighted by the consistent findings from the literature, that the early years (before twelve years of age) are critical in the establishment of aggressive and violent response styles (Indermaur et al 1998). Early intervention for children experiencing domestic violence has the potential to help to prevent later mental health problems and relationship difficulties in adulthood, and to foster the development of resilience, mental health and long-term wellbeing.

Adolescence, as a critical transition period and a time when young people often have their first intimate relationships, presents an important opportunity for intervention that aims to prevent domestic violence, within both dating and later adult relationships (Laing 2000a). Adolescence also provides an opportunity to disrupt destructive behaviour patterns before they become adopted in adult behaviour (Indermaur et al 1998), to foster development of resilience and help young people to strengthen their communication skills and learn alternative means of dealing with stress and anger.

Evidence suggests that young people make choices about their behaviours and that school can provide a safe space where they can explore non-violent options (Strategic Partners 1998).

This understanding has led, among other things, to growing support for all young men to receive relationship education that includes coverage of the issues of violence and power.

Researchers have suggested that strategies focusing upon relationship building are most relevant for children and young people from violent home backgrounds (Camache & Snapp 1995). At the same time, it is important that intervention avoid stigmatising, shaming and labelling children from these backgrounds.

Educational resources

A large number of educational approaches have been developed to promote values and behaviours aimed at reducing violence and promoting resilience.

The National Crime Prevention web-site (www.ncp.gov.au) includes a database on Australian violence prevention programs for adolescents. The programs were sourced through the audit phase of “Working with Adolescents to Prevent Domestic Violence” project, carried out by the Crime Research Centre in Western Australia. This project involved mapping current work with adolescents to prevent domestic violence, and it identified key components of education programs for all adolescents, and for early intervention program for at-risk adolescents.

Domestic Violence Prevention: Strategies and Resources for Working with Young People (Strategic Partners 2000), developed under PADV, also contains information on a wide range of approaches and resources, many for use in schools.

WHAT HAS BEEN ACHIEVED UNDER PADV?

Before the establishment of PADV, action had occurred in three main areas: improving the care and protection of children; reducing the negative effects of children’s experiences of

violence (as witnesses and victims); and preventing domestic violence amongst future generations.

There are, however, few services specifically targeted and available to children who have experienced domestic violence (Smith et al 1996, Bagshaw et al 1999), and while preventive and education measures have been adopted to varying degrees in schools across Australia, access to specialist intervention services is limited. The service system has not been responsive to the needs of children — until recently they were not considered as clients in their own right within Supported Accommodation Assistance Program (SAAP) services, and were not included in the service statistics.

Domestic violence and child protection have been treated separately within the service system and interventions have sometimes been at odds both theoretically and in practice. A key issue in supporting women and children affected by domestic violence is the assumption within service systems (primarily within the child protection system), that mothers are accountable for their children’s safety, even when their violent partners are known to have committed the abuse of children, and the women themselves are subject to abuse (Laing 2000b).

Based on previous research and documented practice, PADV has funded interventions to respond to, and establish good practice in working with, children and young people affected as witnesses and victims of domestic violence, and community education and early intervention initiatives that support the amelioration of domestic violence. The *National Forum on Children, Young People and Domestic Violence: The Way Forward*, held in 2000, provided a major opportunity for sharing and disseminating much of what had been learnt to date, and for building further collaboration and dialogue across the many sectors involved in responding to the needs of children and young people.

Service responses and good practice

Among a number of PADV projects focusing on the ways in which services respond to children and young people who have been witnesses or victims of domestic violence, two in particular have made a substantial contribution to good practice:

- In Queensland, *Best Practice Intervention for Children and Young People who Witness Domestic Violence* (the “Kids and DV Project”) has consolidated knowledge and developed a range of resources to assist workers in the provision of services to children and young people. These include a set of practice standards, a booklet documenting 15 practice models and approaches, a booklet to assist services in evaluating their own projects, and a web page (www.lgcms.com.au). The resources provide a framework and foundation to guide practice, and their relevance to a broad range of service providers will help to achieve a more informed and consistent approach.
- *Supporting Children and Young People who have Experienced Domestic Violence* has identified and documented good practice within seven Victorian agencies working with children and young people who are affected by domestic violence. The project has documented models and approaches that can be used to help children deal with their feelings around violence, identify non-violent strategies, and increase self-esteem. The seven agencies include services providing refuge and accommodation, outreach to families and children, preventive programs in schools, parenting support, community education, and support for children and young people experiencing sexual assault.

Education

A mix of State/Territory and Commonwealth projects has targeted young people in school and community settings. Peer education models

in particular are showing promising results in engaging young people and empowering them to deal with their own issues around domestic violence and support educational programs with other young people.

In those education projects evaluated as having greatest impact on the young people involved, there was a clearly articulated and documented philosophy and theoretical framework. Development of the project included consideration of factors such as context, location, gender, masculinity, theoretical underpinnings and operational structures and processes. Workers drew on carefully defined content and process, based in knowledge and skills on how to engage young people. Community involvement was a key feature, and strong and representative reference groups were actively involved.

The PADV evaluation also identified organisational features that underpin success in such projects. These include strong and ongoing support from the auspice organisation, with appropriate infrastructure, management, and planning; staff with expertise in working effectively with disadvantaged young people; flexibility of approach; strong linkages in the education and/or community sectors; and processes for drawing in the local service provider and community networks.

Projects have highlighted the difficulty of working within large high schools, due to their complex and often rigid social structure, teacher shortages, and doubt among staff about their capacity to handle domestic violence disclosures in the school setting. The most successful interventions have been those with a broad approach that integrates school policies on safety, educational programs on social skills, and the building of resilience, with a focus on changed behaviour.

Working with young men

There is growing awareness in Australia of the importance of preventing domestic violence among future generations, with attention to the way in which dominant forms of masculinity condone violence and the abuse of power. A number of PADV initiatives are working with young people to promote relationships that are respectful and non-violent.

These projects have highlighted the need for all work with young men around domestic violence to include an understanding of gender, power and the effects of masculinity. They have shown that young men are interested in exploring ways to stop relationship violence when the approach taken is accessible to their peer culture. The commitment of the organisation and its understanding of the insidious nature of domestic violence in the community have been critical to the success of these projects. Evaluation has also confirmed that programs need to involve male workers, to provide a clear and positive role model. The workers need a sound understanding of the issues, educational and/or community development experience, the capacity to engage the young people, the ability to work as a cohesive team, and the capacity to review and build on the model used. Programs also need to engage key community figures to provide ongoing support to young men and a continuing commitment to prevent domestic violence.

The PADV projects and evaluation also confirm the usefulness of peer education models in working with young people around domestic violence, and have highlighted the value of giving young men who have experienced domestic violence a leadership role in these interventions. Peer education programs should be implemented within young men's social and other networks (educational institutions, sporting/recreational events, youth/welfare services), and should develop the skills of peer educators

in group work, critical analysis, active listening, assertive communication, conflict management and problem solving. The aim is to enable program participants to choose to have respectful relationships with their partners and families.

Attitudes and awareness

A key to reducing domestic violence in future generations is to understand young people's attitudes to domestic violence. Two PADV projects, in the Northern Territory and South Australia, have conducted surveys with young people to inform program development. The surveys found a high level of awareness of domestic violence and the range of behaviours involved. In the Northern Territory survey, 98 per cent of respondents agreed domestic violence was a crime (Thompson 1998). The critical challenge is how to translate this awareness, where it exists, into changes in young people's relationships that result in them living in relationships free of violence.

Be cool ... not cruel: Domestic Violence Community Education Package for Young Territorians is directed at school-aged children and young people in the Northern Territory to raise their awareness of domestic violence. The project also aims to raise awareness in adults about the effects of domestic violence on children and young people. Campaign resources, which have been welcomed by schools, include information packages for children and adults, an animated television commercial and a comic strip print advertisement. The program won the 1999 Inaugural Australian Marketing Institute Award for Marketing Excellence. Long-term outcomes include the establishment of a free 24-hour telephone counselling service, and incorporation of training on child-centred practice and domestic violence into all crisis line training. The program clearly demonstrated the need to engage the target group in any campaign design, as adults'

assumptions about what will work with young people are not necessarily accurate (Rudd & Jacob 2000).

Other PADV projects are currently underway to promote greater awareness within the community about the impact of domestic violence on children and their carers (see section on PADV Priority Area Three: Working with the Community, page 37).

WHAT ARE THE CHALLENGES?

The needs of children and young people are not yet fully addressed. While there is, in some cases, a response to their physical needs and some attempts at counselling, there is no consistent, broadly available intervention that ensures that children and young people deal with the trauma of domestic and family violence, and prevents violence becoming part of their future relationships.

The central challenge is to ensure that all children and young people who are victims or witnesses of domestic violence are provided with this support.

To address this systematically, more comprehensive information is needed on the availability across Australia of services for children and young people in domestic violence situations; what prevents mainstream children's services and specialist domestic violence services from offering more effective services in this area; and what opportunities exist for re-orienting services. Furthermore, PADV projects have not yet explored the role of the police, courts, family counselling and contact services in supporting children.

Important areas for further work or investigation include:

- appropriate **intervention strategies for younger children** at a range of ages and developmental stages;

- ways to provide domestic violence **prevention, education and information** to all children and young people, and identification of the most relevant people and agencies to provide such services;
- ways to **involve and engage schools** effectively in domestic violence education, prevention and early intervention;
- **support for teachers, welfare coordinators and student counsellors** in the education system, to enable them to deal appropriately with disclosures of violence;
- further development and long-term evaluation of **prevention initiatives for young men**, including peer education models, based on practices already identified as effective or promising;
- investigation into the **links between domestic violence and child protection** services and interventions, at both policy and practice levels, and development of a common framework of approach that respects and supports the needs of children and young people;
- **culturally sensitive approaches** for use with children and young people from Indigenous communities and culturally and linguistically diverse backgrounds;
- development of **standards and indicators** to provide guarantees of quality for all domestic violence services for children and young people.

Education products and materials already developed through PADV projects should be made more broadly available, workers' perceptions of their value ascertained, their use monitored, and their effectiveness evaluated. In particular, the good practice principles and competency standards are of national relevance, and mechanisms should be developed to facilitate and extend their use.

PADV PRIORITY AREA TWO: ADULTS

The second priority area identified under PADV is “Working with adults to break patterns of violence: working with victims and violent men”.

WHAT IS KNOWN?

Working with victims

Women

Women who experience violence within a heterosexual relationship are the group most likely to seek help for domestic violence, and about whom most is known. Evidence from service providers suggests many women in such situations may present to services with “symptoms” of the effects of violence, such as depression, low self-esteem and general feelings of not being able to cope.

Research under PADV (Bagshaw et al 2000) has confirmed that many women are very reluctant to ask for help. Commitment to maintain the relationship, shame about marriage failure, fear of the personal and family consequences of separation, and social pressure to be in a long-lasting and successful relationship lead many women to endure considerable abuse and violence over a long period. Some continue to love their partner and enjoy other aspects of the relationship. Women who have been in domestic violence situations, particularly those in first relationships, have reported being unclear about what is acceptable or “normal” within a relationship, in relation to issues such as conflict and anger. Feeling responsible for the relationship, the violence and the potential break-up of the family is a very common experience, and perpetrators also often blame their partners.

Other reasons for not asking for help include fear of escalating violence; lack of self-esteem;

denial and disbelief; hope that the perpetrator’s behaviour will change; desire to keep the family together; depression and stress; isolation (social, physical or geographic); lack of services or lack of awareness of services; lack of faith in others’ ability to help; and a sense of self-reliance and independence (Keys Young 1998, Cultural Perspectives 2000).

The range of service responses is discussed on pages 67 to 74, but includes secure emergency accommodation (women’s refuges or shelters), individual counselling, group support programs, police intervention, and legal responses such as restraining orders. Domestic violence has also been considered in policies of human services agencies such as Centrelink, law enforcement, public housing authorities, public health services, the Child Support Agency and others.

Needs vary depending on the woman’s experience and her stage in the transition to separation, or whether she chooses separation: some women do not wish to separate, they want to remain in the relationship, but want the violence to stop.

As the diversity of women’s needs have become better understood, the need for improvements and greater flexibility in service responsiveness has become clear. Shelters or refuges have had to address issues such as how to accommodate women with older sons, older women, women with a mental illness or a disability, and those from culturally and linguistically diverse backgrounds. An ongoing tension for many agencies is the need to develop innovative and responsive services for a diverse population whilst at the same time dealing with current demands for services.

Homelessness is possibly the most urgent and pressing problem (Chung et al 2000). Currently, if their safety is threatened, women and children are forced to flee their home

while the perpetrator of the violence stays. When they enter a refuge, they are officially deemed “homeless”, a policy response that provides access to funding for refuges through the housing scheme and has helped to place domestic violence on the public agenda. The effect on women and children, however, is simply to compound their problems. Identifying these women and children as “homeless” fails to focus on the real issue — the violence — and it creates in women a strong sense of injustice. Most argue they have a home, but not one that is safe. They do not wish to be labelled “homeless” with all the negative connotations and bias this brings.

Men

Domestic violence directed towards men is a cloudy and under-researched issue. The small amount of evidence that exists suggests that men talk about their experiences of violence very differently to women, and their descriptions often blur the clear distinction between victim and perpetrator that is so evident in women’s accounts (Bagshaw et al 2000).

The National Conference on Men and Relationships, held under PADV in 2000, provided a valuable forum to start to address the issues pertaining to men and domestic violence, articulate and discuss the various approaches in the field, work towards new paradigms that are inclusive of men and women, and build collaboration and dialogue in working towards models of good practice.

Working with perpetrators

A focus on perpetrators of domestic violence is relatively recent. Services for perpetrators have not been as varied as those for victims, both because the primary focus has been on the safety of women and children, and because perpetrators are often reluctant to seek help about domestic violence. The limited knowledge of, and ongoing debate about, the effectiveness of perpetrator programs (National

Crime Prevention 1999), particularly mandatory programs, has also made such programs less likely to attract funding.

As well as legal sanctions and the criminalisation of domestic violence, service responses have, over recent years, included group programs for perpetrators that aim to stop the violence, and initiatives to prevent domestic violence amongst young men (see page 35). Mandatory programs for men who use violence are common in the United States as part of sentencing. In Australia, however, most perpetrator programs are voluntary, although mandatory programs have become more common over recent years.

Evaluation of perpetrator programs presents many difficulties (National Crime Prevention 1999). It must generally rely on criminal justice records and/or self reports by perpetrators and, where possible, their partners. Long-term follow-up, in addition to its cost, presents particular difficulties as repeat offenders are often difficult to locate and contact. Rigorous evaluation is, nevertheless, critical if service responses are to achieve the central aim of stopping domestic violence. It remains unclear whether perpetrator programs or strong arrest and prosecution practices are more effective in achieving this aim. Effective and systematic data collection through criminal justice agencies would help inform the issue.

The majority of Australian perpetrator programs and services have only been available since 1990 and the literature, both on Australian and overseas experience, does not consistently favour any particular approach (National Crime Prevention 1999). In particular, there is little information about perpetrator programs targeting Indigenous men, men of non-English speaking background, or men living in rural areas.

It would appear, however, that different approaches are appropriate for different groups of men. Men who use violence vary widely in their

ability and readiness to change their behaviour. For a proportion of men, a restraining order — frequently their first contact with the legal system — is an effective deterrent to violence. Some recognise their behaviour as wrong and want to change; others are motivated by not wanting to lose their children.

There is evidence to suggest that interactive group programs for men are more effective than individual or couple counselling (National Crime Prevention 1999). There is also evidence that whilst programs may decrease physical abuse in the short term, other forms of non-physical abuse continue and at times escalate (National Crime Prevention 1999). It is critical, therefore, that evaluation of perpetrator programs look at a range of forms of violence, include feedback from partners and ex-partners, and identify the required level of service to achieve effective change.

Recommendations from a national review of perpetrator programs (National Crime Prevention 1999) focus on an integrated approach to intervention with perpetrators. The review found growing evidence that perpetrator programs are most effective when implemented in the context of:

- enhanced resourcing of support services for women and children, with victim advocacy and support through the court process;
- strong pro-arrest policing; and
- consistent sentencing of perpetrators, which includes mandatory attendance at education programs, and strong penalties for repeat offences and breaches of sentencing and protective orders.

There is a need to know more about the effectiveness of perpetrator programs for “involuntary” clients — those mandated to attend — and how responsive such models are for men from diverse cultural backgrounds.

WHAT HAS BEEN ACHIEVED UNDER PADV?

Funding of \$6 million over four years was allocated under PADV for community-based organisations to develop innovative and effective services or projects that support men in their relationship with their partners, ex-partners, children, step-children and extended family. These were not programs for perpetrators.

The Commonwealth Department of Family and Community Services has developed the Men’s Access Line, a national family relationships telephone counselling service for men. This is a preventive measure designed to provide assistance on a range of family relationship issues, and to help men to understand and manage their relationship difficulties and choose solutions that reduce the likelihood of self-harm or harm to others. The primary target groups are men facing separation or experiencing difficulties managing their relationships with ex-partners and children, though other targets include men looking for help with partner relationships or facing difficulties in parenting children or step-children.

Much of the work with men under PADV has been exploratory in nature, and a number of things have been learnt through these projects. Services have found that men generally seek relationship counselling rather than domestic violence counselling, often in response to choices or ultimatums delivered by their partners; and that, among men who attended groups voluntarily, their commitment to change was motivated by their investment in making their own lives better, improving personally, and saving or improving their relationship (Bagshaw et al 1999). PADV evaluation has also shown that men often perceived services as punitive and adversarial.

Interviews with men in PADV research (Bagshaw et al 1999) found that they felt that the dominant ideas of masculinity and the ways of being raised as men limited their ability to communicate and understand their role within relationships, deal with the pressures of relationships in daily life, and understand what constitutes violence (their definition was commonly limited to physical acts). Violence was often seen as a normal way of addressing issues in relationships, and male culture was seen as promoting the ongoing use of violence.

Outside the criminal justice system, it appears that men will be more likely to approach a service that uses men's points of reference (for example, referring to relationships rather than domestic violence) to engage them. Once they have made the initial move to seek help, interventions can focus on issues of power, gender and responsibility.

Research and experience under PADV in working with men has highlighted the importance of the following principles:

- The safety of women and children is paramount in any service response.
- Programs for perpetrators should not operate in isolation from services for women and children, but should be integrated within government and non-government services to form part of an overall response. Appropriate legislation, policies and protocols should support this aim.
- All services should function within a framework that acknowledges power and gender and criminal issues in regard to domestic violence.
- Work with perpetrators should focus on men taking responsibility for their behaviour, with accountability underpinning all aspects of the program.

- Service providers working with perpetrators should have appropriate skills and expertise, consistent with the national competency standards.
- A male and a female working together should jointly facilitate perpetrator programs.
- Evaluation of perpetrator programs should be ongoing. Performance indicators should be identified and evaluation should include feedback from partners and ex-partners.

Other programs are pursuing approaches to increase women's safety. A significant amount has been learnt about women's needs through the research documented in *Reshaping Responses* (Bagshaw et al 2000), *Home Safe Home* (Chung et al 2000), and *Against the Odds: How Women Survive Domestic Violence* (Keys Young 1998), which are drawn on throughout this report. This research has confirmed and contributed to the growing body of qualitative research that questions notions of the "passive victim" and "learned helplessness", and identifies the considerable resourcefulness that women bring to bear in coping and living with violence (Holder 2001).

Practice initiatives under PADV include a project conducted by Queensland Health which is developing simple questionnaires to screen pregnant women for domestic violence, and evaluation to date indicates a strong preference among women for routine screening (Stratigos 2000). It is clear from the PADV projects to date that there is a need to increase education and training on screening practices to general practitioners and other health service providers across the country.

WHAT ARE THE CHALLENGES?

Working with victims

One of the most pressing problems in providing an equitable response to women affected by domestic violence is to find alternatives to the

current situation where women are forced to flee their home and become officially “homeless”, to protect their safety and that of their children. Work under PADV has highlighted this need and contributed significantly to our understanding of the issues for women and children (Chung et al 2000). There is a strong argument, both in terms of social justice and economically, for enabling the woman and children to remain in their own home, and requiring a violent man to move to alternative accommodation.

This has huge implications for the service system. It would require:

- a major policy and attitudinal shift within services and the law, underpinned by a clear acknowledgment that women’s safety is paramount, that women who are victims of domestic violence are not at fault, and the legal and moral responsibility rests with the perpetrator;
- the forging of strong and effective partnerships across the service delivery field, to achieve an integrated and effective response that supports the basic rights and needs of women and children; and
- the provision of emergency places to house men who have perpetrated domestic violence.

The service system also needs to cater more effectively for those women who want to continue with their relationship, but without the violence. This situation places very different demands on the service system, which is currently skewed towards support for women leaving a violent relationship.

Little is known about men as victims of domestic violence. There is a need for basic research that moves outside the traditional quantitative and incidence-based research to explore the social and cultural context of domestic violence against men (Bagshaw & Chung 2000).

Working with perpetrators

Responses to perpetrators fall into two broad categories: legal sanctions and counselling or rational, talking therapies. A number of important questions and issues need to be addressed in relation to these two areas.

Research is needed to identify the circumstances and groups for whom legal sanctions are effective, where they are ineffective, and why. Similar research is also needed in relation to group programs. Where programs are effective, research needs to identify which aspects of the programs have resulted in attitude and behaviour changes.

Mandatory attendance at perpetrator programs is relatively recent in Australia, and may range from attendance as part of a sentencing option, to diversion or a recommendation of attendance by the police and judiciary. As discussed above, the effectiveness of such programs is the subject of considerable debate. Rigorous comparative evaluations of various types of mandatory programs are needed to determine their effectiveness, identify the particular groups of perpetrators for whom they are appropriate, and indicate whether voluntary and mandatory participants should be together in the same programs.

Perpetrator programs rely on language and are located within a particular Western cultural context. They can be inaccessible to those who do not speak English, and culturally insensitive for men from non-Western and Indigenous backgrounds. The lead of the Northern Territory in developing a specific Indigenous program needs to be followed around Australia with the local development of culturally appropriate programs for diverse populations of male perpetrators.

In rural and remote areas, programs for perpetrators are often not viable for a range of reasons. The potential for specific interventions to respond to perpetrators in these contexts needs to be investigated.

For a proportion of perpetrators (often recidivists), neither legal sanctions nor perpetrator programs are effective in stopping the violence. Research is needed to develop effective and appropriate responses to these situations, particularly in respect of men entering repeated relationships, and of circumstances in which the partner wishes to maintain the relationship.

It is critical that there be ongoing and rigorous evaluation of programs for perpetrators including, as far as possible, evaluation of longer-term outcomes, to ensure that effort and resources are expended as effectively as possible.

PADV PRIORITY AREA THREE: WORKING WITH THE COMMUNITY

The third priority area identified under PADV is “Working with the community, educating against violence”.

WHAT IS KNOWN?

Considerable effort has gone into community education and prevention of domestic violence in Australia in recent years, and there are indications that community awareness of the issues has increased while acceptance of the use of physical force in a relationship has lessened. A 1995 study found a far greater understanding of domestic violence, compared to 1987 when the Commonwealth Office of the Status of Women commissioned the first survey of community attitudes to domestic violence (Office of the Status of Women 1995, 1988). In the 1995 study, the vast majority of respondents agreed that domestic violence is a criminal offence. A 1999 survey of 5000 young people aged between 12 and 20 years of age also found that the overwhelming majority of young people (92 per cent) believed domestic violence to be either very or quite serious (National Crime Prevention 2000).

Some population groups are better informed than others. For example, in 1995, women showed a higher level of awareness and understanding of domestic violence than men. Groups who were generally less well informed included those born in non-English speaking countries, older women, people with less education, and men in blue collar occupations (Office of the Status of Women 1995).

A recent study conducted under PADV found that the negative impact of domestic violence on children was clearly the issue of greatest concern across all community groups studied (the study looked at the general community,

linguistically and culturally diverse communities, and Indigenous communities) (Cultural Perspectives 2000).

Overall, the research has shown that the general community’s understanding of the broad issues surrounding domestic violence is reasonably high. Violence is nevertheless understood largely as physical violence, although studies have also found high awareness of psychological abuse (Office of the Status of Women 1995, Cultural Perspectives 2000). Other forms of abuse, such as economic deprivation, social isolation and sexual abuse, have not been so readily associated with domestic violence (Cultural Perspectives 2000).

Commonly perceived causes of domestic violence included financial pressure, drug and alcohol use (particularly in Indigenous communities), gambling, stereotypically male behaviour, and an abusive background (Cultural Perspectives 2000). However the 1995 survey found that the vast majority of respondents saw domestic violence as a criminal offence, not a private matter, and alcohol offered no excuse (Office of the Status of Women 1995). Nevertheless, 18 per cent still felt that physical violence would be acceptable in certain situations, notably in self defence, and 8 per cent believed physical force is justified when a man is “provoked” by his wife (Office of the Status of Women 1995).

COMMUNITY EDUCATION OUTSIDE PADV

Little is known about the effectiveness of community education and prevention initiatives in domestic violence. There have been a range of small and large scale education and awareness-raising initiatives across the

three levels of government, ranging from local government involvement in crime prevention and community development activities, to large scale Commonwealth-funded campaigns.

Domestic violence has been included in the curriculum of many professional courses such as social work, allied health, teaching, medicine, nursing and child care, and police training now includes components on domestic violence.

Some State and Territory Education Authorities have included information about domestic violence and dating violence in schools (Nancarrow & Struthers 1995).

National approaches raising awareness of domestic violence have included efforts under National Crime Prevention (formerly known as the National Campaign Against Violence and Crime) in the Attorney General's Department. National Crime Prevention priorities include violence in the community generally, of which domestic violence is one significant area. Commissioned research has included a survey of young people's attitudes to domestic violence, as well as national reviews of male perpetrator programs, programs for young people around domestic violence, and violence in Indigenous communities.

WHAT HAS BEEN ACHIEVED UNDER PADV?

Community awareness is a vital element in preventing domestic violence, informing victims of their rights and available support, and enabling friends and families (to whom victims most often disclose) to respond appropriately and supportively. There has been a particular gap in the research on attitudes to, and perceptions of, domestic violence in Indigenous and culturally and linguistically diverse communities and in regional areas.

In 1998 PADV commissioned research to develop a clearer understanding of the particular needs of these audiences. The research, including *Community Attitudes to*

Domestic and Family Violence in the Diverse Australian Community (Cultural Perspectives 2000), is being used to develop and implement a range of community awareness campaigns targeting Indigenous and non-English speaking communities.

Walking into Doors was a campaign managed by Aboriginal people for Aboriginal people. Funded through the PADV initiative, and developed using the learnings from the PADV research, the campaign aimed to promote community discussion. Led by singer-song writers, Archie Roach and Ruby Hunter, the campaign promoted an understanding of the impact of family violence on the wellbeing of communities and families and inspired communities to identify and promote their own approaches to non-violence. Campaign materials contain information designed to increase knowledge about sources of assistance for individuals and families experiencing family violence.

A number of projects under the National Indigenous Family Violence Grants Programme also include communication and awareness campaigns. For example, a community awareness project being run by the Secretariat of National Aboriginal and Islander Child Care, a national peak indigenous advocacy body, aims to improve the awareness among Indigenous communities and their leaders across Australia of the prevalence, impact and appropriate responses to family violence, and to assist community service workers with training guides.

Be cool ... not cruel: Domestic Violence Community Education Package for Young Territorians, the award-winning program discussed further on page 28, has aimed to raise awareness among primary school aged children and young people of domestic violence, and to raise adults' awareness of the effects of such violence on children and young people.

The reported effects of domestic violence on business include absenteeism, poor performance

and reduced productivity, increased stress and safety risks. *Partnerships Against Domestic Violence: A Business Strategy*, an initiative currently developing under PADV through the involvement of the private sector, aims to “encourage Australian businesses to make a commitment to the community by playing a vital role in helping to prevent and respond to domestic violence” (Heriot, 1998). For example, businesses can develop policies and practices that assist workers experiencing domestic violence.

Other community awareness projects and resources developed under PADV target young women’s awareness and capacity to identify early indicators of domestic violence, and to make positive choices about relationships; and general practitioners’ ability to recognise the signs of domestic violence and to respond appropriately. In Tasmania, a trial website for young people, <http://www.youthabuse.dchs.tas.gov.au>, is providing information about domestic violence and the types of services available. In South Australia, domestic violence action groups have come together to promote greater awareness within the community about the impact of domestic violence on children and their carers, through a resource entitled *Silent Witnesses: Domestic Violence Hurts Kids Too*. In the Australian Capital Territory, community consultation is developing an understanding of how people react in situations of domestic violence, with the aim of generating a sense of community awareness and involvement in the prevention of violence.

It’s not Okay, it’s Violence is an information kit to improve the access of information and developing resources for women with disabilities.

Projects targetting communities from culturally and linguistically diverse communities have targetted women, developed and delivered community education sessions that present information about the law and provide an opportunity for discussion of the Australian legal system.

Research has been commissioned to inform the development of a communication strategy under Phase 2 of PADV.

WHAT ARE THE CHALLENGES?

There is still considerable domestic violence in our community, and while attitudes are changing slowly, they tend to reflect a narrow understanding that sees domestic violence as physical violence. Little is known yet about the effectiveness of community education and prevention initiatives. Research and evaluation are needed to measure the impact of these initiatives, not only on a large scale, but also in local settings, to achieve a better understanding of the influence of the local context.

There is, in particular, a need to raise community awareness of the needs of people currently experiencing domestic violence, to enable family, friends and work colleagues to respond appropriately, supportively and non-judgementally.

The media have a significant role in shaping community attitudes and responses to domestic violence. Currently, much of what is presented on television, films and in the print media does much to reinforce the attitude that violence is the way to solve problems. This aspect has not yet been addressed by PADV.

Much is known about the effects of media on behaviour, and this needs to be taken into consideration in domestic violence policy and practice. Effective community and media campaigns in the area of domestic violence also need to draw on the vast experience in other health promotion and prevention fields, including cancer, alcohol and drugs, and HIV/AIDS.

PADV PRIORITY AREA FOUR: PROTECTING PEOPLE AT RISK

The fourth priority area identified under PADV is “Protecting people at risk: reforming legislation and improving responses by police and courts”

WHAT IS KNOWN?

The police and the legal system have both been identified by the women’s movement as important areas for change, and lobbying has led to legal reform at State, Territory and Commonwealth levels.

Much has been achieved, but there is still considerable change needed. The assertion that domestic violence is a crime has driven government and community reforms over recent decades (Holder 2000) and throughout Australia, specific legislation has been enacted to curtail domestic and family violence, though the nature of the legislation differs across jurisdictions. The first aim has been to make the criminal law more effective in dealing with criminal assaults occurring within the privacy of the home; the second, to provide protection from further violence through protection or restraining orders — civil orders under which restrictions and conditions are placed on the defendant (Laing 2000b). Protection orders have (under a variety of names) become a well understood aspect of dealing with domestic violence, but again, there is variation between jurisdictions on the range of orders available and who can be the target of such orders; and while it appears that they are effective in many cases in reducing threats, assaults and other intimidation, policing of reported breaches remains very inconsistent (Laing 2000b).

By the beginning of the 1990s, significant legal reforms encompassing changes to police policy and practice had been achieved (Laing 2000b).

Police now receive training on domestic violence, and many police forces have small but specialised domestic violence units.

Legal intervention in domestic violence in Australia is, however, very complex. The Commonwealth is involved in relation to Family and Immigration Law, while aspects such as assault charges and restraining orders are dealt with primarily at the State level. For people caught up in domestic violence, this complexity can further decrease their sense of control over their lives. In general, most women have little information on what they can do legally when experiencing domestic violence, and the court experience when orders are applied for is often lonely, frightening and bewildering (Chung et al 2000).

Women in rural communities and those from Indigenous and culturally and linguistically diverse backgrounds have particular concerns. Aboriginal women in many communities experience very high rates of interpersonal violence, but their lack of access to culturally appropriate social and legal responses has resulted in many living with continuing violence.

The issues impinging on legal reform in relation to domestic violence are also complex. The law has been identified as a social system through which women’s inequality is institutionalised: it is hierarchical, patriarchal and incident-based (Holder 2001, Laing 2000b), and there are debates about whether it is there for deterrence, rehabilitation, retribution, restoration — or all of these (Holder 2001).

Holder (2001) argues the need for an approach by both police and prosecutors that supports women’s resourcefulness in living with

violence; recognises the safety issues for the woman that are inherent in arrest and pressing charges, and the complexity of women's needs at this time; and works *with* the woman in partnership to empower her, rather than simply "taking charge" of the process.

Family law also needs to take into account the unique needs of children and young people affected by domestic violence. For example, the need to ensure safety may be in direct conflict with the needs of children and young people for whom domestic violence is not an issue, and where promotion of the children's relationship with the contact parent is central (Laing 2000b). A review of the operation, from 1996 to 1999, of the *Family Law Reform Act 1995* found that a new emphasis on parents' "right" of contact led to a trend away from suspending contact at interim hearings as a way of ensuring the child's safety until trial, such that the safety of children is being compromised, despite the fact that the legislation makes it clear that any such "right" operates only to the extent that it is found to be in the child's best interest (Rhoades et al 2000).

A number of studies in Australia have looked at police attitudes and responses to domestic violence. Court proceedings and outcomes have received less attention (Putt & Higgins 1997), but Strategic Partners and the Research Centre for Gender Studies (1999), in their literature review for PADV, identified the following issues of concern:

- the capacity of the Family Law Court to respond appropriately to domestic violence, and the extent to which reliance on mediation as a form of dispute resolution may exacerbate situations in which domestic violence has reflected a power imbalance in the relationship;
- the attitudes of judges, magistrates, registrars and justices of the peace in relation to domestic violence;
- the use of "battered woman syndrome" in Australian courts in instances where female victims of domestic violence have killed the male perpetrator — a label that pathologises the woman;
- the current imperative for victims, if they are to be safe, to leave the family home whilst the perpetrator remains;
- recent changes to funding arrangements for legal aid which, it has been argued, potentially or actually reduce services for women seeking redress in situations of domestic violence.

Women interviewed in research under PADV (Bagshaw et al 1999) identified a number of needs in relation to legislation and the legal system. They argued that:

- the onus of proof should be on the perpetrator, not the victim;
- restraining orders are too hard to get and to enforce, they do not take into account non-physical forms of abuse, and they often generate the greatest fear for victims;
- the law does not take threats seriously, and places an unreasonable onus on the victim to provide dates or other evidence of violence, requiring a level of documentation that is generally impossible for a woman living in constant fear;
- the adversarial "win-at-all-costs" nature of the legal system ignores the complex human needs and fears in situations of domestic violence, and may undermine and trivialise the woman's experience;
- to end the association with an ex-partner, women often end up compromising and not achieving what they feel to be a fair settlement;
- domestic violence should be taken into account in property settlements to ensure that victims are compensated for the abuse.

Notwithstanding these concerns, there are a number of positive developments. In particular, the training of police officers on domestic violence and the establishment of domestic violence units within police forces have shown positive results (Bagshaw et al 1999). Australian feminist lawyers have also made important contributions to debates around gender and the law generally and domestic violence specifically.

Specialist family violence courts have been established in some jurisdictions. In South Australia, for example, a Family Violence Court has been created as part of an integrated approach to domestic violence involving courts administration, correctional services, human services, police and the Salvation Army (Duigan & Felus 2000).

Most Australian States and Territories now have witness assistants available to support and inform victims of domestic violence through the prosecution process, and provide an empathetic link to the prosecutor (Holder 2001).

Evaluation of a pro-active response to domestic violence operating since 1987 in the Quincy District Court, US, has shown that a significant number of domestic violence offenders are repeat criminal offenders. The program confirmed that restraining orders, if effective, are the lowest cost approach to preventing repeat violence, and enforcement of such orders is highly likely to prevent many acts of further violence. Victims who were least likely to want formal intervention, however, were involved with the least serious offenders, and the system requires flexibility to deal with such cases (Buzawa et al 1999).

WHAT HAS BEEN ACHIEVED UNDER PADV?

There have been calls to implement Federal domestic violence legislation to improve the

portability and equity of protection/restraining orders between jurisdictions, and address the gaps and overlaps that result from intersection between State and Territory domestic violence and child protection legislation and Federal family law. The *Model Domestic Violence Laws Report*, developed by Attorneys General and PADV and released in 1999, provides clear direction in this area. The report aimed to create model legislation based on best practice, to reduce death and injury at the hands of fellow householders (parent or partner). It also addressed important cross-jurisdictional issues (Domestic Violence Legislation Working Group 1999).

To date, only a small number of projects under PADV have focused on the legal system or policing practice.

The Family Violence Intervention Program, a PADV project which began in 1998 as a one-year pilot in the Australian Capital Territory, aimed to improve victim safety and increase perpetrator accountability through an inter-agency criminal justice intervention into family violence. Its significant achievements include inter-agency cooperation across courts, policy, corrective services, and domestic violence services; agreed arresting, charging and prosecuting protocols; more rapid processing of domestic violence criminal cases; enhanced victim support and advocacy; implementation of perpetrator education programs; improved case management and monitoring; and increased awareness of family violence among criminal justice agencies (Keys Young 2000).

This is one of many projects discussed in a study commissioned under PADV to identify and document innovative good practice models that have been effective in Australia in improving access to the justice system by people experiencing domestic violence (urbis keys young 2001). The research also looked at projects in the developmental stages that showed an innovative and ground-breaking

approach to achieving this aim, and it focussed particularly (but not exclusively) on regional and remote locations. The next stage is to ensure wide dissemination of this information to encourage the development of similar approaches in other locations.

The study profiles 22 projects, which vary considerably in scope, size complexity and service response, and illustrate a range of approaches to addressing access to justice barriers. They include:

- **legal services** specifically targetting victims of domestic violence, or a particular group (eg Indigenous women, women of non-English speaking background); and generalist legal services that have developed specific provisions for victims of domestic violence;
- **court support schemes** that focus on providing information and personal and/or para-legal support to victims at the court;
- **generic domestic violence services** with a legal service/access component and/or a holistic approach to service-delivery, incorporating services for women, children and men;
- **justice system initiatives**, including new court procedures/practices (eg scheduling hearings on domestic violence matters separately from criminal hearings), improved evidence-gathering, interagency or integrated projects, and initiatives to improve the quality of policing in domestic violence matters;
- **technology and communications projects**, including use of video-conferencing, communications, digital cameras, and integrated information systems to facilitate information sharing across jurisdictions and agencies;

- **child-centred initiatives**, assisting children who experience domestic violence, and thereby enhancing adult victims' access to the justice system.

The research identified the following principles that characterise good practice in the initiatives studied:

- The safety of the victim is paramount.
- The justice system should treat domestic and family violence as seriously as other incidents it deals with.
- Perpetrators must be held responsible for their abusive behaviour.
- Consistency in policies and procedures across justice agencies is a critical aspect of increasing family violence victims' access to the legal system and to justice within that system.
- Interagency collaboration and information-sharing are essential to the enhancement of victim safety and perpetrator accountability.
- Family violence victims need to be informed and empowered to make their own decisions.
- Service-delivery must be tailored to meet the needs of individual clients.
- Service design and philosophy must be genuinely responsive to victims' expressed needs, and be culturally appropriate to the target group.

Other effective practices identified included:

- intervening early, when victims first contact the justice system, to ensure they have sufficient information and support while deciding on the course of action they will pursue, and adopting a proactive approach to victim contact — actively maintaining contact — to help to prevent legal matters from being perceived as too difficult.

- providing a personalised response from the system response, particularly to perpetrators: for example, personalised police letters to perpetrators can highlight the consequence of their actions and encourage personal responsibility; and protection orders worded to fit the needs and circumstances of the victim makes for more effective orders;
- tailoring support to individual victims' needs through a case management approach, and respecting victims' choices and decisions in a non-judgemental way.

Good practice is also one of the key themes in the reports produced by Strategic Partners for the meta-evaluation of PADV. For example, the *Key Findings* series includes issues on working with children and young people and projects with Indigenous communities. *Current Perspectives on Domestic Violence: A Review of National and International Literature* also discusses best practice (Strategic Partners & Research Centre for Gender Studies 1999).

WHAT ARE THE CHALLENGES?

The law and law enforcement remain central to domestic violence intervention in Australia. The challenge is to make these systems both accessible and responsive to the needs of diverse groups of women, men and children experiencing domestic violence.

A national perspective

Research has been commissioned around aspects relating to domestic violence at the Commonwealth level through the Family Court and related services; while research on police attitudes to domestic violence, restraining orders and their effectiveness has generally taken place at the State and Territory levels. A national perspective is needed on the various aspects of law pertaining to domestic violence, to provide an overarching view on what has been achieved and guidance for future planning to ensure that all citizens' needs in relation to the law and domestic violence are considered.

Enabling women to remain in their home, in safety

Change in policy and service delivery is required to alter the situation whereby women and children who do not wish to live with violence are forced to leave their home. Such a change can be supported by effective and creative use of legislation which enables women to remain in the home and make other choices that enable them to live free of violence. Steps to achieving this include:

- more effective use of current legislation, through educating magistrates on the use and breaches of restraining and exclusion orders, and through consistent and comprehensive knowledge provision for women and service providers about legal rights and obligations;
- extending current good practices, including specialist legal responses such as domestic violence courts, magistrates who have specialist knowledge, and legal advisory and court support for women before, during and after application for an order;
- development of consistent and potent domestic violence legislation across Australia, which ensures the option of sole occupancy orders for women in situations of domestic violence;
- development of protocols between men's services and legal systems for the systematic management of men involved in both perpetrator programs and legal matters related to domestic violence, so that the potential effectiveness of perpetrator programs is maximised and not undermined.

Policing

To ensure continued improvement in police responses to domestic violence, police training in domestic violence needs to be continued and expanded in each jurisdiction and specialist police domestic violence units and liaison positions need to be expanded. Police need to become aware of their role in educating women

and service providers about the collection of evidence relevant to their cases, and they need to pursue rigorously any breaches of intervention orders. Independent monitoring of police responses to domestic violence callouts would contribute to the continuing improvement in effectiveness and quality of police response.

Accommodating complex needs

Improvements in the legal and law enforcement systems need to be informed by a better understanding of women's complex motives for help-seeking, their experience in the legal system, and where and how they access legal information in relation to domestic violence. Issues include confidentiality, training for professionals, entry points into the system, safety and support for victims, magistrates' attitudes, and the appropriateness of service providers.

Holder (2001), in her review of criminal justice interventions for domestic violence, concludes that "simple solutions are not sufficient. We [in Australia] must design and evaluate our interventions for multiple, and seemingly contradictory, possible outcomes for victims, their children, defendants and justice personnel if the criminal justice system is to make a lasting contribution to the prevention of domestic violence".

PADV PRIORITY AREA FIVE: INFORMATION AND GOOD PRACTICE

The fifth priority area identified under PADV is “Information and good practice: finding out what works; researching areas where new information is needed to support violence prevention”.

WHAT WAS KNOWN BEFORE PADV?

Information

Planning and development of a service network to respond adequately to domestic violence depends on a clear understanding of the dimensions of the problem — in particular, the numbers of people affected, groups at particular risk, and patterns of violence in the community. Statistical data are also critical to monitor changes, gauge the impact of reforms, and highlight deficiencies in responses to domestic violence.

Currently in Australia there are few nationally coordinated data systems that provide national data on domestic violence issues. The many barriers to compiling standardised and comparable data at the national level include reliability and accuracy within collections; changes to data collections over time; restricted access; limited resources and organisational priorities; differences in definitions, classifications and counting; and the sensitivity of comparative analysis (Putt & Higgins 1997).

There is, nevertheless, considerable information available about domestic violence in Australia, though little published information on effective information systems for dealing with domestic violence. Relevant statistics come predominantly from crime victimisation surveys and data maintained by criminal justice agencies. Such data cover the extent of officially reported violence against women, the characteristics of victims and

perpetrators, the characteristics of incidents, services are contacted and how they respond, levels of reporting of domestic violence, and criminal justice responses.

Data are also available from:

- the Supported Accommodation Assistance Program (SAAP), a joint initiative of the Commonwealth, State and Territory governments that provides transitional supported accommodation and associated services to people who are homeless or at risk of becoming so;
- *Women’s Safety Australia* (McLennan 1996), a detailed study of 6,300 women across Australia commissioned by the Office of the Status of Women and carried out by the Australian Bureau of Statistics;
- the Australian Longitudinal Study on Women’s Health, which began in 1997 and will follow the lives of 40,000 Australian women for twenty years.

Despite the incompatibilities of some data sets, all data are valuable within the local context in which they are collected, and usually more generally. A number of qualitative studies have also provided insight into the experiences of domestic violence and include community-identified strategies for improving responses to the problem.

Good practice and standards

“Good practice” is about promoting excellence in client-focused service delivery. The term “best practice” is used in many areas, but within the human services sector, there is concern that “best” implies one correct approach regardless of context and circumstances, and for this reason the term “good practice” is often preferred.

Good practice focuses on the outcomes or outputs of a service, and depends on management implementing strategic directions throughout the organisational structure. It entails a comprehensive, integrated and co-operative approach to the continuous improvement of all facets of an organisation's operations — continually striving to find better and more effective ways of doing things.

The following characteristics are common across organisations that strive to deliver good practice (PADV 1999):

- a shared vision for the delivery of high quality services;
- a strategic plan;
- a commitment to continuous improvement throughout the organisation;
- flatter organisational structures, supported by the devolution of responsibility;
- a co-operative and participative industrial relations culture;
- a commitment to continuous improvement and learning;
- innovative human resource policies;
- a focus on service users, both internal and external.

Good practice is grounded in a broad appreciation of the impact of domestic violence on families and the community, a comprehensive understanding of the needs of the all clients and stakeholders, and a balanced handling of these needs.

WHAT HAS BEEN ACHIEVED UNDER PADV?

Agreement and adherence to standards and protocols is essential for a consistent response to domestic violence situations. Standards and

protocols provide the basis for training workers, establishing programs, evaluating worker and program effectiveness, and funding agencies.

As discussed in the section on children and young people (see page 27):

- a Queensland project, *Best Practice Intervention for Children and Young People Who Witness Domestic Violence*, has developed a range of resources for workers including practice standards, documentation of practice models and approaches, and service evaluation tools to support agencies in self-evaluation and quality improvement; and
- a Victorian project, *Supporting Children and Young People Who Have Experienced Domestic Violence*, identified and documented good practice within seven agencies in Victoria.

Models for good practice intervention have been developed, or are under development, in a range of other areas including working with people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander communities, and pregnant women; coordinating the response of child protection and family violence services, and coordinated the criminal justice and community responses to violence within family relationships; and resources and professional development for medical practitioners.

Research commissioned under PADV has documented a number of good practice models that facilitate access to the civil and criminal justice system for people experiencing domestic and family violence (Urbis Keys Young 2001), as discussed in the previous chapter (see pages 43 to 44). The report also identifies a number of other publications providing good practice guidelines in the area of domestic violence, and these are listed in Appendix 3 (see page 85).

National Competency Standards have been developed for people whose work brings them into contact with people affected by domestic violence — victims, perpetrators and children who witness this violence in their home. Research shows that a wide range of services and professions deal with individuals and families affected by domestic violence. For some, providing these services may not be a part of their core function, but the response they provide is vital. The National Competency Standards identify the skills and knowledge required to provide services in this area.

Whilst standards are contested, particularly for marginal groups, these approaches are bringing together many years of experience and consolidating what is considered effective.

WHAT ARE THE CHALLENGES?

There is a pressing need for national data collections that give an accurate overview of domestic violence and service responses in Australia. Improved quality, consistency, coordination and comparability of data collections across jurisdictions and local areas will depend on development of core data items and categories, and needs to be underpinned by agreed definitions for recording of domestic violence. There is also a need to identify the most effective data systems for domestic violence cases, that meet the information needs of service providers across the range of organisational settings.

In the area of good practice, funding of domestic violence services needs to be linked consistently and nationally to adoption and implementation of competency standards, to provide a guarantee of service quality.

PADV PRIORITY AREA SIX: HELPING PEOPLE IN REGIONAL AUSTRALIA

The sixth priority area identified under PADV is “Helping people in regional Australia: overcoming barriers to receiving assistance”

This chapter discusses general issues relating to domestic violence in rural and remote areas. Family violence in Aboriginal and Torres Strait Islander communities, an issue of particular concern, is discussed separately on page 55.

WHAT HAS BEEN LEARNT UNDER PADV?

Domestic violence in rural and remote communities has been given scant attention in Australia in the past, although in recent years there has been increasing recognition that some aspects of domestic violence can be exacerbated in these locations.

Research and consultations under PADV have substantially increasing our understanding of the particular issues faced by women in rural communities in relation to domestic violence, and of the constraints on responses to domestic violence, particularly in more isolated areas.

The extent of domestic violence in regional Australia

The most recent Australian review of research on domestic violence in rural and remote communities (WESNET 2000) was conducted under PADV by the Women’s Services Network for the Commonwealth Department of Transport and Regional Services, as part of the Rural Domestic Violence Program.

The review found that domestic violence is a significant problem within rural and remote communities and, where comparable data exist, they indicate a higher reported incidence of domestic violence than in metropolitan settings, particularly in remote communities. For example, SAAP data for 1997-98 indicate

that the domestic violence rate per 1000 population was 2.32 in capital cities, compared to 6.11 in large rural centres, 3.23 in other rural centres and 9.85 in remote areas (WESNET 2000). A Western Australian study found that 54 per cent of all incidents of domestic violence reported were from non-metropolitan areas (Ferrante et al 1996).

One of the reasons for these high figures is the high proportion of Indigenous women who are likely to be the victims of family violence (see page 55).

Women living on farms or stations who experience domestic violence have been identified as extremely vulnerable due to isolation, absence of services, and higher rates of ownership of firearms. Their isolation makes these women particularly invisible. Recent research carried out under PADV in South Australia (Bagshaw et al 2000) found that many of the most severe incidents of domestic violence took place on farms or stations, and physical isolation enabled acts of extreme violence, abuse and cruelty to go undetected.

Issues for women

Lack of anonymity is the issue most often raised by women in rural areas. There is a real barrier to disclosing personal details to a worker whom you may know in another context, and this can make it very difficult to seek help, especially where the violent partner may be a friend or colleague of others in the community. There is always the fear of not being believed, in addition to the shame of disclosure. Even where a confidential service is available, both victims and perpetrators may be reluctant to approach a service provider whom they know through other circumstances (Bagshaw et al 2000, WESNET 2000).

The culture of rural and remote communities makes them less likely to acknowledge domestic violence, emphasising traditional family values and the importance of the family unit. There is a strong sense of shame and failure associated with family break-up and its implications for the future of the family farm or business (Coorey 1988). Rural economics have increased these stresses over recent years (Alston 1993).

Geographical isolation can make it near impossible for some women to leave a violent relationship. Some do not have independent access to transport or even telecommunications, and are cut off from formal and informal networks (Bagshaw et al 2000, WESNET 2000). The presence of firearms and the threat they represent are another major reason why many women do not leave or seek help (Coorey 1988).

Economic isolation is an added factor. Farm incomes are sporadic and finances may be organised in a way that gives women no access to cash or credit (Coorey 1988). After leaving a relationship, women often find financial settlements extremely complex and difficult, and may feel reluctant about pursuing a property settlement that means selling or dividing the family farm (Bagshaw et al 2000). Assets held jointly may disqualify women from obtaining legal aid or income security payments, despite the fact that they have no access to finance (Bagshaw et al 2000).

Frequently there is nowhere a woman can go safely within the community, and the only option under the current system may be to remove her and her children from the area entirely. This means she loses not only her home, but her community and support systems.

Some legal responses are not as accessible or as useful in rural or remote areas as in metropolitan areas (WESNET 2000). When the man knows where the woman is staying and an after-hours police service is limited or

non-existent, an intervention order is unlikely to provide safety. Court hearings may be infrequent or geographically distant. Legal representation is often prohibitively expensive, and in rural and remote areas there are few community legal services or legal aid lawyers. Part-time staffing of police stations, or staffing with a sole officer, thwart police efforts to provide an effective and timely response (WESNET 2000).

Women entering mining communities for their male partners' employment can find themselves isolated in a masculine culture that marginalises women. There may be no services they can seek out confidentially and in some situations, no housing available other than to employees of the company (Bagshaw et al 2000). Anecdotal evidence suggests that service providers are starting to work with employers to assist women and their children more effectively in such circumstances.

Further barriers such as a disability or lack of proficiency in English can exacerbate problems for women experiencing domestic violence in regional Australia.

SERVICE RESPONSES

The ranges of services available outside metropolitan communities is often severely limited. Small communities are unlikely to have specialist domestic violence services, rural areas are poorly resourced with regard to services that deal with relationship issues generally, and in some areas there are few general human services.

Some interventions that are available in metropolitan areas, and often used, are neither viable nor appropriate in many rural locations. One result is that women's refuges are particularly inaccessible for rural women. Services for male perpetrators are also virtually non-existent. Group programs for men are not possible in smaller communities, and individual services may be required.

Solutions for rural and remote communities will always have to be innovative and locally based. Community health centres or hospital outreach services often provide the “domestic violence” service to rural communities, with the potential for the worker (often a sole worker) to be linked into a team of other workers. The use of mainstream services with specialist workers in some locations has been an important change in responding to domestic violence in rural and remote communities. Other strategies in place to address domestic violence in regional Australia include:

- rural and remote training packages for police, doctors, nurses, teachers, clergy, child care workers and family support workers, to assist them to deal with domestic violence and its effects;
- developing shared policies and protocols across local agencies, to support a coordinated and consistent approach to domestic violence;
- community education initiatives at the local level that draw on community strengths, conditions and organisations to promote the stopping of domestic violence (eg campaigns involving groups such as the Country Women’s Association);
- safe houses and safe rooms in remote areas to enable women and children to access safe accommodation in times of crisis.

The Rural Domestic Violence Programme, a three-year PADV initiative coordinated by the Department of Transport and Regional Services, has funded pilot programs in rural areas. The programs aim to find better ways to support the victims of domestic violence; to document good practice factors in strategies, models and approaches; and to work to prevent the violence being perpetuated. These pilot programs have been summarised in the booklet *Domestic Violence: Case Studies of Domestic Violence Programs in Regional Australia*. The

literature review produced under this project (WESNET 2000) also documents a range of good practice approaches and initiatives in rural and remote areas.

WHAT ARE THE CHALLENGES?

Baseline data are needed on domestic violence in rural and remote areas to inform planning and evaluation of services. This requires the compilation of national data, with inclusion of rural and remote indicators (WESNET 2000).

There is an urgent need for models of service delivery that respond adequately and appropriately to the needs of people in regional Australia who are experiencing domestic violence (WESNET 2000). Innovative service providers in rural and remote areas have developed some approaches that are responsive to local needs. It is essential that such models be trialed, evaluated, documented, widely disseminated and reviewed.

The WESNET (2000) report also identified the need for research on:

- the impact of gun reforms on the use of firearms in domestic violence;
- the impact of divorce or separation on family-owned farms; and
- the extent and nature of domestic violence experienced by specific groups of women in rural and remote communities including partners of defence personnel, emerging immigrant groups (eg from the former Soviet Republic and the former Yugoslavia), women living in alternative communities, lesbians and Indigenous women.

Service and support needs identified through PADV research (Bagshaw et al 2000) include:

- establishment and promotion of a toll free telephone number for rural callers (already in place in some areas);

- training, professional development and ongoing support for workers based in rural and remote areas;
- review of inter-agency protocols for dealing with situations of domestic violence, to ensure that those experiencing domestic violence are not disadvantaged due to location;
- further development of innovative models of intervention that are more responsive to the unique needs of rural domestic violence victims, survivors and perpetrators, including children;
- rural-specific domestic violence public education campaigns, to engage the support and understanding of communities and alert victims to their rights and options.

OVERARCHING CONCERNS UNDER PADV: DIVERSITY AND SPECIAL NEEDS

The PADV Taskforce identified a need to recognise the diversities and special needs within Australian communities, and agreed that issues such as ethnicity, race, gender and disability would be reflected across all six priority areas rather than as stand-alone issues. This chapter brings together knowledge relating to special needs and diversity.

ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

Open discussion of family violence in Aboriginal and Torres Strait Islander communities is relatively new. The problem is widespread and devastating to both individuals and communities. Yet approaches to family violence within these communities are innovative, assume community responsibility for the problem, and affirm Indigenous culture and identity. Other Australian communities have much to learn from these approaches.

“In some communities [family violence] has reached a level that women expect to be bashed and, in fact, do not think that their ‘bloke’ loves them unless he belts them. Children are also being abused — something so foreign to Aboriginal culture that it reveals the extent to which communities are in total social crisis.”

(Atkinson 1990)

Defining family violence

Within Aboriginal and Torres Strait Islander communities, the term “family violence” is often preferred to “domestic violence” because it reflects more accurately the notions of community and family healing (Australian Law

Reform Commission 1994). Family violence brings into focus “the trauma of the inter-connecting and trans-generational experiences of individuals within families, to show the continuity between how we have been acted upon, and how, in turn, we may then act upon ourselves and others” (Atkinson 1995).

The Aboriginal and Torres Strait Islander Commission has defined family violence as the behaviours and experiences of:

beating of a wife or other family members, homicide, suicide and other self-inflicted injury, rape, child abuse and child sexual abuse. ... When we talk of family violence we need to remember that we are not talking about serious physical injury alone but also verbal harassment, psychological and emotional abuse, and economic deprivation, which although as devastating are even more difficult to quantify than physical abuse. (Mow 1992)

Family violence has been strongly linked by Indigenous people with the profound effects of the erosion of cultural and spiritual identity, and the disintegration of family and community that has sustained relationships and maintained social order and control (Queensland Government 2000). It encompasses alienation, poverty, lack of opportunity, loss of traditional roles and values, and the erosion of men’s role and self-esteem (Cultural Perspectives 2000).

A project conducted by the Crime Research Centre, Western Australia (Blagg 2000) found that, while the Indigenous concept of “family violence” overlaps to some extent with the understanding of domestic violence developed within the literature, there are important areas of difference. The Indigenous family violence model places less reliance on an explicitly gendered analysis of violence within intimate

relationships, and sees male violence more as a compensation for lack of status, esteem and value. It emphasises the impact of trauma, cultural conflict and dislocation, family dysfunction and alcoholism, and the critical importance of these factors in addressing family violence. There is greater stress on the impact of violence on family as a whole, and on a wide range of kin and community members, rather than just women and children. Importantly, “criminalisation” is rejected as the sole strategy to deal with family violence.

Family violence may involve not only the spouse, but a larger group of relatives — brothers, cousins, fathers, sons, and other Aboriginal men in the vicinity (Lucashenko 1990).

Aboriginal family violence is fed by and feeds broader community conflict, and any understanding of it needs to be situated within the dynamics of community violence, feuds and conflicts. Research indicates a direct correlation between family violence and misuse of alcohol and other drugs. In 70 to 90 per cent of all assaults in Aboriginal and Torres Strait Islander communities, the perpetrator is under the influence of alcohol or drugs (Memmott et al 2001).

Extent of the problem

There is little strong empirical data on the incidence of family violence, and the studies that exist have many methodological problems. Nevertheless, the literature leaves no doubt that family violence is a major problem in Aboriginal and Torres Strait Islander communities, and has a tragic and devastating effect on these communities (National Crime Prevention Program 2001, Queensland Government 2000).

There is known to be considerable under-reporting of violence in Aboriginal communities (National Crime Prevention Program 2001). In some Aboriginal communities, however, violence is said to affect

up to 90 per cent of families (Queensland Domestic Violence Taskforce 1988), and both the number of offences recorded and the level of severity of the violence are continuing to increase (Queensland Government 2000).

“Many families are now trapped in environments where deviance and atrocities have become accepted as normal behaviour and as such, form an integral part of the children’s socialisation”

Queensland Government 2000

There is substantial evidence that, compared to non-Indigenous women, Indigenous women are much more likely to be victims of violence within the family, and to sustain serious injury. PADV findings suggest that Aboriginal women are more likely to fight back and so experience more injury, or cause the perpetrator harm themselves. In some areas, it has been reported that Aboriginal women are 45 times more likely to experience violence and ten times more likely to die as a result (Atkinson 1996).

A report from a decade ago indicates that Aboriginal men were four times more likely to die a violent death than non-Aboriginal men, and women were six and half times more likely to die a violent death than non-Aboriginal women (Impact 1990). Other more recent reports put the rate of homicide at more than 10 times the national average (eg Kreisfeld et al 1995, Hazlehurst 1997). It is not clear to what extent the differences in these reports reflect differences in incidence or in reporting and research methods.

Responses to family violence

Services and service systems in Australia have very largely failed to provide an adequate and appropriate response to Indigenous family violence. An Australian Law Reform Commission report (1994) highlighted the frustration experienced by many Aboriginal

women in their dealings with police, courts and lawyers, when trying to obtain protection from violence. Problems included lack of cultural sensitivity and awareness of domestic violence issues, failure to provide appropriate and accurate advice, lack of access to Aboriginal and Torres Strait Islander legal services, and lack of appropriate services for remote communities.

Many Aboriginal writers identify ownership and control of the issue of family violence as an imperative for Indigenous people in Australia, and Aboriginal and Torres Strait Islander peoples are currently exploring new approaches to family violence based on customary law practices and principles of restorative justice. It is clear that strategies need to be culturally sensitive, to enhance support from informal community networks and resources, and to take into account the collectivist orientation of Indigenous culture.

Responses are dictated by the patterns of family violence, the close link between violence and alcohol, and women's ability to predict when the violence will happen. Women need somewhere to go until the danger is past, before they can safely return home, and in a number of communities "women's business" houses have been provided, with the support of the elders. "Women's business" covers a wide range of activities, but among things, the houses provide a temporary refuge when it is needed, and they are respected by entire community — no man goes there.

Services of this nature, which are funded from a variety of program sources, are proving effective. They reflect an acceptance that domestic violence is a problem owned by the whole community, and offer a community solution. This has implications for non-Indigenous Australian communities in their responses to domestic violence.

MCATSIA Principles

A set of principles for funding community based organisations addressing Indigenous family violence was established by the Working Party on Family Violence of the Ministerial Council for Aboriginal and Torres Strait Islander Affairs. The principles have been incorporated into the design of the National Indigenous Family Violence Grants Programme, a \$6 million initiative under Phase: 2 of PADV which assists communities to develop their own solutions to family violence.

The principles are as follows.

So that outcomes can be sustainable, responses to indigenous family violence must address short, medium and long term needs. Programmes should be based on an approach which:

1. recognises the underlying causes of family violence, including substance abuse, loss of identity and the impact of colonisation;
2. recognises the importance of protecting children and supporting them to break the 'cycles' of family and community violence;
3. incorporates practices that maintain and sustain children's safety, protection and rights via education and other methods of intervention;
4. is locally based and has a high degree of indigenous community ownership;
5. uses models of service delivery and activities that are determined at the community level, rather than prescribing a centrally determined model or approach;
6. attempts to integrate traditional owners into any community-based responses and seeks the support of community leaders;

7. recognises the complex nature of family and community violence in Indigenous communities, including the importance of involving and targeting men as well as women and children in the solutions;
8. is initiated, planned and implemented by a core group of local people that is representative of the wider community;
9. provides a small funding component to enable the development of a small core of people within the community who can take a long-term view of the problem. The core group should be initially resourced to undertake planning, consultation and community development activities. Additional follow-up funding could then be provided for the implementation of strategies and responses based on needs determined through the initial planning stage;
10. adopts holistic approaches to the problem, enabling the implementation of a range of different concurrent activities, including community education, preventive activities, support groups for victims, awareness groups and post-prison follow-up for perpetrators, support for carers (including grandmothers etc), and activities and resources for children and young people. Where appropriate, different levels of service provision could be provided through a 'one-stop-shop' model;
11. is flexible, responsive and able to adapt to the specific needs of the local community. Under this approach activities may vary over time and in different localities, depending on the specific needs of communities;
12. does not focus solely on crisis intervention/support services, but attempts to integrate local culture, art, dance and music into community-based activities;
13. encourages the development of strong links with any other relevant service providers in the community, including those responding to needs in the areas of housing, economic development, employment, education, and training;
14. collaborates with and seeks input from policing and justice structures within the community;
15. operates in a whole-of-community and whole-of-family context that is sensitive to the wider family and social systems of people;
16. has minimal layers of bureaucracy between the community-based project and the funding agency, and utilises regionally based contact officers who can advise on the development of programme activities;
17. has access to a regionally based indigenous family violence worker whose role is to assist coordinate programmes and support services;
18. is linked to other programmes at the regional and national levels, particularly in respect of information exchange between activities, and should promote more best practice models of service delivery through funding programmes. A national clearinghouse could play a significant role in collating and disseminating information about innovative and effective responses that have been developed by communities;
19. actively involves communities in the evaluation and assessment of programme activities;
20. is directed to areas of highest need rather than areas of largest population;
21. has small, efficient and transparent administrative structures that are accountable and based within the local community;

22. has a demonstrated track record and credibility within the community, and people delivering services through the programme should be skilled and knowledgeable;
23. aims to teach participants new and enhanced skills that have application beyond the period of involvement in the project. An important aspect of this process would be the transfer of skills from experienced Indigenous community workers to a “new” generation of workers; and
24. incorporates processes to prevent worker burn-out and provide continuing support for hands-on workers (including debriefing).

Achievements under PADV

PADV consultations and findings (Blagg 2000) show that, compared to non-Indigenous women, Aboriginal women:

- do not use support services for fear of what will happen to the perpetrator once in custody;
- are more likely to use refuges as respite and then return home, rather than using them as a place from which to move on;
- lack of information about legal process and are unwilling to seek legal advice;
- fear payback from families and communities, particularly in traditional marriages if they take action against an offender without support of community elders and Council.

A wide range of projects have been initiated under PADV, including pilot projects and new services in a number of Indigenous communities. As a consequence of these projects and the national Indigenous family violence forum, *Rekindling Family Relationships*, held in April 2001, PADV has gathered a significant amount of information on what

Indigenous communities want and need to prevent and address violence in their communities. To achieve a successful community response, the literature, PADV project findings and consultations show that projects need to:

- take a holistic approach, encompassing initiatives directed at health and substance misuse, and linked to community and family healing;
- be based on community development models, emphasising self-determination and community ownership;
- respond to local needs;
- provide a safe environment for respite for potential perpetrators (eg sobering-up centres) and victims (eg safe houses);
- use a multi-disciplinary approach;
- respect traditional law and customs;
- employ local people where possible;
- focus on partnerships between agencies, community groups, and police;
- provide crisis care and practical support;
- involve community justice groups, emphasising the authority of elders (including women);
- add value to existing structures where possible.

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

For many people who experience abuse in their domestic relationships, their sense of vulnerability is compounded by their immigrant status and/or because they are culturally and linguistically different from the mainstream community. These people have special needs in addition to those identified for the mainstream community.

Knowledge of these needs and of the issues surrounding domestic violence in the many cultural and linguistic groups in Australia is very limited.

Both males and females born in non-English speaking countries have been reported to be among the groups who were consistently least informed about various aspects of domestic violence (Office of the Status of Women 1995). Among women accessing SAAP, women of non-English speaking or Indigenous background comprise a disproportionately large group. This is not necessarily because domestic violence is more common in these communities — it may be that these women have fewer options in the face of violence.

Immigration can have a detrimental impact on marriage and family relationships, placing certain members (usually women) in a less powerful position; and refugees are particularly vulnerable in this respect (Stoyles 1995). Factors that increase vulnerability include clashes between the family's values and traditions and those of Anglo-Australian society, particularly gender expectations within marriage; loss of identity and self-worth by men; and a feeling of disempowerment for women in a marriage (Stoyles 1995).

Findings under PADV

Two research projects under PADV have looked at domestic violence in culturally and linguistically diverse communities. One studied people from Vietnamese, Cantonese, Arabic, Turkish, Tagalog (Filipino) and Bosnian communities (Cultural Perspectives 2000). The other surveyed attitudes across a range of communities through a phone in and focus groups (Bagshaw et al 1999). These projects found that:

- Domestic violence was understood to include psychological and emotional abuse as well as physical violence, but fewer saw it as including sexual abuse. Factors

influencing this understanding, particularly the criminal aspects of domestic violence, included length of time in Australia, level of education, English language proficiency, religious background, community support infrastructure, and personal experience.

- There was particular concern about the effects of domestic violence on children, and on the family unit, which was viewed by all language groups as one of the most important structures of the community. The effects on the victim were discussed only as a secondary issue.
- The causes of domestic violence tended to be externalised, blamed on problems such as gambling, alcohol or drug abuse, financial pressure, or stress. However, while domestic violence was generally seen as unacceptable, there was variation between and within communities, with different degrees of tolerance of perceived gender power imbalances and stress-related causes of violence.
- Domestic violence was seen to be a private matter, not readily discussed in the community and denied by community and religious leaders. Many communities saw it as a woman's duty to endure, tolerate and control her partner's shortcomings. Powerful barriers to disclosure included shame and disgrace, a strong sense of obligation and self-blame, fear of police and other authorities, and community expectations.
- While family and friends were the preferred first contact point for most women, some families were unwilling or unable to provide support because of shame or disapproval, requiring that the woman "be patient", or try to negotiate a reconciliation. Many women lacked any family or close networks in Australia.
- Leaving a violent relationship was seen as a last resort, and was not a ready option in many communities. It may lead to the

woman being ostracised, entirely losing contact with her community. There may be a particularly strong emotional investment in marriage and immigration, and in some communities, the lack of a father carries particular import.

Bagshaw et al (2000) showed that the capacity of people from non-English speaking backgrounds to access services can be hampered by:

- lack of information about or understanding of the services;
- language;
- fear of deportation or persecution;
- fear of police or bureaucrats, stemming from past experience;
- age — elderly people are particularly vulnerable;
- religious and cultural values, beliefs and norms; and
- social isolation or fear of isolation from family and community.

In all language groups studied in the two PADV research projects, there were key community and religious values that discouraged domestic violence. Community education should aim to build on these. Disclosure and help-seeking could be fostered through increasing community dialogue and education, and providing language and culture-specific support and realistic guarantees of confidentiality.

The experience of workers in the field suggests that sponsored immigrants, particularly where there are marriage contracts involved, may be at particular risk. These women, many of them from the Philippines, may experience extreme social isolation, from family, culture and community. They may be constrained by high expectations of family integrity, and an assumption that violence is normal; and they are often subject to prejudice and resistance in Australia (Bagshaw et al 2000).

For a woman without residency status, there are further major complications not only in relation to her continued residence in the country, but also in respect to obtaining alternative housing. Requirements for access to public housing vary across Australian jurisdictions. Women's difficulties in such situations may be compounded by a lack of regular income.

Challenges

The PADV evaluation has identified as challenges, for PADV and the wider service system, the need to:

- raise awareness among the many different cultural and linguistic groups in Australia of domestic violence issues and services, and change attitudes and responses to domestic violence, with a particular focus on providing information to new immigrants;
- develop additional, separate and culturally appropriate specialist services for women, men, children and young people from different cultural and linguistic backgrounds who experience domestic violence;
- develop good practice models, strategies and training to ensure that staff in generalist services are equipped to respond sensitively to these people;
- provide sufficient and appropriate backup and consultancy resources to support generalist providers;
- develop ways to improve monitoring of sponsored immigration.

OLDER PEOPLE

In recent years there has been increasing recognition that older women living in situations of domestic violence may experience particular barriers to addressing their problems and require different responses to those provided by mainstream services. The data

from *Women's Safety Australia* (McLennan 1996) showed that 1 in 3 women over the age of 45 years had experienced domestic violence, and 1.2 per cent of women over 55 years had experienced partner abuse in the past 12 months.

Key findings under PADV

Two Lives — Two Worlds: Older People and Domestic Violence: Volumes 1 and 2 (Morgan Disney & Associates 2000a, b) documents a study carried out under PADV, of domestic violence among older people (defined as over 50 years). The study is of considerable importance, since little is known about the experience of domestic violence for this age group.

Findings from the literature

The literature review undertaken as part of *Two Lives — Two Worlds* (Morgan Disney & Associates 2000b) showed that:

- Domestic violence researchers have found it difficult to include women over 50 in their samples, and much of the research therefore reports on people aged 20-50 years. Lack of data about older women is itself an indication that they find it difficult to speak about or are unable to acknowledge domestic violence.
- For many older women experiencing domestic violence, the option of leaving their partner is problematic. The opportunity to rebuild a financial base is severely limited, particularly if there is little chance of gaining employment or they are in their retirement years. Many are anxious about possible estrangement from adult children and the loss of long-standing social networks. These issues are of particular concern amongst women from culturally and linguistically diverse communities, Indigenous women and those living rural and remote areas.

- Some researchers see domestic violence as a subset of elder abuse, argue that domestic violence occurs because of carer-related stress, and focus responses on the carer. Domestic violence services, on the other hand, often see violence and abuse as the result of power differences in which the abused partner's safety is the key priority. There is a need for elder abuse and domestic violence services to work together to develop appropriate service responses.

Findings from the research

The study reported in *Two Lives — Two Worlds* (Morgan Disney & Associates 2000a), although small (it included 140 women and 22 men), is the largest national study of domestic violence among older people in Australia, and one of the few of its kind. It identified a number of key issues.

“Many of the women interviewed in this study were well into their 60s and 70s. Some had been in violent relationships for over 40 years, had never been in the paid workforce or had left the paid workforce as young married women, and their assets were in their husbands’ names. They knew little about changes in the law and even less about services. ... By the time these women did gain information about changes regarding domestic violence, most had entered retirement and, for some, this lifestyle included the onset of illness or increasing frailty, either their own or their partner’s.

(Morgan Disney & Associates 2000)

Older people grew up in a period when domestic violence was neither recognised nor spoken of. Interpersonal violence was condoned through various social practices such as corporal punishment and use of physical force to discipline children and “wives”, and there was an expectation that the man was the head of the

household. Women's employment outside the home was minimal and generally lowly paid, while divorce was frowned upon and not easily accessible. There were no support services to assist in domestic violence situations.

Women were thus silenced, through shame, about violence and abuse in the home. Their perception that they had to "put up with it" was confirmed by the disbelief of family and friends that faced those who did — often after a long time — disclose the situation.

Of those in the study who had experienced domestic violence (including a small number of men — see below), two-thirds had lived with it for more than 15 years, and over one third in their family of origin. For 28 per cent, escape from the violence came only with their partner's death. A further 64 per cent had left violent relationships, most within the past 10 years, and most with a high degree of support from family and friends, although many women had become estranged from at least one of their adult children as a result of separation. Women who had left relationships had suffered financially but reported a better quality of life. Men who had left relationships did not report on financial impacts.

Many older women knew little about their rights, changes to the law, or existing services. Many experiencing domestic violence did not seek help, constrained by the severe family, social and financial losses that would occur if the relationship ended; the belief that it could increase the violence; inability to complain or speak out; fear of institutional admission; or shame.

Older women were more likely to use mainstream services than specialist domestic violence services. They did not readily access specialist domestic violence services or identify with the philosophies of women's services. General practitioners and ministers of religion were their most likely source of help, but both were judged more unhelpful than helpful.

Women commented that younger police and doctors had been more helpful than those closer to their own age.

Thirteen victims in the study were male, of whom two reported also being perpetrators and four had restrictive orders against them. The men in the study reported an absence of services for men.

The role of professionals in identifying a domestic violence situation and responding appropriately is central. The *Two Lives — Two Worlds* study highlights the importance for older women of being believed by service providers and having strong family and social support for their choices.

Challenges

This research has a number of implications for PADV and the service system:

- Public education and community development strategies need to include older people, to acknowledge domestic violence across the life span, show how lives have been re-built after leaving a violent relationship, and encourage friends and family to believe and support the victim. Promotional and educational material needs to be provided in a form that speaks to older people.
- The needs of older people need to be taken into account in service planning for domestic violence, and community gatekeepers need to be identified, trained and resourced for low level action to enable older people to feel safe, believed and informed.
- Research is needed on adult children who have experienced domestic violence, to identify their support needs (including their needs in supporting their parents), and effective approaches need to be established to address these needs.

- Aged care and domestic violence workers, researchers and policy makers need to talk to each other and collaborate, to identify situations now seen as elder abuse that might, in fact, have a history of domestic violence; and to ensure a better understanding and improved response to the needs of older people experiencing domestic violence.
- Service responsibilities need to be clarified, including responsibilities of departments responsible for aged care, health care, housing, SAAP, Veterans Affairs, and regional and rural matters.

PEOPLE IN GAY AND LESBIAN RELATIONSHIPS

Violence within same sex relationships poses a distinct challenge to the prevailing explanatory frameworks for domestic violence, which see domestic violence as gendered violence; and it has implications for policing and service provision.

Research in South Australia under PADV (Bagshaw et al 2000) confirmed that the attitudes to homosexuality within the community have meant that lesbians and gay men sometimes experience difficulty in having their sexuality taken into account in health care settings, and this tends to make such services alienating and unsuitable to gays and lesbians experiencing domestic violence. At the same time, specialised gay and lesbian services do not generally have the range of staff available to work in domestic violence. Furthermore, gay men and lesbians, as both perpetrators and victims of domestic violence, confront unique issues such as threats of being “outed” and the constant “coming out” about their sexuality when seeking help through services.

Abuse in gay relationships: a hidden issue

The research conducted in South Australia under PADV (Bagshaw et al 2000) found that domestic violence was not something that was able to be discussed within the gay community. There appeared to be no discursive space for men in abusive same-sex relationships to articulate experiences of partner abuse or domestic violence, discuss the issues publicly, or seek support services of any kind.

The development of the area of “gay men’s health” within the context of HIV/AIDS prevention has opened the possibility for community-wide discussion, including debate and discussion around violence in domestic relationships. It remains to be seen whether the concepts of “domestic violence” or “partner abuse” prove to be culturally useful in such discussion and activity. There is a need, however, to support the gay community in this discussion and to develop services and responses appropriate to its needs, as these are identified.

Needs of lesbians in abusive relationships and their children

The small amount of research available suggests that domestic violence occurs in the lesbian community at rates comparable with those in the general population, and that it takes the same range of forms (Bagshaw et al 2000).

For many women in same-sex relationships, to acknowledge domestic violence has been to question the basis of their lesbianism. In Australia, however, there is growing recognition that research is needed to empower the lesbian community to challenge the structures that have allowed domestic violence to remain hidden, to develop a new feminist framework for analysis that is inclusive of lesbian identity and issues, and to look at why violence occurs in lesbian relationships (Bagshaw et al 2000).

The experience of violence in a relationship that is already socially stigmatised makes it doubly difficult for women to seek help and for service providers to ascertain with certainty the needs of these women. Women in the South Australian research reported that they experienced homophobic responses from most services providers, many of whom also assumed — in line with popular mythology — that women are not violent or abusive to each other (Bagshaw et al 2000).

Other problems for women, and barriers to seeking help, include issues of confidentiality in often small and tightly networked lesbian communities, fear of being ostracised by their community, fear of a homophobic backlash, and lack of understanding and support from extended families (Bagshaw et al 2000).

There are commonalities in the experience of all children living with domestic violence, but where that violence occurs in a lesbian relationship, there are some particular complications. The hidden nature of the abuse means that children are silenced or unable to acknowledge its impact. Again, homophobic attitudes are an issue, and many children are also cut off from their extended families because their mother has been ostracised. The birth parent (normally legally responsible for the child) and the primary care giver are not necessarily one and the same, and this can create particular problems for the child if the relationship ends (Bagshaw et al 2000).

To support the needs of children in these situations, Bagshaw et al (2000) identified that:

- schools and service providers — both generic and specialist — need to be aware of the special issues for children whose parents are involved in an abusive lesbian relationship;
- research is needed to identify the most effective types of services for people involved in abusive lesbian relationships;
- mainstream service providers, including police, health and social workers, and housing services, need to be aware of the particular needs of lesbians in abusive relationships who present for help;
- approaches are needed within the law and the courts (including processes relating to restraining orders, and children's residence and contact after separation) that take account of the needs of people in lesbian relationships and their children.

WOMEN WITH DISABILITIES

Approximately 18 per cent of all women living in Australia have a disability, and women with disabilities experience violence at a rate at least twice that experienced by women without disabilities (Frohman 2001). Domestic violence is thus a major concern among women with disabilities. Large numbers of women are affected. (There are no figures available on men with disabilities in relation to domestic violence.)

The violence may be from an intimate partner, parents, children, another family member, a carer, a service provider or someone else who lives in the same accommodation setting. Many of the women affected lack access to information and education about domestic violence, its unacceptability, and sources of assistance.

Achievements under PADV

A national project under PADV entitled *It's Not OK — It's Violence* has attempted to raise awareness of domestic violence amongst women with disabilities, to provide these women with accessible information about seeking help, and alert service providers to their needs. Findings from the background research for this project included the following:

- Women with disabilities may be experiencing domestic violence but not recognise it as such, while the wider

community is relatively unaware of the high level of violence against these women and the particular issues for them.

- Information about domestic violence is often not available in formats accessible to women with disabilities, and the content may not relate to their experiences. For some women, the only access to or distribution of information is through their carer who may also be the abuser. Information needs to be distributed in places regularly frequented by women with disabilities.
- Services are not always accessible, and service providers may not be understanding of the issues for women with disabilities, or may not be able to communicate effectively with these women.

Women participating in this research emphasised that services identified in information as sources of help *must* be able to provide appropriate help or this would raise expectations and set women up to fail.

VIOLENCE ARISING FROM DISABILITY AND MEDICAL CONDITIONS

Domestic violence occasionally begins as a result of illness or trauma (head injury) in relationships that have previously been without violence, and victimised partners may be under greater pressures to remain in an abusive relationship under such circumstances. Research is needed to identify the special needs of both victims and perpetrators in these circumstances, and sensitive service responses are needed to support and assist these people (Bagshaw et al 1999).

WOMEN WHOSE PARTNERS ARE IN PARTICULAR PROFESSIONS

Women may have particular difficulties in accessing help if their partners are in certain professions (Bagshaw et al 1999):

- Some professions, such as the armed services, require families to move frequently. Women are removed from the support of family and friends, and often live in relatively closed communities where confidentiality is an issue.
- Confidentiality may be an issue where the perpetrator has ready professional access to information — for example, police or lawyers.
- If a partner is a family lawyer or judge, women have particular problems during separation and divorce proceedings.

Special strategies are needed to assist in such situations.

THE SERVICE SYSTEM

OVERVIEW

A wide range of services is involved in responding to situations involving domestic violence, but the services are generally disparate and poorly coordinated (as described in the section on “Seeking help: negotiating the maze”, page 17). They range across Federal, State/Territory and local levels, across government and non-government organisations, and across a number of sectors. Sectors and services include:

- Housing and accommodation:
 - shelters and refuges for women and children escaping domestic violence
 - transitional housing programs
 - youth refuges
 - public housing authorities
- Community services:
 - counselling for women, men and couples
 - youth health and counselling services
 - child protection services
 - small numbers of specialised services for women and children
 - more recently, group programs for male perpetrators
- Income security
- The law:
 - criminal court process, treating domestic violence as criminal assault
 - provision of protection orders
 - the Family Law Court
 - specialist domestic violence courts in some areas of Australia
 - child protection mandatory reporting legislation
- Law enforcement:
 - routine police response to situations of domestic violence
 - specialised domestic violence units and trained officers within police forces
 - involvement of correctional services following convictions
- Public health and medicine
 - public hospital emergency departments
 - general practitioners
 - mental health facilities
 - drug and alcohol treatment services
- Education
 - awareness, prevention and early intervention in some schools
 - peer education programs for young men in educational and other settings.

The need for a systemic response to domestic violence has been recognised since the 1980s. The legacy of individual responses remains not only in a healthy diversity of approaches, but also in the inconsistencies that exist across the service system and undermine its effectiveness both socially and economically.

These variations reflect a more fundamental diversity and often disparity between the theoretical frameworks (implicit or explicit) regarding the cause and nature of domestic violence, that inform and underpin service delivery (see page 8 for a discussion of the various frameworks). Widely divergent philosophical positions underlie different service types. The police and the courts, for example, are concerned primarily with law enforcement, while primary health care services are based on voluntary participation. These differences lead to major inconsistencies in the approaches and solutions offered across the service system.

Figure 2: Service and community responses for victims of domestic violence

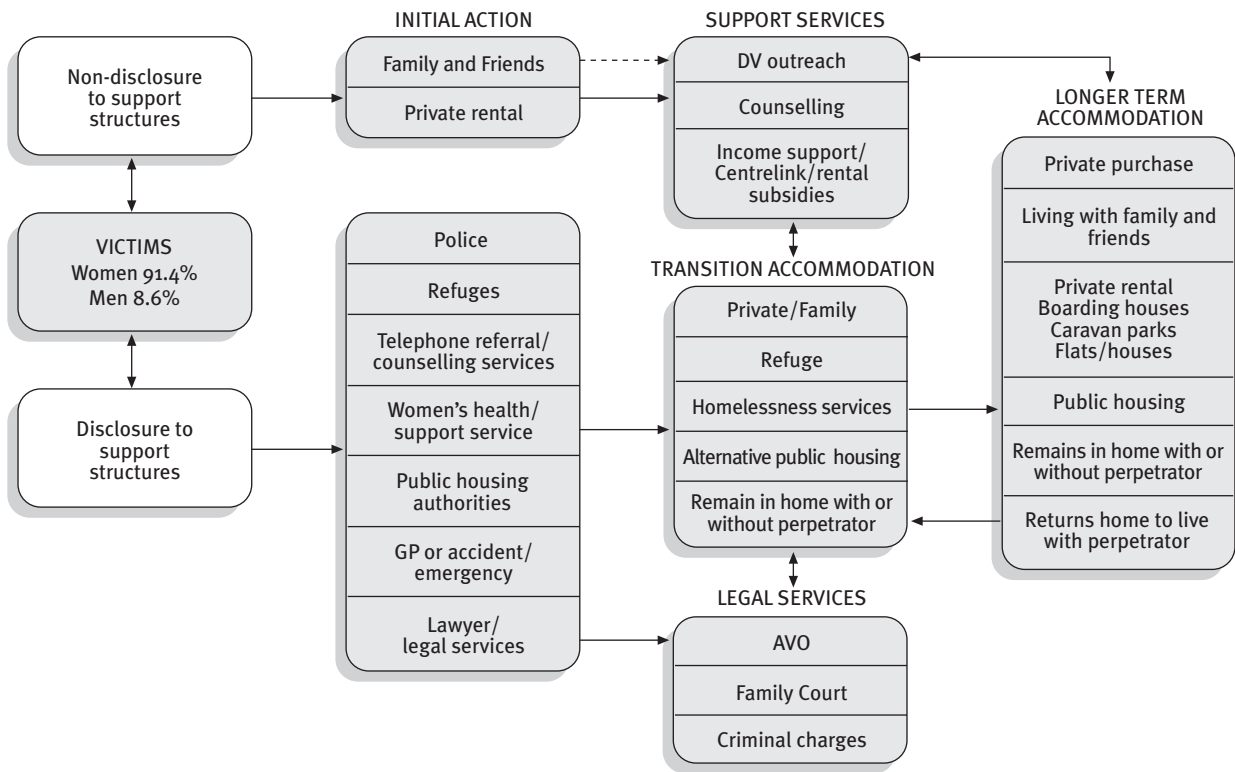


Figure 3: Service and community responses for perpetrators of domestic violence

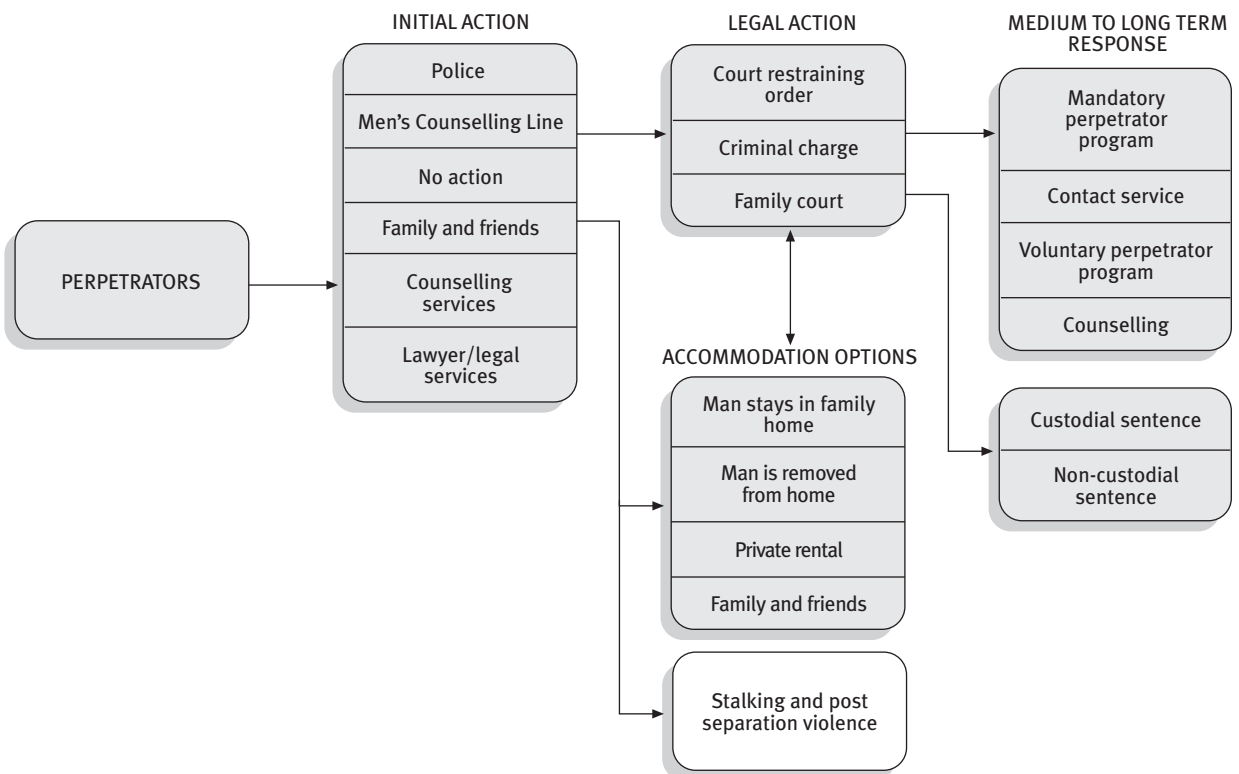
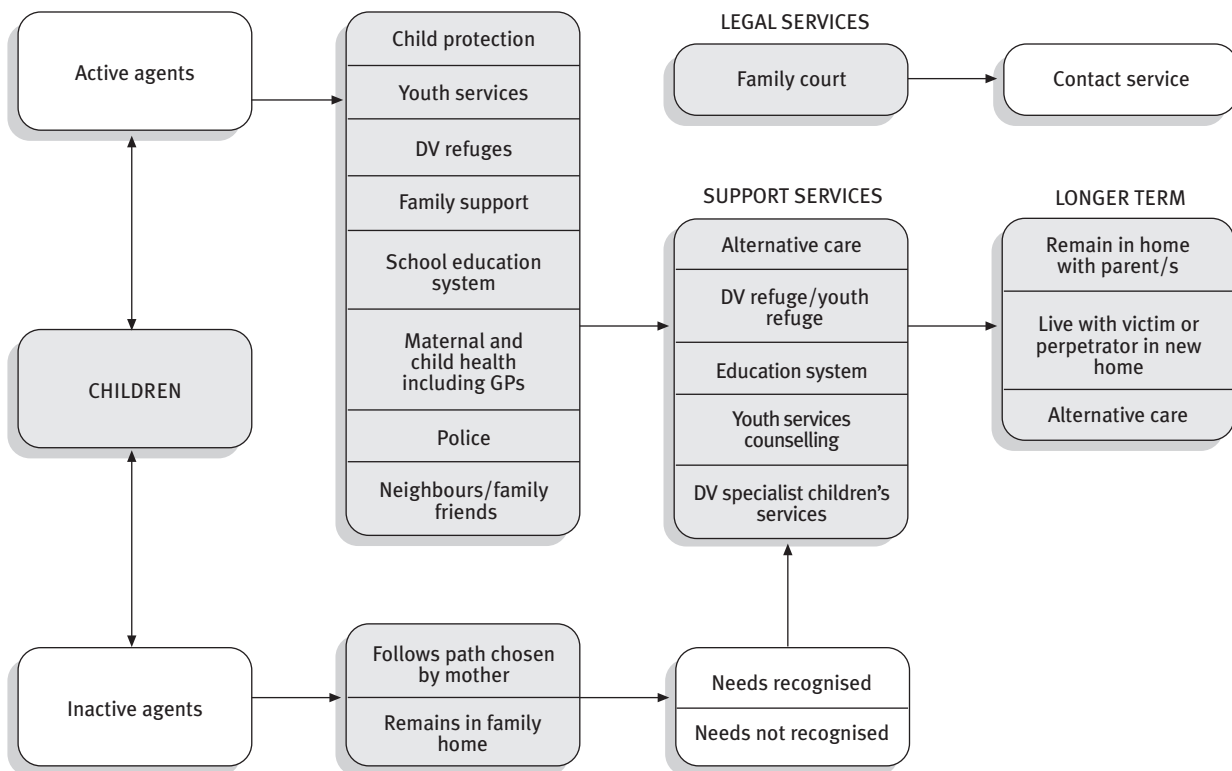


Figure 4: Service and community responses for children in domestic violence situations



The service system includes services specific to domestic violence, and more general services where victims of domestic violence are part of a very much wider client group. Services in the latter group (including many health, legal and law enforcement services and agencies) need to be alert and responsive to domestic violence, while specialist services need to be available to provide intervention, support, back-up, consultancy, and service delivery.

ELEMENTS OF THE SERVICE SYSTEM

This section discusses some of the services most widely used by families experiencing domestic violence.

Refuges

Women’s refuges were first set up in the 1970s by small groups of women, working voluntarily, who recognised the need and the

threat faced by women in domestic violence situations. Arising out of early feminism, the refuges focussed strongly on protecting women and empowering them to remain out of the violent relationship. Security was tight, with good reason — there were many attacks and a few murders. Pressure on places was high, and this could lead to cramped living conditions and little privacy.

Relatively early in their development, lobbying achieved Federal funding for refuges, to be managed by the States and Territories, and over the years refuges have expanded and diversified. Outreach workers were employed to address the needs of women in domestic violence situations who chose not to leave their violent partner, and these have proved valuable in helping women and children to plan for safety and for longer-term goals.

Gradually the special and complex needs of children in the refuges were recognised, and

trained workers employed. Not all women need the same degree of protection, and over time the model has diversified to include cluster style units where families can have their own space, with high security accommodation provided to cater for those few women at high risk.

Refuges are funded largely through the Supported Accommodation Assistance Program, and women and children in refuges are deemed officially “homeless”. While this was initially useful in attracting funds, it creates a number of problems. It undermines self-esteem and a woman’s ability to find employment and rental accommodation. Most importantly, the problem for these women is *not* lack of a home, but lack of safety in that home. The issue to be addressed is therefore women’s safety and well-being within their own home (Chung et al 2000).

While Australia’s refuge system still has many flaws, it is nevertheless one of the best available in the world. Its strengths include government funding — a tangible recognition government has a responsibility to support the victims of domestic violence; a consistency of approach across Australia; the associated system of support workers; and the provision of some training for workers.

There is currently considerable pressure on places in refuges. The problem has much to do with the difficulty of finding appropriate medium- or long-term accommodation for women, both within public housing and the private rental market. If options were available for women to move on from a refuge, it is likely that the number of refuge places could keep pace with the demand.

Police

Research conducted under PADV (Bagshaw et al 1999) has shown that feedback about the quality of police services, in relation to domestic violence, has been increasingly

positive over recent years. In particular, a number of specialised domestic violence units have been set up and they are providing helpful responses. The gains, however, remain patchy and there is a need for all police officers to be trained in domestic violence.

Some gains have also been made in the area of police responses to family violence in Indigenous communities. In particular, the introduction of Aboriginal Aides into the police force has been viewed positively by service providers. Many problems remain, however, in both rural and urban areas. A number of sources report racism among some police, failure to appreciate the particular characteristics of Indigenous family violence, and failure to respond rapidly and appropriately to protect the safety of women and children.

The situation differs among the different States and Territories. A very positive move within the Northern Territory has been a strong and public commitment by the police commissioner to addressing domestic violence within the police force, in tandem with addressing it in the community. The Territory police force has a well-managed domestic violence unit and a domestic violence training strategy for the whole force.

Health system

Many people who experience domestic violence have contact with various elements of the health system, both in a crisis situation and/or on an ongoing basis. Mainstream service providers and professionals potentially have an important role to play in identifying relationships in which domestic violence is occurring (often at an earlier stage than is possible for domestic violence service providers) and in providing appropriate assistance, information and/or referral to victims. Many women who do not use specialist domestic violence services do seek

help from a range of generalist services (Keys Young 1998). The many providers who may be involved include:

- general practitioners;
- nursing staff in community health centres;
- hospital accident and emergency staff, who often see injuries that clearly result from domestic violence (although hospital records record the injury rather than the cause);
- ambulance officers;
- radiologists, who often recognise patterns of injury that result from domestic violence;
- community or child health professionals, such as child specialists, maternal and child health clinic staff;
- mental health professionals, including psychiatrists and psychologists.

Many of these practitioners are ill-equipped to address the issue of domestic violence. Some fail to perceive signs and symptoms, and many fail to ask about them. A percentage of women have reported approaching the various “helping professions”, particularly general practitioners and marriage and relationship counsellors, for assistance, but the responses often fell short of women’s needs for their stories to be believed and for non-judgemental support (Keys Young 1998).

Each week, a full-time general practitioner is probably seeing at least one woman who has been recently abused, although she may not be presenting with obvious signs and symptoms (Hegarty 1998). Doctors tend to focus on physical injuries and ignore the cause, while patients tend not to disclose it (Koss & Heslet 1992). Reluctance to ask is not unique to general practitioners. Research on women in mental health services found that only 50 per cent of those who reported assault to the researchers had disclosed their experience to

psychiatric services staff, primarily because they had never been asked (Hawthorne et al 1996). Research with mediators found a similar reluctance (Keys Young 1998).

This raises a number of questions about professional skills and responsibility, ethics and privacy in such situations.

Relationship counselling

Relationship counselling is available within a number of areas of the service system, including legal and court services, health centres (both generalist and specialist), and a range of specific counselling services.

Relationships Australia is a non-government, non-profit, community-based organisation which provides a range of counselling services from a total of 78 urban and regional locations. Funding is provided from the Commonwealth Department of Family and Community Services, under its Family Relationships Program; by the States and Territory governments; and from other sources.

In addition to general relationship counselling, member organisations of Relationships Australia provide service responses aimed at preventing domestic violence. Responses range from a limited number of specialist research and intervention programs, to intake systems that screen clients for violent or abusive behaviour and engage them to do something about this. Some services also offer individual assistance and support groups for women who have been abused by their partners, and counselling and support services to children who have been subject to or witnessed violence within their parents’ relationship. Pilot projects within Relationships Australia have worked to develop best practice models of working with family violence cases in relationship counselling organisations.

Other services offered through Relationships Australia include mediation, services for men seeking help with relationships, and services to address issues of children's contact with parents where a high degree of conflict is involved.

The legal system

The role of the legal system in relation to domestic violence is to ensure the safety of victims and, in theory, obtain an outcome for them that is just and fair.

Women interviewed in a PADV-funded research project (Bagshaw et al 1999) reported their experiences with the legal system to be generally negative and draining. The high cost of legal representation and limited access to legal aid was a common issue. Many women also found it hard to find a lawyer who was supportive and experienced in dealing with domestic violence cases.

The women's legal services provided by specific domestic violence services were the exception. Women using such services generally reporting that they had had supportive legal representation (Bagshaw et al 1999).

A small number of specialist domestic violence courts have been established recently and feedback has been very positive. The magistrate in these courts has an interest and special training in domestic violence, and the proceedings are conducted separately from criminal justice proceedings and settings. Experience is showing, for example, that violence orders brought down by these courts are more carefully crafted and more appropriate to the needs of the woman and children involved.

Concerns regarding the legal system are discussed in more detail under PADV Priority Area Four: Protecting People at Risk, page 41.

Contact services

Contact services provide a physically safe environment in which parents can see children from whom they are separated because of domestic violence. They provide a place where the parent caring for the children (most often the mother) can bring them for a supervised visit by, or changeover to, the other parent.

Access to contact services is normally through the court system. Currently there are about 35 services in Australia, leaving many areas unserved. Initially set up more to protect adults than facilitate children's recovery from trauma, they have undergone a dramatic change over the past two or three years, to become more focussed on the needs and wellbeing of the children. By the time children reach these services, the violence is usually over, the victimised parent has been supported and empowered to leave the relationship, and the perpetrator has realised (to varying extents) the importance of rebuilding trust with the children. The children, however, remain traumatised and extremely vulnerable, and it is critical that contact services be attuned and responsive to their complex needs (McIntosh 2000).

Where contact services are not available, people must resort to a range of ad hoc arrangements. Common among these are meeting at the local fast-food outlet, or the local police station. Families under these circumstances are dependent on the good will of staff, which is not always forthcoming.

Potential approaches to addressing this gap might include training of police and developing protocols to use in domestic violence situations; involving (and providing appropriate training and resources for) a local community health nurse; or identifying and screening a trusted person within a local community to be the local contact point and safe house in domestic violence situations.

WHAT IS NEEDED?

Information on services

A recurring theme in consultations with victims of domestic violence, especially those from marginalised and other-language groups, is the need for access to information on services and women's rights. A central service that provides women with information on their rights and practical information about things such as removalists and legal services would be useful. Practical information about generic service providers is also important (Bagshaw et al 1999).

Women have emphasised that information and contact numbers need to be everywhere — in bus shelters, public toilets, the media, and the workplace. A central telephone line and a “one-stop shop” approach to service delivery for families experiencing domestic violence would go some distance to meeting these needs.

Integration and coordination

A number of domestic violence initiatives in Australia span the continuum from prevention and primary research through to tertiary level interventions, involving all levels of government and various sectors. The needs of specific groups within the community are being recognised and, in some areas, specific responses are developing. Prevention and education initiatives have the potential to reduce the overall incidence of domestic violence in the coming years.

There remains, however, a pressing need for coordination and integration of these elements. Effective coordination is based on a multi-disciplinary approach that engages the range of professionals involved in domestic violence. Without such an approach, service coordination will remain limited and service delivery fragmented.

Evaluation of PADV highlights the benefits of a coordinated approach. Research shows that service coordination works best at a local level, and existing models are generally locality-based. This offers opportunities to develop a consistent approach within a specific community, taking into account factors such as local needs, services available, and legislation. Effectiveness depends on the ongoing commitment of the agencies involved, adequate resourcing, and development of a sustainable structure that is not dependent on specific individuals. Senior personnel within agencies must have the authority to make responsive changes to domestic violence policy and practice.

At the same time, policy needs to provide for and support a higher level of coordination that will facilitate coordination throughout the service system, while allowing for local flexibility.

Expert consultancy is another priority, to provide appropriate and readily available advice to professionals who find themselves dealing with a domestic violence issue. Currently there is no clear pathway or support in this situation.

Particular challenges for the service system include:

- finding appropriate solutions to the issue of homelessness for women and children; in particular, reorienting service responses to enable women and children subject to domestic violence to remain in their own home, and requiring the offender to leave;
- catering for the needs of women who want to continue their relationship, but without violence. This places very different demands on the service system, which is currently skewed towards support for women leaving a violent relationship;
- developing service models and responses to meet the needs of victims of domestic violence in rural and remote communities;

- developing service models and responses to meet the needs of women from Indigenous and culturally and linguistically diverse communities.

In conclusion

The results of PADV's work will, ideally, find expression in an integrated, consistent, responsive, supportive and culturally sensitive service system. Such a service system would meet the needs and support the rights of victims of domestic violence. It would intervene early and effectively with children and young people to build resilience, help them to deal with the trauma of domestic violence, and enable them to build healthy, non-violent relationships in adulthood. And it would meet the needs of perpetrators, where possible, enabling them to move beyond violence in their relationships, and where this is not achievable, in effectively protecting victims from further violence.

The overall aim is to find better ways of preventing and responding to domestic violence, to enable us to build a service system that will achieve optimal outcomes for all involved.

APPENDIX 1: PROJECTS UNDER PADV

FUNDED ORGANISATION	PROJECT/GRANTS TITLE
NATIONAL	
Office of the Status of Women (OSW)	Improving Access to Information on Domestic Violence for Women with Disabilities
OSW	Domestic Violence and Older People
OSW	Communication Strategy (Public Relations)
OSW	A) Scoping of National Endorsed Competency Standards – Stage One, Research Component. B) Development of National Endorsed Competency Standards.
OSW	Research into Community Awareness of Domestic Violence in the Diverse Australian Community.
OSW	National Domestic and Family Violence Clearinghouse
OSW	Community Awareness Activities for Indigenous and NESB Communities.
OSW	Preventing Homelessness for Women Experiencing DV
OSW	Indigenous Family Grants Programme
OSW	Model of Domestic Violence Laws
OSW	Research into good practice models to facilitate access to the civil and criminal justice system by people experiencing DV
COMMONWEALTH	
National Crime Prevention (NCP)	Review of Programs- Perpetrators of DV
NCP	Violence in Indigenous Communities
OSW	Against the Odds: How Women Survive DV
NCP	DV Prevention
Commonwealth Department of Family and Community Services (FaCS)	Rural & Remote DV Initiative: <ul style="list-style-type: none"> a. Huon Domestic Violence Information Service b. Coober Pedy International Community and Family Centre c. Cross Border, Central Australia d. NT Project: community development and training positions e. Marnin Bowa Dumbara f. Orana Far West g. Riverina/Murray
FaCS	Continuation and Expansion of Rural & Remote DV Initiative (DVR&R): <ul style="list-style-type: none"> a. Huon Domestic Violence Information Service b. Coober Pedy International Community and Family Centre c. Cross Border, Central Australia d. NT Project: community development and training positions e. Marnin Bowa Dumbara f. Orana Far West g. Riverina/Murray
FaCS	Working with Families Experiencing Domestic Violence: <ul style="list-style-type: none"> a. 'Let's Face It' Project — Anglicare Tasmania b. Early Intervention Project — Anglicare (Kinway, Albany), WA.

Appendix 1: Projects under PADV

FUNDED ORGANISATION	PROJECT/GRANTS TITLE
FaCS	<p>Working with Adolescent Boys:</p> <ol style="list-style-type: none"> 'The Rage Project' — Responsive Adolescent Group Education. Berry Street, Vic. 'Boys Rave' — Resisting Abuse and Violence for Equality. Youth and Family Service (Logan City), Qld.
FaCS	<p>Indigenous Family Relationships Pilot Projects:</p> <ol style="list-style-type: none"> Anglicare WA (Kinway Family Counselling Service Kununurra/Wyndham) & Gawoolleng Yawwoodeng Aboriginal Corporation (Kununurra Crisis Accommodation Centre). Talking Women's Business. Family Life Movement of Australia (Interrelate) & Southern Cross University College of Indigenous Australian Peoples Centacare Townsville & Townsville Aboriginal & Islander Health Services. Newcastle Family Support Service & Warlga Ngurra Aboriginal Women's Refugee. Adelaide Central Mission, Centre of Personal Education & Nunkuwarrin Yunti Aboriginal Community Health Centre — 'Indigenous Families Project' Anglicare NT, Darwin & several indigenous organisations in Darwin.
FaCS	<p>Young Women's Relationships Pilot Projects:</p> <ol style="list-style-type: none"> Berry Street, Vic. 'Violence Prevention Project for Young Women'. Family Relationships Institute, Vic. 'Young Women's Relationship Initiative.' Relationships Australia, NSW. 'Does he treat you right? — Seminars'. Relationships Australia, SA. 'What Smart Girls Know'. Centacare, Brisbane. Centacare Geraldton.
FaCS	<p>Relationship Support Services for Men:</p> <ol style="list-style-type: none"> Burnside Central and Mid North Coast, NSW — 'Men in Families'. Relationships Australia, NSW. Unifam, NSW. 'Men's Matters'. Burnside Cabramatta, NSW. Multi-cultural men and family relationships services Newcastle Family Support Service, NSW. Children's Protection Society, Vic Bethany Family Support, Vic. Men and Family Relationship Program. Mallee Family Care, Vic. Australian Greek Welfare Society, Vic. Counselling for Greek-speaking men and their families. Lifeline, Bundaberg. Men and Families. Relationships Australia and Gallang Place, Qld. Marnja Jarndu Women's Refuge, WA. 'Men's Outreach Service Ngala, WA. Centacare Catholic Family Services Whyalla, SA Port Adelaide Central Mission, SA. Anglicare, Tasmania. 'Tools for Men'. Marymead Child & Family Centre, ACT. The Marymead Separated Fathers Program. Relationships Australia, NT. 'Fathers after separation Course'.
FaCS	National Men's Access Line
Commonwealth Department of Education, Training and Youth Affairs (DETYA)	Domestic Violence Workshops with Young People

FUNDED ORGANISATION	PROJECT/GRANTS TITLE
NCP & DETYA	Young People's Attitudes to and Experience of domestic violence — Research project
Department of Transport and Regional Services (DTRS)	Domestic Violence in Rural and Remote Communities Research
Aboriginal and Torres Strait Islander Commission (ATSIC)	Family Violence Advocacy Project — Cairns
ATSIC	Family Violence Advocacy Projects: <ol style="list-style-type: none"> 1. Apunipima Cape York Health Council 2. Kalgoorlie 3. The Far North Queensland Indigenous Consortium for Social and Emotional Health and Well Being 'Training for Workers with Indigenous Women and Children who have Experienced Family Violence'
ATSIC	Training for Agencies Working with Indigenous Women
Department of Immigration and Multicultural Affairs (DIMA)	Domestic and Criminal Violence History of Migration Sponsors
STATE AND TERRITORY	
NSW	Rural Crisis Intervention Partnerships Projects
NSW	Criminal Justice System Interagency Guidelines for Responding to Domestic Violence
NSW	Dubbo Integrated Response Project
NSW	Routine Screening of Patients of Specified Health Services
NSW	BIGhART Domestic Violence Prevention Film Project
NSW	Tamworth Domestic Violence Project
NSW	Promoting Healthy Relationships
VIC	Enhancement of Family Violence Protocols and Inter-Agency Linkages
VIC	Identifying Family Violence Resource Kit — the GP Kit
VIC	Koori Family Strengthening
VIC	Supporting Children and Young People who have experienced family violence
VIC	Evaluation of Co-ordinated Community Intervention Project (Moe Family Violence Project) — Gippsland
VIC	Recovery from Grief & Trauma of the Experience of Family Violence
VIC	Feasibility Study on the Implementation of an Enhanced Perpetrator Program Infrastructure
VIC	Joint Child Protection and Family Violence Services Strategy
VIC	Measuring Family Violence in Victoria
QLD	Best Practice Intervention for children and young people who witness domestic violence
QLD	Domestic Violence and Pregnancy project
QLD	Torres Strait Islander Domestic Violence Community Education/Training Strategy
QLD	Domestic Violence and Child Protection
QLD	Training for School Communities in Relation to Child Witnesses of Domestic Violence
QLD	Young Pregnant and Parenting Support
QLD	Kids and Domestic Violence Training Initiative
QLD	Indigenous Family Violence Prevention
WA	Crisis Intervention in Aboriginal Family Violence — Strategies and models for WA
WA	Training for Service Delivery

Appendix 1: Projects under PADV

FUNDED ORGANISATION	PROJECT/GRANTS TITLE
WA	Regional Multi-cultural Access Projects
WA	Pilot Counselling Program for Aboriginal Men Responsible for Family Violence
SA	Peer education for young people at risk
SA	Competency-based Training Modules Project
SA	Consultation Project
SA	Resources for Aboriginal Communities — Young People's resource
SA	Resources for Multi-cultural Communities Project
SA	Community Action/Education Project
SA	Out of Sight — Not out of Mind
SA	Safe Living in Aboriginal Communities
TAS	Domestic Violence Integrated Information Project
TAS	Website Project
TAS	Domestic Violence Training Delivery Model for Rural Health Professionals
TAS	Indigenous Family Violence Scoping and Capacity Building
TAS	Domestic Violence and the Needs of Women with Mental Health Problems
TAS	Feasibility Study for a Regional Domestic Violence Court Support Service
TAS	Pathways and Turning Points: how women survive violent partners
TAS	Scoping study for a Tasmanian statewide perpetrator program
NT	Domestic Violence Education Package for young people: Be Cool ... Not Cruel. Phase 1: increase awareness
NT	Domestic Violence Education Package for young people: Be Cool ... Not Cruel. Phase 2 consists of extended media advertising
NT	Pilot Court-Mandated and Court-Referred Program for Offenders of Domestic and Aboriginal Family Violence
NT	Effectiveness of a Mandated Program for Indigenous Family Violence Offenders
NT	Domestic Violence and Sexual Assault intervention project for young people
ACT	No Violence in Schools (NOVIS)- Building Healthy Relationships for Young People
ACT	Understanding the Domestic Violence Law in Australia — A Community Education Campaign for Ethnic Communities
ACT	Partners for Prevention — a community consultation approach
ACT	Evaluation of the ACT Corrective Services Family Violence Perpetrator Program
ACT	Interagency Family Violence Intervention Program Phase 1 Phase 2

APPENDIX 2: PADV PUBLICATIONS

The following publications are available free of charge from DAS Distributions by calling 02 6202 5736.

NEWSLETTERS, BULLETINS AND FLYERS

Partnerships Against Domestic Violence Newsletters Nos 2, 3, 4,5,6 & 7

Partnerships Against Domestic Violence Flyer

Meta Evaluation Bulletin No 1

Meta Evaluation Bulletin No 2 — Working with Young People

Meta Evaluation Bulletin No 3 — Working with Men

Meta Evaluation Bulletin No 4 — A Guide to Evaluation

Meta Evaluation Bulletin No 6 — Indigenous projects

Key Findings — Working with Children and Young People

Key Findings — Working with Indigenous People

Key Findings — Working with Men

Case studies of Domestic Violence Programs in Australia:

Working with Children and Young People: case study 1

Prevention & perpetrator programmes: case study 2

Peer education programmes: case study 3

Supporting rural & remote communities: case study 4

Competency Standards Flyer

PARTNERSHIPS REPORTS AND PRODUCTS FROM NATIONAL PROJECTS

Current Perspectives on Domestic Violence: A Review of National and International Literature

Against the Odds — How Women Survive Domestic Violence — Executive Summary

Against the Odds — How Women Survive Domestic Violence — Full Report

Competency Standards: Research Report Stage 1 — Project to develop competency standards for people who come into professional contact with those affected by domestic violence

Domestic Violence Prevention: Strategies and Resources for Working with Young People

Women, Men and Domestic Violence: an analysis of data and research on incidence of domestic violence

Attitudes to Domestic Violence and Family Violence in the Diverse Australian Community

Indigenous Solutions: working with Indigenous communities experiencing domestic violence:
The National Indigenous Family Violence Grants Programme

The Way Forward: Children, young people and domestic violence. Proceedings of the National Forum held in Melbourne, April 2000

Two Lives, Two Worlds: Older People and Domestic Violence, Volume 1

Two Lives, Two Worlds: Older People and Domestic Violence, Volume 2

It's Not OK — It's Violence: Information about domestic violence for women with disabilities, including poster, brochure, card, information booklet for service providers, and cassette for visually impaired persons

Research into Good Practice Models to Facilitate Access to the Civil and Criminal Justice System by People Experiencing Domestic and Family Violence

Walking Into Doors campaign brochures: family (Archie Roach and Ruby Hunter), women (Ruby Hunter) and men (Archie Roach)

Partnerships Against Domestic Violence Poster

Partnerships Against Domestic Violence First Report of the Taskforce 1997-1999

Partnerships Against Domestic Violence Second Report of the Taskforce 1999-2000

REPORTS AND PRODUCTS — COMMONWEALTH FUNDED PROJECTS

Young People Say "DV-No Way": Evaluation of the National Domestic Violence Prevention Workshops for Young People (Produced by DETYA)

Domestic Violence in Regional Australia — A Literature Review (produced by Department of Transport & Regional Services)

Healing our Families: Family Violence Advocacy Project (produced by Apunipima Family Violence Advocacy Project, Queensland)

Getting What You Want: A Peer Guide into Healthy Relationships(produced by the Young Mothers for Young Women, Queensland)

Getting What You Want: Presenters' Workbook (produced by the Young Mothers for Young Women, Queensland)

Goldfields Region: Family Violence Advocacy Project (produced by Bega-Garnbirringu Health Services, Western Australia)

Living with Love? Booklet (produced by Geraldton Centacare and Sexual Assault Resource Centre, Western Australia)

Living with Love? Resource Kit (produced by Geraldton Centacare and Sexual Assault Resource Centre, Western Australia)

What Smart Girls Know (produced by Relationships Australia, South Australia)

Loves Me Not (produced by Berry Street Inc, Victoria)

REPORTS AND PRODUCTS — STATE AND TERRITORY PROJECTS

Be cool ... not cruel: Booklets Numbers 22-27

Be cool ... not cruel: Community Education for Young People (Northern Territory)

Kids and DV

Practice Standards

Kids and DV — Evaluating Service Delivery

Kids and DV — Models of Service (Queensland)

Yitpi Kits: Fun with Feelings — A resource for workers/teachers of pre and primary aged children exploring emotions and feelings (South Australia)

Relationship Violence: No Way! — Young Men and Relationships Violence Prevention Project Report (South Australia)

Violence in the Home has Many Forms: Multicultural Domestic Violence Radio Announcements CD (South Australia)

Silent Witnesses Kit- Domestic Violence Hurts Kids Too (South Australia)

Reshaping Responses to Domestic Violence: Executive Summary (South Australia)

Reshaping Responses to Domestic Violence: Full Report (South Australia)

Reshaping Responses to Domestic Violence- Appendices (South Australia)

Home Safe Home: The link between domestic and family violence and women's homelessness (South Australia)

Identifying Family Violence: Report on the Resource Kit for General Practitioners in the Western Suburbs of Melbourne (Victoria)

Identifying Family Violence: A Resource Kit for General Practitioners in the Western Suburbs of Melbourne (Victoria)

Mapping Pathways of Service Provision: Enhancement of Family Violence Protocols and Interagency Linkages (Victoria)

Moe Family Violence Project — A Review of the Project with Implications for Local Priority Policing (Victoria)

Evaluation of the Australian Capital Territory Interagency Family Violence Intervention Program: Final Report (Australian Capital Territory)

Crisis Intervention in Aboriginal Family Violence: Summary report (Western Australia)

Crisis Intervention in Aboriginal Family Violence: Strategies and Models for Western Australia
(Western Australia)

Identifying Family Violence: A Resource Kit for General Practitioners in NSW (New South Wales)

Relationship Violence: No Way! — Young Men & Relationships Violence Prevention Project
Posters & Postcards

GENERAL PUBLICATIONS & SPECIAL PROJECTS

Budget Highlights — Budget 1999-2000

2000-2001 *Budget Highlight For Women* (Statement)

2001-2002 *Budget Highlight For Women* (A Message From The Minister)

Women 2000

Australian Women Working Together 1999 — an overview of the activities of Australian women's non-government organisations

Maintaining Our Commitment to Women — Statement by the Hon. Judi Moylan MP, 12 May 1998

Our Commitment to Women — statement by Senator the Hon Jocelyn Newman, Minister for Social Security and Minister assisting the Prime Minister for the Status of Women, 13 May 1997

Working for Women: Office of the Status of Women — Strategic Directions 2001-2003

More Choice for Women — statement by Senator the Hon Jocelyn Newman, Minister for Social Security and Minister Assisting the Prime Minister for the Status of Women, 20 August 1996

Women and Parliaments in Australia & New Zealand — discussion paper prepared for the Commonwealth/State Ministers' Conference on the Status of Women, September 1994

VIOLENCE AGAINST WOMEN

Training in the Area of Violence Against Women, August 1993

The Effectiveness of Protection Orders

National Rural Domestic Violence Kit

NCVAW Position Paper on Mediation

Community Attitudes to Violence Against Women — Executive Summary

Community Attitudes to Violence Against Women — Full Report

NCVAW Women and Mediation — Information Booklet 1992

Violence in the Home: The Big Secret

National Stop Violence Against Women Day poster

Domestic Violence and Sexual Assault Leaflets in Community Languages (Arabic, Bosnian, Chinese/Mandarin, Croatian, English, Farsi/Persian, Greek, Italian, Japanese, Khmer, Kurdish (Kurmanji), Kurdish (Sorani), Macedonian, Portuguese, Russian, Serbian, Spanish, Tagalog/Filipino, Thai, Tigrigna/Eritrean, Vietnamese)

Read My Lips — Poster with text

Another Tuesday Night — Video

INTERNATIONAL AND LEGAL

Sexual Assault Law Reform: A National Perspective

Fourth UN World Conference on Women: Platform for Action. Australia's Implementation Report, April 1997

Women in Australia: Australia's Third Report on Implementing the United Nations Convention on the Elimination of all Forms of Discrimination Against Women

UN Fourth World Conference on Women, Beijing Information Kit, 1995

United Nations Fourth World Conference on Women 1995 Infosheet: No 10

APPENDIX 3: GOOD PRACTICE GUIDELINES FOR DOMESTIC VIOLENCE

Urbis Keys Young, in their report commissioned under PADV, *Research into Good Practice Models to Facilitate Access to the Civil And Criminal Justice System by People Experiencing Domestic and Family Violence* (Office of the Status of Women 2001) identified a range of good practice guidelines and principles for working with domestic violence. They are as follows:

GENERAL GUIDELINES

- *Competency Standards for People who Come into Professional Contact with those Affected by Domestic/Family Violence*, developed for PADV and including a booklet explaining how to implement the standards
- *Competency Standards for Intervention Workers Working with Women Subjected to Domestic Abuse and Violence*, produced by the South Australia Department of Human Services' Office for Families and Children (1998)
- *Northern Territory Domestic Violence Service Standards*, published by the Office of Women's Policy, Northern Territory (1996)
- *The Northern Territory Domestic and Sexual Violence Protocol Mapping Exercise: Occasional Paper 20* (1998), published by the Office of Women's Policy, Darwin, documents what domestic violence protocols have been produced by agencies in the Northern Territory, and provides copies of four protocols applicable to services working with domestic violence:
 - *Northern Territory Government Domestic Violence Strategy Principles*
 - *Protocols, Sexual Assault Policy Principles and Protocols*
 - *Aboriginal Family Violence Principles and Protocols*
 - *Domestic Violence Principles and Protocols for Women from Culturally and Linguistically Diverse Backgrounds*.
- Families, Youth and Community Care Queensland is currently developing practice standards for working with women affected by domestic violence.

GOOD PRACTICE GUIDELINES ON SPECIFIC TOPICS

- *Use of Interpreters in Domestic Violence and Sexual Assault Cases: A Guide for Services Providers*, produced by the Ethnic Affairs Commission of New South Wales (1999).¹
- *Best Practice Model for the Provision of Programs for Perpetrators of Domestic Violence in Western Australia*, published by the Domestic Violence Prevention Unit in the Women's Policy Office, Western Australia (2000)

¹ Ethnic Affairs Commission of NSW (1999) *Use of Interpreters in Domestic Violence and Sexual Assault Cases*, Ethnic Affairs Commission of NSW, Ashfield.

- *Anti-Violence in Australia: Reflections on Evaluated Interpersonal Violence Prevention Programs*, by J Bondy and A Ogilvie (1999), Royal Melbourne Institute of Technology, which identifies good practice principles for domestic violence support group programs for victims, male violent perpetrator programs and violence prevention programs for young people — available online at http://mars.eu.rmit.edu.au/bondy/jmb/Anti-Violence_in_Australia.html
- *Position Paper on Programs for Perpetrators of Domestic Violence* produced for the New South Wales Violence Against Women Specialist Unit.
- *Practice Standards for Working with Children and Young People who have Lived with Domestic Violence*, produced by Lesley Gevers Community Management Services (1999) for PADV.
- Merlino and Oviden (1995) and Burke (1999) also discuss good practice principles for professionals intervening with children affected by domestic violence.
- Families, Youth and Community Care Queensland is in the process of developing practice standards for domestic violence court assistance workers.

OTHER REPORTS DOCUMENTING GOOD PRACTICE

Some reports, while not providing good practice standards as such, identify good practice principles in domestic violence service-delivery. Examples include:

- *Western Australia Police Service. Response to Family and Domestic Violence: A Best Practice Report* proposes a best practice model for the Western Australia Police Service
- *Crisis Intervention in Aboriginal Family Violence: Strategies and Models for Western Australia*, produced by H Blagg, D Ray, R Murray and E Macarthy (2000) for PADV

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