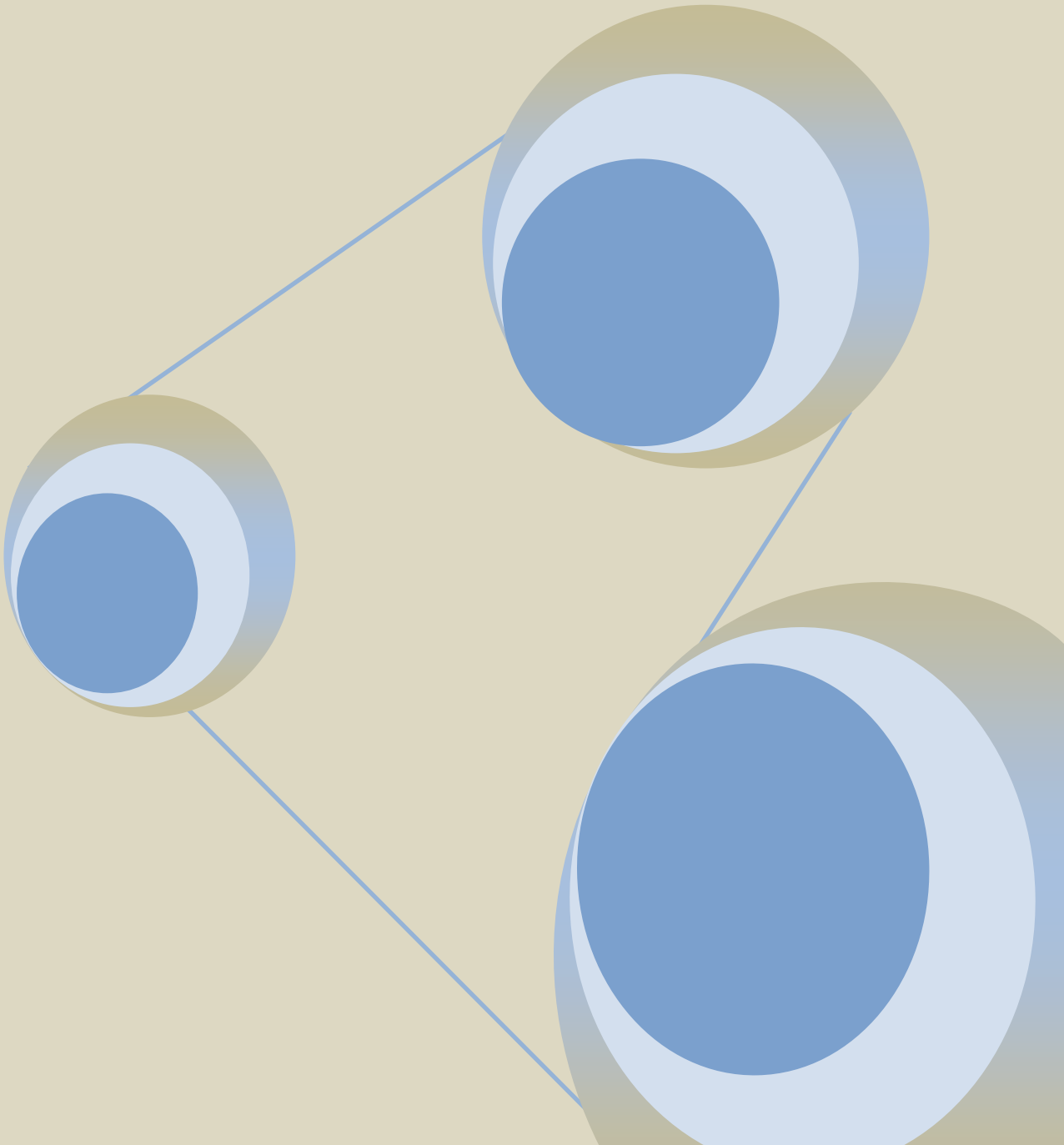
Breaking the Cycle

Trial integrated response to domestic and family violence in Rockhampton

Client experiences and outcomes

May 2011



Authors: Heather Nancarrow[1] and Renette Viljoen[2]

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[1] Heather Nancarrow is Director, Queensland Centre for Domestic and Family Violence Research, CQUniversity.
[2] Renette Viljoen is Education Officer, Queensland Centre for Domestic and Family Violence Research, CQUniversity.

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Executive Summary

The need for systems working together effectively in responding to intimate partner abuse has been recognised for more than two decades, and various models of co-operative, collaborative, co-ordinated and integrated criminal justice and service system responses have emerged. At the core of such models is the belief that because the nature of domestic violence is complex and recurring, it requires a response that is comprehensive, co-ordinated and meaningfully engages community and government service providers (Spohn 2008).

Since the mid-1990s there have been numerous developments in Australia, at local and jurisdictional level, towards co-ordinated or integrated responses to domestic violence. Within the context of its whole-of-Government strategy to reduce domestic and family violence ("For our sons and daughters" 2009-2014), the Queensland Government (under the leadership of the Department of Communities) has been trialling an integrated response to domestic and family violence in Rockhampton, Central Queensland, known as "Breaking the Cycle" (BTC).

This integrated service delivery model aims to: improve the safety and well-being of people affected by domestic and family violence; reduce the demand on the current service systems (statutory, courts, human services); increase the efficiency and effectiveness of the human and justice service systems in responding to domestic and family violence; and build the skills of service providers to increase their ability to provide the best possible services to clients and break down the barriers to integrated working.

Objectives of the study

The key objectives of this study on the trial integrated response to domestic and family violence in Rockhampton were to:

- provide evidence of the way the trial integrated response was experienced by clients; and evidence of what has been achieved for clients' safety and well-being through participation in the trial; and to
- inform the further development of client-centred responses to domestic and family violence in Queensland.

Methods

The sample comprised six female and three male participants ranging in age from 27 to 50 years old. The research was conducted through semi-structured interviews with both open-ended questions (allowing participants to elaborate on their experiences) and closed questions that require responses in the form of nominal scales (i.e., nominal and ordinal categorical data). Of the nine participants, only two participated in the BTC trial because they had perpetrated domestic or family violence; seven had been victimised and one of those was also the subject of a "cross-order". Eight of the participants were, or had been, in spousal relationships and one had been in an intimate personal relationship.

An interview schedule was developed for each of the two groups of participants: 1) victims of domestic or family violence; and 2) perpetrators of domestic or family violence. A total of 68 questions were asked. The interview questions on physical abuse comprised a set of ten questions from the Conflict Tactics Scale (CTS2) (Straus 1979), and those on non-physical abuse were drawn from the General Social Survey on Victimisation, Canada (Johnson & Bunge 2001). The schedule also drew questions on perceptions of health and well-being (before and after the trial) from the 12 item short-form health survey (Ware et al 1996). Participants were reporting on their recall of their health

status before and after their involvement in the trial and the set of questions were used merely as a guide to structure their thinking about indicators of health and well-being.

In analysing the qualitative interview data (the participants' responses to the open-ended questions), a thematic analysis was undertaken. Eleven themes and respective rankings were identified from the data for the group of seven research participants who had participated in the BTC trial because they had been victims of domestic or family violence. Five themes and respective rankings were identified from the data for the two men who had participated in the BTC trial because they had perpetrated domestic or family violence.

In analysing the quantitative interview data (closed questions), all participants' responses were subjected to computerised data analysis (PASW Statistics 18). Data was graphically displayed to reflect changes in experience (victims) and commission (perpetrators) of (i) physical and non-physical abuse before and since participating in the trial; (ii) participants who were still in the relationship and those who are not in the relationship any longer; and health and well-being of participants.

Key findings

Research participants, overall, indicated positive experiences with the trial integrated response to domestic and family violence in Rockhampton, Breaking the Cycle (the BTC). In particular, the BTC was highly valued by its clients for the practical help and emotional support and advice provided in confidence by empathetic, non-judgemental staff. Two participants in this group had negative experiences with information sharing and in both cases it involved service providers in the justice system.

Both of the participants who had engaged with the BTC because they had perpetrated domestic or family violence reported that they valued being listened to and they felt supported at all times. All nine research participants said they would recommend the BTC to others.

It is clear from the interview data that when participants spoke of the BTC, they were mainly referring to the Case Co-ordination Team (CCT) and frequent reference was made to "Jo" (the CCT police officer) and "Kath" (the CCT specialist domestic violence worker at the time of participant recruitment and data collection). Some participants expressed that their prior positive contact with Jo or Kath contributed to their acceptance of the invitation to participate in the trial.

The data related to safety and well-being before and after participation in the trial indicates positive outcomes for both groups of participants (those who had perpetrated domestic and family violence and those who had been victimised). Participants' responses showed that their general health and well-being either improved or stayed about the same since participating in the trial. General health and well-being did not improve since participation in the trial only for those whose regular activities were limited by poor physical health.

Conclusion

Clients' experiences of the BTC were, overall, positive with the practical assistance, increased security and emotional support ranked highest in terms of client satisfaction with the trial. Clients also reported benefits from the BTC's improved information sharing processes, although improved information sharing in the justice system was identified as an area requiring improvement through increased resourcing for Legal Aid, in particular. Clients also reported that perpetrators of domestic or family violence were appropriately held responsible for the violence. All participants in the research reported that they would recommend the BTC to others in similar circumstances.

Introduction

In Queensland the term 'domestic and family violence' is generally associated with physical and non-physical forms of abuse occurring within one of the following types of relationships, as covered by the *Domestic and Family Violence Protection Act 1989*:

- Spousal relationships (including current, or former, married and *de facto* couples and the biological parents of a child)
- Interpersonal relationships (including couples who are, or were, engaged to be married; are, or were, promised or betrothed under traditional cultural practices; or are, or were, in an 'enmeshed' dating relationship, regardless of whether they are the same or opposite sex)
- Other family relationships (a person who is a 'relative' of the other including siblings, adult children and their parents, nephews and nieces, aunts and uncles and others within a wider concept of relative as relevant, for example, to Aboriginal and Torres Strait Islander peoples); and
- Informal care relationships (in which a person is, or was, dependent upon the other person for assistance in regard to a daily activity).

Domestic violence legislation in other Australian jurisdictions also provide for non-spousal relationships, although not consistently the same broader relationship categories as Queensland.

Data related to clients of domestic and family violence support services across the State of Queensland show that spousal domestic violence is the biggest single category for which people seek such support, consistently representing at least 75 percent of all new client matters presented to approximately 30 support services across the State.[3] Spousal domestic violence is also the most widely researched category of domestic and family violence. It is commonly, and increasingly, referred to as 'intimate partner abuse' in the context of a broader category of relationships, including dating relationships, of an intimate nature. The two terms are used interchangeably here.

Intimate partner abuse is predominantly perpetrated by men against women. At a national level, research by the Australian Bureau of Statistics (2006) found that for the people who had been assaulted in the year preceding its national Personal Safety Survey, 65 percent of the men had been assaulted by a male stranger, compared to 15 percent of the women; while 31 percent of the women had been assaulted by a current or former partner, compared to 4 percent of the men. Further, 69 percent of the men had been assaulted in the open or at a licensed venue, while 64 percent of the women had been assaulted in a home. The same survey also found that approximately 1 in 6 Australian women experience abuse by a current or former intimate partner. In spite of the data, there are those who continue to argue that men and women are equally victimised by their spouses. This position generally arises from the results of quantitative research using the *Conflict Tactics Scale* (Strauss 1979), which does not account for the context in which the abuse occurs, nor the impact on the victim (for further discussion see, for example, Kimmel 2002; Mulroney & Chan 2005).

In their review of the literature, Bagshaw and Chung (2000) found the following gender differences in relation to intimate partner abuse: "Males reported that they were not living in an ongoing state of fear from the perpetrator; males did not have prior experiences of violent relationships; and males rarely experienced post-separation violence and, in the one reported case, it was far less severe than in male-to-female violence" (cited in Mulroney & Chan 2005, p.5). Kimmel (2002) argues that while women's violence is often a result of a desire to improve the communication between

[3] Domestic and Family Violence Database, Queensland Centre for Domestic and Family Violence Research, CQUniversity 2003 - 2011

partners (e.g., a woman slapping or pushing their male partner in an attempt to get their attention rather than inflict pain or punish), the extent of physical, economic and psychological injury inflicted by men on women is understandably more frequent and more severe.

The costs of domestic violence to the Australian economy is estimated to be $13.2 billion per annum, projected to rise to $15.6 billion per annum by 2021-22 if there is no significant reduction in the incidence over that time (National Council to Reduce Violence against Women and their Children 2009). The impacts of domestic and family violence, and the circumstances of those involved, are many and varied. At its worst, domestic and family violence can be lethal. In 2007-2008 the majority (52%) of the total 260 homicides in Australia were domestic homicides (involving one or more victims who had a family or 'domestic' relationship with the offender); of the 134 domestic homicides, 60 percent were intimate partner homicides (Virueda & Payne 2010). Intimate partner abuse is detrimental to the physical and mental health of those subjected to it (Mouzos & Makkai 2004; Nancarrow, Lockie & Sharma 2009; Lockie, Nancarrow & Sharma 2010) and to others, particularly children, who are exposed to it (Aymer 2008). It is the biggest single cause of homelessness among women and children (Australian Government 2008), disrupting education, employment and social support mechanisms, with further detrimental impacts.

Apart from the range of health and social service systems required to respond to these impacts in support of victims and their children, the criminal justice system (specifically the police and courts) is also a critical component in efforts to address domestic and family violence. Much domestic and family violence could constitute criminal offences (assault, sexual assault, rape and stalking, for example) and civil legislative regimes were established in every Australian jurisdiction in the 1980s to provide ready access to legal protection against anticipated violence; intended to be used in conjunction with the criminal law to address past violence. Douglas (2008) finds that rather than working in conjunction with the criminal law, Queensland's *Domestic and Family Violence Protection Act 1989* has become a convenient alternative to it. Perez Trujillo and Ross (2008) discuss the influence of police officers' own views about relationships, marriage, women's roles and domestic violence, even residential arrangements between the parties, on their decisions about arresting, charging or jailing suspects; although the most influential factor in the decision to arrest a suspect is whether the victim's physical safety is in immediate and serious danger. This brings into question the law's ability to resist harbouring patriarchal stereotypes, despite legislative decrees stating this is unacceptable (Everton-Moore 2006).

Recognising the prevalence, impacts and gendered nature of domestic and family violence (and sexual assault), the Council of Australian Governments' (COAG) National Plan to Reduce Violence against Women and their Children 2010 – 2022 was released in February 2011. The blueprint for the COAG plan was "*Time for Action*: The National Council's Plan for Australia to Reduce Violence against Women and their Children", accompanied by several supporting documents including an economic costs analysis and a background paper. Based on the evidence, the National Council supported the World Health Organisation's (2002) ecological model for understanding and responding to violence, recognising the influence of individual, family, community and societal factors in its causation. *Time for Action* proposed "systems work together effectively" as one of six key national outcomes necessary to achieve a significant reduction in violence against women. The COAG National Plan does not refer to co-ordination of systems as one of its six key outcomes, seeing it rather as an 'enabler' of other outcomes. The need for systems working together effectively in responding to intimate partner abuse has been recognised for more than two decades, and various models of cooperative, collaborative, co-ordinated and integrated criminal justice and service system response have emerged. The following section provides a brief discussion on the key concepts.

Discussion of terminology

A review of the literature shows the term 'integration' is often used interchangeably with the terms, 'collaboration', 'co-ordination' and 'co-operation'. The Australian Law Reform Commission (ALRC) and the NSW Law Reform Commission (NSWLRC) argue that these latter terms "tend to indicate degrees of integration" (2010, p.1350). Several writers have addressed this issue of terminology and there is a broad consensus among them that this range of terms is best understood in terms of a continuum. This concept is presented in table 1 on page 6, below.

Most of the writers placed the key terms and concepts on a scale similar to that illustrated in the table. In her paper, *Models of Co-ordination and Integration of Service delivery* (2000), Gardiner categorises cooperation, co-ordination and collaboration as types of developmental processes – moving from low intensity cooperation in terms of time, risk and opportunity, to high intensity collaboration; and from minimum to maximum commitment along the same scale. 'Co-operation' is thus associated with situations where agencies may co-ordinate services while remaining independent. Barnes (in Sadusky 2010) speaks about 'co-ordinated community responses' (CCR) at level one capabilities as including shared procedures and policies, informal support from agency heads, awareness raising training, inclusion of marginalised communities, and a CCR plan.

'Co-ordination' is defined by Winer (in Gardiner 2000) as involving more formal relationships, division of roles and shared resources. These attributes are similarly reflected in Barnes' assessment of level two CCR capabilities which include a paid co-ordinator, previous victims invited to assess the CCR's effectiveness, effort made to adjust services for marginalised communities, policy and procedures informed by CCR experience, discipline-specific training and direct support from agency heads (in Sadusky 2010). Further along the continuum is 'collaboration' which refers to a pervasive and durable relationship involving a new structure, well-defined channels of communication and shared resources (Winer in Gardiner 2000). Barnes identifies these features as being examples of level three capabilities, which may include evaluation and informed changes to the CCR, addressing the needs of marginalised communities, intervention points assessed to maximise victim safety and perpetrator accountability, innovative policies, resources and training activities, trust between partners and involvement in raising awareness of domestic violence (in Sadusky 2010).

Morrison's model of collaboration also utilizes the concept of a continuum, proposing 'building blocks' to achieve effective collaboration between agencies, including a mandate for collaboration, facilitative structures and leadership, a common philosophy and policies and procedures for intervention, training, provision of services, supervision, quality assurance and staff care (in Gardiner 2000).

Integrated service delivery "is more than co-ordinated service delivery – it is a whole new service" (Domestic Violence and Incest Resource Centre 2004, p.11). The ALRC and NSWLRC (2010) further suggest a distinction be made between integrated and 'whole of government' responses, stating that the latter "may form an element of an integrated response, but they do not necessarily exhibit other features of an integrated response such as mechanisms for inter-agency collaboration and service delivery" (p.1351). They define integration as including: common objectives and policies, interagency collaboration, victim support service provision, training and education, ongoing collection of data, system evaluation and review and specialised family violence courts.

Autonomy	Co-operation	Co-ordination	Collaboration	Integration
Agencies act without reference to each other, although the actions of one may affect the other(s).	Agencies establish ongoing ties and provide limited support to an activity undertaken by the other agency. Communication and sharing information is emphasised. Requires a willingness to work together for common goals, goodwill and some mutual understanding.	Separate partners plan the alignment of their activities. Duplication of activities and resources is minimised. Requires agreed plans and protocols or the appointment of a coordinator or manager.	Partners put their resources into a pool for a common purpose, but remain separate. Responsibility for using the pooled resources is shared by each of them. Requires common goals and philosophy and agreed plans and governance and administrative arrangements.	Links between separate agencies draw them into a single system. Boundaries between the agencies dissolve as they merge some or all of their activities, processes or assets.
	Examples include learning and information sharing networks and open access to each others' facilities and services.	**Examples** include the appointment of a hub coordinator to provide strong links between existing child care services, or developing joint funding proposals for new co-ordinated programs.	**Examples** include the establishment of shared service centres or developing joint management structures.	**Examples** include preventative or community-based place management programs. It can also involve the merger of similar agencies to form a single larger organisation.

Table 1. The co-operation – integration continuum[4]

[4] Adapted from Cairns et al., 2003; Fine et al., 2005, p.4 and the SNGO Fact Sheet on Shared and Collaborative Arrangements (Lennie 2008, p.10)

Efforts to achieve effective systems co-ordination and/or integration

Many of the co-ordinated responses to domestic violence that have been developed and implemented both in Australia and internationally over the last three decades have been based on the Domestic Abuse Intervention Project (DAIP), established in Duluth, Minnesota in 1980 and now commonly referred to as the 'Duluth model'. Essentially, the DAIP was developed as a co-ordinated community response to intimate partner abuse so that the community becomes responsible for victims' safety and for holding perpetrators of domestic violence accountable. It is centred on a criminal justice response to domestic violence and involves co-ordination of responses from the justice system (police and courts) and human services, such as housing and community based domestic violence services (victims' advocates and education programs for perpetrators). On being called out to investigate a complaint of domestic violence, and having probable cause to arrest, police must arrest an alleged perpetrator and arrange for a victims' advocate to contact the alleged victim to offer assistance and counselling. A perpetrator program representative is also contacted to undertake a risk assessment of the perpetrator, including an assessment of the perpetrator's suitability for participation in a 26 week program (the 'perpetrator program'). Upon conviction for domestic violence, the court can sentence the offender to a term of imprisonment, with the sentence being suspended subject to satisfactory completion of the perpetrator program. This victim-centred, co-ordinated systemic response is underpinned by a shared philosophy, an agreed inter-agency protocol for action, information sharing and referral, a commitment to bi-monthly interagency meetings and ongoing evaluation of all aspects of the model, and common training of agency personnel (Pence & Paymar 1986).

At the core of the co-ordinated community response model is the belief that because the nature of domestic violence is complex and recurring, it requires a response that is comprehensive, co-ordinated and meaningfully engages community and government service providers (Spohn 2008). Based on the evidence of a number of studies into the effectiveness of community co-ordinated responses, Klevens and Cox (2008) believe that well designed and well implemented co-ordinated responses can be effective in rescuing the risk of physical violence, although "no differences were observed in victims' perceptions of their safety or reduced threats, intimidation, or risk of serious assault." (Klevens & Cox 2008, p.548). White, Goldkamp and Campbell (2005) discuss the merit of an inclusive process that engages the victim and locates victim support workers, social workers, family support workers and police officers in shared office space to improve the communication within the team and allow a greater recognition and understanding of the needs of each team member, the victim and those building legal cases for the prosecution of domestic violence perpetrators.

DAIP personnel have conducted over six hundred training sessions and seminars since its establishment, and aspects of the model have been adopted in the United States, Scotland, New Zealand, Germany and Australia (Shepherd & Pence 1999, p.4). One of the strengths of the Duluth model is that it can be applied differently in different communities depending upon the social and political context, resulting in a variety of very different programs which cite the DAIP as a foundational model.

Australian efforts towards interagency co-ordination

Since the mid-1990s there have been numerous developments in Australia, at local and jurisdictional level, towards co-ordinated or integrated responses to domestic violence. It is not the intention to review all of them here. The following discussion provides some examples of these efforts and helps situate the subject of the report, the trial integrated response to domestic and family violence in Rockhampton. The first two initiatives, below, were included as examples of good practice in an Australian Government report on good practice models to facilitate access to justice by people experiencing domestic and family violence (*urbis keys young* 2003); they are broadly modelled on

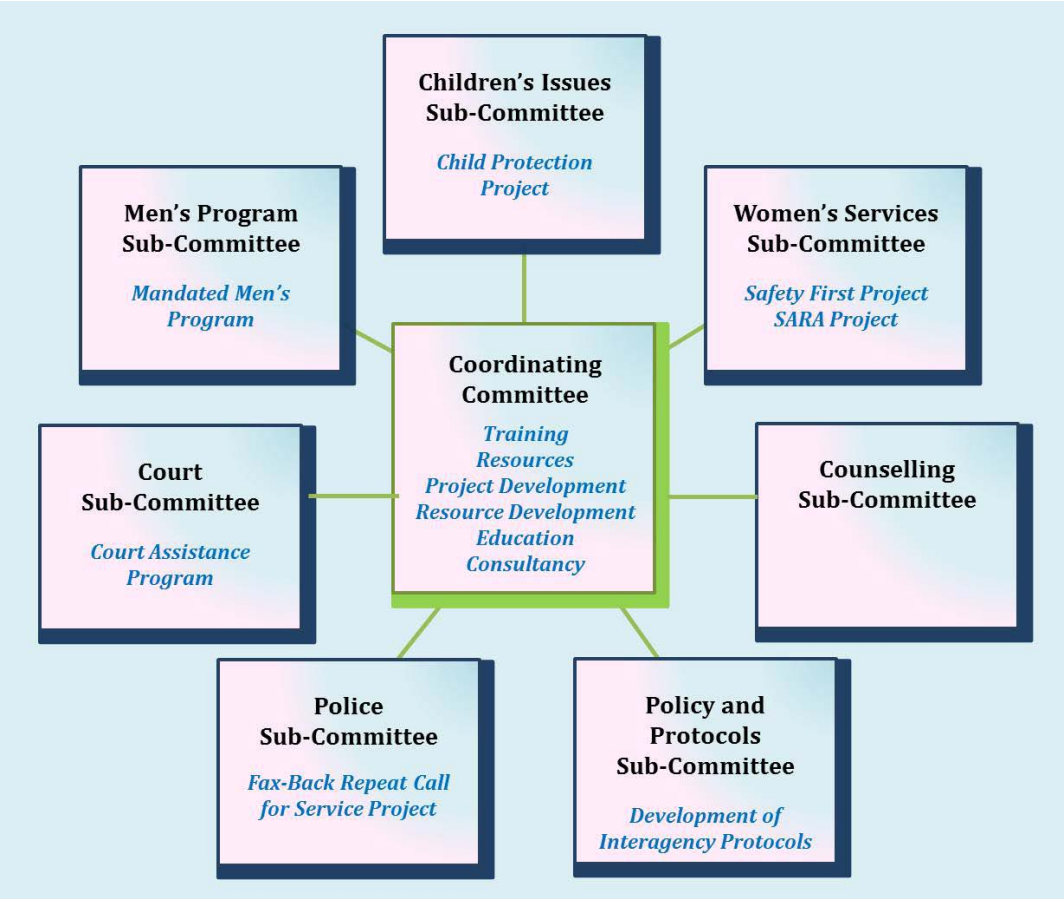
the DAIP and they are also the longest standing Duluth model initiatives in Australia. Three of the four discussed below are integrated response models developed and implemented at a whole-of jurisdiction level.

Gold Coast Domestic Violence Integrated Response Project

The development of the Gold Coast Domestic Violence Integrated Response Project (GCDVIRP) was among the very first of Australian efforts towards inter-agency co-ordination of responses to domestic violence, modelled on the DAIP. Both DAIP and the GCDVIRP are centred on enhancing justice and human service responses to domestic violence, however, DAIP is focussed on the criminal justice system and involves mandatory arrest, while the GCDVIRP is located primarily within the context of Queensland's civil law response to domestic violence, which intersects with the criminal law in terms of breaches of domestic violence protection orders and on the relatively rare occasions when criminal assault charges are pursued.

Under the leadership of Betty Taylor (then Co-ordinator, Gold Coast Domestic Violence Service), the GCDVIRP was developed on the basis of extensive community consultation and negotiation with key human service and justice agencies. It officially commenced in 1996. The Gold Coast Domestic Violence Service was one of five regional domestic violence services funded by the Queensland Government in 1993-94 (a further five were funded in 1994-95 and another in 2001-02). The roles of the Domestic Violence Services included "facilitating the co-ordination of local responses to domestic violence ... establish links with, and between, all services and organisations responding to domestic violence in their catchment area. These ... include the legal system, government agencies, community organisations and local action and support groups" (Robins 1994, p.12).

The GCDVIRP is directed towards women experiencing domestic violence, and their children, but also provides a court-mandated program for perpetrators. As with DAIP, the core goals of the GCDVIRP are: 1) enhancing victim safety; 2) holding perpetrators of domestic violence accountable; and 3) providing a multi-agency response to domestic violence on the Gold Coast (*urbis keys young* 2003, p.38). Its programs, all managed by the Gold Coast Domestic Violence Service (now known as the Gold Coast Domestic Violence Prevention Centre), also include a Domestic Violence Court Assistance Program and a Fax-Back Program (an arrangement with police whereby contact details for an aggrieved, with the consent of the aggrieved, are sent electronically to the Domestic Violence Service for immediate follow-up). Central to the GCDVIRP is a Coordinating Committee comprised of representatives from the Queensland Police Service, Community Corrections, Women's Refuges, the Gold Coast Domestic Violence Service, the Gold Coast Sexual Assault Support Service, Legal Aid Queensland and Magistrate Court Registries from two local courts. Since 1999, the Queensland Government has provided funding for a GCDVIRP coordinator position to facilitate and resource the monthly Coordinating Committee meetings. The Coordinating Committee has several sub-committees to develop and implement related projects. These are illustrated below.



Source: Gold Coast Domestic Violence Prevention Centre website: http://www.domesticviolence.com.au/GoldCoastPartnerships.htm#resources (accessed 26 April 2011).

Reported key outcomes and achievements of the GCDVIRP include, for victims of domestic violence, increased access to legal protection and support services and increased safety. Participating agencies reported enhanced service delivery because of increased knowledge about domestic violence (therefore better decision-making), the development of trusting relationships across agencies and increased efficiency in service delivery and referral (*urbis keys young* 2003).

The GCDVIRP is an example of a successful co-ordinated community response to domestic violence, initiated and driven by a local domestic violence service. One of the greatest challenges to the success of such community driven initiatives is the need for re-negotiation when key personnel of participating agencies change. That is, when inter-agency co-ordination is reliant on local commitment, rather than centralised jurisdictional-level policy, the co-ordinated system is vulnerable to collapse when, for example, a magistrate, court registrar, or assistant commissioner of police is transferred out of the area and their replacement is not aware of, or not committed to inter-agency collaboration. Through sheer hard work and skilled advocacy and negotiation on the part of the founders of the GCDVIRP, local inter-agency protocols and policies were developed and, through a dedicated Integrated Response Coordinator, they have been maintained.

ACT Interagency Family Violence Intervention Program

The impetus for the Australian Capital Territory's (ACT) Interagency Family Violence Intervention Program (FVIP) was the results of a review of the operation of the criminal justice system's response to domestic violence within the ACT (*urbis keys young* 2003). In 1996, the ACT Community Law Reform Committee recommended the establishment of a co-ordinated community response to

family violence[5] to address a number of issues identified in the review. In particular, the FVIP was to address the failure of ACT criminal justice agencies to treat family violence (especially intimate partner abuse) seriously, including a failure to appropriately respond to victims' safety and hold perpetrators accountable; and low charge and conviction rates, in spite of the policy position that domestic violence is a crime. The recommendation was endorsed by the ACT Government in 1997 and funding for development, implementation and evaluation of the FVIP was provided to the ACT Government through the national Partnerships Against Domestic Violence initiative. Phase 1 of the FVIP, which focussed on developing policy, procedure and operational infrastructure, commenced in May 1998 and Phase 2, focussing on the development and implementation of specific strategies for victim support and the enhancement of policing, prosecutions and corrections, commenced two years later. The FVIP is described as a "co-ordinated criminal justice and community response to violence within intimate and family violence relationships" (Holder 2008, p. 2).

Like the GCDVIRP, the ACT's FVIP is also broadly based on the DAIP (and New Zealand's Hamilton Abuse Intervention Program – itself a derivative of DAIP). It also draws on the experience of the first specialist family violence court established in Winnipeg, Manitoba in 1990. The FVIP is an ACT-wide initiative. It is managed by a Criminal Justice sub-committee of the ACT Domestic Violence Council, which has representation from police, public prosecutions, justice department, corrective services, Magistrates Court, Legal Aid, domestic violence services (including victims support services and a perpetrator education program) and the Victims of Crime Coordinator, Robyn Holder, whose experience in the UK, as well as the Duluth model, was instrumental in initiating and shaping the FVIP.

As primarily a criminal justice response to family violence, the FVIP is based on policies of pro-arrest, pro-charge and a presumption against bail for cases reported to police. It is also pro-prosecution of criminal family violence cases and the Director of Public Prosecutions in the ACT has a specialist team to manage these cases. Victim support is provided by staff of the Domestic Violence Crisis Service, working in partnership with the police, and support is provided to victims throughout the criminal justice proceedings. In their 2001 evaluation report of the FVIP, *urbis keys young* found that criminal charges for family violence had increased by 8 percent between 1998-1999 and 1999-2000; early guilty pleas (thus avoiding the need for victims to give evidence, and be subjected to cross-examination in court) increased from 24 percent to 40 percent; and that the FVIP has resulted in increased efficiency and consistency in the way matters are dealt with by the court (*urbis keys young* 2001).

Safe at Home: Tasmania's Criminal Justice Framework for Responding to Family Violence

Tasmania's whole-of government integrated response to family violence, *Safe at Home*, also operates within a pro-arrest, pro-charge and pro-prosecution criminal justice framework. Some aspects of *Safe at Home* commenced in 2004 and specific family violence legislation to underpin the integrated response was passed on the 26th November 2004 and commenced in March 2005. The *Family Violence Act 2004* (Tas) provides:

- enhanced Police powers in relation to entry, search and arrest in family violence cases
- capacity for Police to issue Police Family Violence Orders (PFVO) for a 12 month duration
- PFVOs can be varied or revoked by the Magistrates Court, which can also issue Family Violence Orders
- a breach of a PFVO or FVO is a separate criminal offence

[5] The ACT's use of the term 'family violence' is inclusive of intimate partner abuse and other family relationships (including children) covered by the ACT domestic violence legislation.

- statutory recognition for the processes of risk screening and safety audits carried out by Victim Safety Response Teams
- a requirement for magistrates to take into account the safety of the victim when determining bail
- provision for Magistrates to take into account the presence of a child or violence towards a pregnant woman as an aggravating factor in sentencing
- specific offender rehabilitation programs as a sentencing option
- certain professions, including doctors, dentists, psychologists and teachers are required to report the suspicion of family violence to Police.

(Safe at Home 2004)

Safe at Home is overseen by a high level steering committee chaired by a representative of the Tasmanian Governments' Department of Premier and Cabinet and comprised of representatives of the Departments of Justice, Police and Emergency Management, Health and Human Services and Education. Each of these Departments is also represented on an inter-agency working party, which has responsibility for the development and implementation of the Safe at Home program. Collectively, these departments provide the range of specialist services that facilitate the Safe at Home response: the Family Violence Response and Referral Line; Victim Safety Response Teams; a Court Support and Victim Liaison Service; a Child Witness Program; an Adult Victim Support Service; a Children's Counselling and Support Service; accommodation brokerage for offenders; and the Family Violence Offender Intervention Program. Regional coordinating committees have been formed to co-ordinate service delivery in each region. Direct service providers within the relevant departments (Police Victims Safety Response Team, Police Prosecutor, Child Protection, Family Violence Counseling and Support Services for adults and for children, and the Family Violence Offender Intervention Program) comprise the Integrated Coordinating Committee (ICC), which meets weekly to conduct case management conferences, or more often if an emergency case conference is required (National Council to Reduce Violence against Women and their Children 2009).

A significant feature of the Safe at Home model is that its focus on criminalising family violence removes from victims all decision-making about the justice systems' response, and places it in the hands of the state representatives on the ICC. Another significant feature is that all of the direct services in the integrated response, as well as the criminal justice system agencies, are within the government bureaucracy. That is, there has been no role for community based services within the *Safe at Home* integrated response model.

An independent review of *Safe at Home*, conducted in 2009, found evidence that its key objectives (a reduction in the level of family violence, improved victim safety and changing offender's behaviour) were being achieved. However, 37 recommendations for improvement were made, based on best practice literature and the experience of those involved in the delivery of Safe at Home (Success Works 2009). In summary, the most significant of these recommendations included a strengthened risk management approach with case management for victims and offenders in high risk situations, service provider support and training to achieve cultural competence, research into the makeup and needs of male victims and female offenders and changes to the Court process, including the establishment of a Specialist Family Violence Court and when appropriate, the use of specialist family violence prosecutors in the Supreme Court.

Family Safety Framework: South Australian Government

The South Australian Government initially piloted its Family Safety Framework (FSF) in three sites (Holden Hill, Noarlunga and Port Augusta), commencing in 2007. The FSF is part of the South Australian Government's Women's Safety Strategy and Keeping them Safe – Child Protection Agenda

(Marshall et al 2008). The FSF involves an inter-agency agreement between the South Australian Police (SAPOL), the Attorney-General's Department; the Department for Families and Communities; the Departments of Health, Correctional Services, Education and Children's Services; and non-government women's domestic violence services. The FSF Practice Manual states that the intention of the FSF is to provide "action based, integrated service responses to families experiencing domestic violence who are at high risk of serious injury or death" (Office for Women 2008, p.3) and its intended outcomes are consistent responses across government, non-government and community agencies developed as part of a collaborative process; and improvements in response to a) men who use violence and b) women, children and young people affected by violence (Marshall et all 2008, p.2). The FSF is supported by South Australian legislation, including the *Intervention Orders (Prevention of Abuse) Act 2009, Children's Protection Act 1993,* the *Summary Procedure Act 1921,* the *Problem Gambling Family Protection Orders Act 2004,* the *Evidence Act 1929* and the *Correctional Services Act 1982*. Key elements of the FSF include a common risk assessment tool, an agreed protocol for information sharing, the Family Safety Meeting (a case management process) and ongoing monitoring and evaluation (Office for Women 2008).

The FSF Risk Assessment Form is used as a tool by all agencies involved in the model to enable consistency in assessments and referrals to a Family Safety Meeting. However, the Practice Manual stresses the importance of using professional judgement in assessing the imminence of serious harm or death, in addition to the data collected on the form. The FSF, supported through endorsement by State Cabinet and the Privacy Committee of South Australia, operates within a context of limited confidentiality enabling information sharing to safeguard women, children and young people from imminent risk of serious injury or death. All agencies must adhere to the FSF information sharing protocols, which include signing of a Confidentiality Agreement at every Family Safety Meeting and agency responsibility for the safeguarding of information, observing the Information Privacy Principles, while giving priority to the overriding objective of safety for women, children and young people. Upon identification of a high risk domestic violence case, the agency must refer the matter to a Family Safety Meeting, which is chaired by a representative of SAPOL. All agencies participating in the FSF must have a high level representative regularly attend the family safety meetings. Collectively, the Family Safety Meeting representatives develop a 'positive action plan' to reduce the risk to the individuals and families involved.

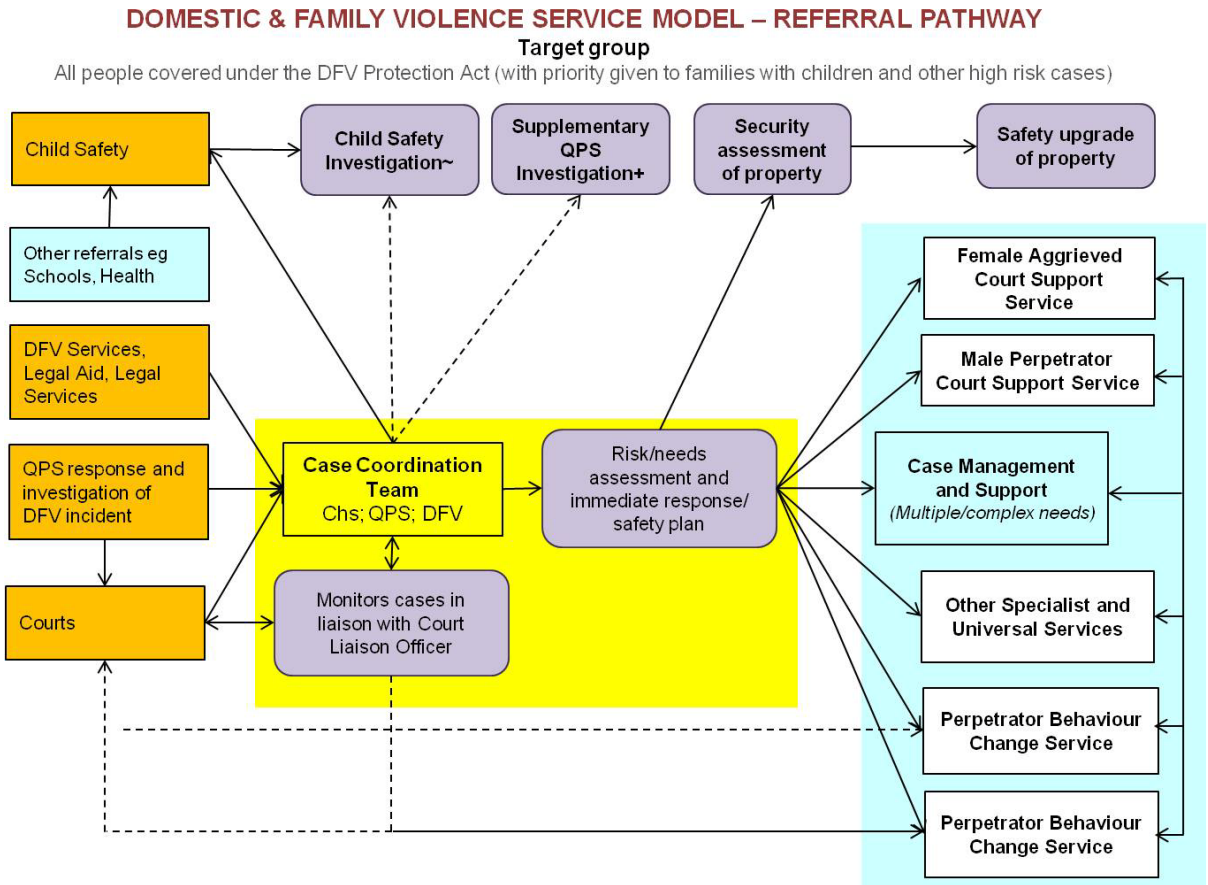
The evaluation of the initial trial of the FSF found that it had achieved "improved responses to victims and their children and enhanced victim safety and reduced re-victimisation" (Marshall et al 2008, p.1356). The FSF subsequently expanded to three more sites (Port Pirie, Elizabeth and Port Adelaide) in 2009. In 2011 an ongoing monitoring and evaluation framework is to be established and a research position has recently been established in the South Australian Coroner's Office to investigate domestic violence homicides.

Queensland's trial integrated response to domestic and family violence

Within the context of its whole-of-Government strategy to reduce domestic and family violence ("For our sons and daughters" 2009 - 2014), the Queensland Government (under the leadership of the Department of Communities) has been trialling an integrated response to domestic and family violence in Rockhampton, Central Queensland, known as "Breaking the Cycle" (BTC). This integrated service delivery model aims to: improve the safety and well-being of people affected by domestic and family violence; reduce the demand on the current service systems (statutory, courts, human services); increase the efficiency and effectiveness of the human and justice service systems in responding to domestic and family violence; and build the skills of service providers to increase their ability to provide the best possible services to clients and break down the barriers to integrated working. The BTC model is comprised of the following key components: a Case Co-ordination Team

(CCT);[6] intensive case management services; an integrated specialised court program; a behavioural change program for perpetrators of violence; and legal services for both aggrieved and respondents to domestic violence orders and related matters. The CCT comprises a statutory child safety officer, a police officer and a specialist domestic and family violence worker, co-located within the Department of Communities. The CCT conducts a range of risk, security and needs assessments for individuals and families who have been referred to, and have consented to participate in, the trial. Based on these assessments and supported by an information sharing protocol, the CCT develops a detailed response and safety plan involving the referral of clients to the range of services required to address their particular circumstances. Funding has been provided in conjunction with the trial for safety assessments of properties and safety upgrades, as required, to enable victims of domestic and family violence to remain safely in their own homes, where appropriate.

In addition to the CCT, the trial involves co-ordination of responses from the Queensland Police Service, the Magistrates Court, Legal Aid, Child Safety Services and several community based services which, together, provide intensive case management services for those clients identified as having multiple, complex needs. The BTC initiative also aims to build capacity by supporting service providers through a series of training opportunities, workshops and the establishment of a "community of practice". The BTC referral pathway is illustrated below.



Source: *Department of Communities: Breaking the Cycle of domestic and family violence in Rockhampton project* - PowerPoint Presentation to Local Governance Group

[6] At some point following its initial development the terminology changed so that the "Case Co-ordination Team" became known as the "Breaking the Cycle Team" (the "BCT"), while the overall trial is referred to as the "BTC". In this report the original terminology, Case Co-ordination Team (CCT), is retained for the sake of clarity.

The integrated specialised court program (not to be confused with a Specialist Domestic and Family Violence Court) includes: specific list days to hear domestic and family violence cases; provision of space for victims in court and supports for both aggrieved and respondents during the court process; referral of cases to the CCT based on agreed criteria; information exchange between the CCT and the court to enable monitoring of the respondent and conditions on protection orders; and a dedicated court liaison officer to work with the CCT. Enhanced information sharing enables Magistrates to have access to evidence related to all matters involving an individual and can, therefore, make consistent orders across civil and criminal jurisdictions.

The Department of Communities' records indicate that for the period from November 2009 (when the BTC trial commenced) to April 2011, a total of 969 clients were referred to the BTC trial, with the majority of referrals (839, or 86.5%) being made by police. Just over a third of the referrals (365 or 37.6%) were converted to BTC trial clients. The remaining 604 referrals did not result in active engagement with the BTC for a variety of reasons. Some people declined the invitation to take part in the trial due to relocation, reconciliation or having sought assistance elsewhere; a number of people referred were unable to be contacted; and others were deemed ineligible because they were not within the trial's geographical boundaries. Of the 365 who participated in the trial, 73 percent (267) were females and just over one quarter (27%) were males. Where known, 251 clients were identified as 'experiencing violence' and 74 clients were identified as 'using violence' (data on this variable was not available for 40 clients). The majority (79.2%) of the 365 BTC clients were referred because of spousal domestic violence, with the remainder being in an intimate partner, other family, or informal care relationship.

There were 183 accompanying children and 33 of the families involved in the trial had a history of involvement with the statutory child protection system. Safety upgrades were provided for 25 clients. Sixty-seven BTC clients were referred to a 'behaviour change' program, 76 to intensive case management and 265 were referred to other community based organisations. Table 2 on page 16 provides a more detailed summary of referral data.[7]

An overall evaluation of the trial is being conducted by the Department of Communities' Major Projects and Review Unit. This research contributes findings from interviews with clients of the trial regarding their experiences of the integrated response model and its perceived benefits in terms of their safety and well-being.

[7] The data in this table was provided to the research team by the Department of Communities; the table refers to the "BCT", which is the same as the Case Co-ordination Team (CCT) as discussed at footnote 6, above.

Individuals providing permission to contact / referrals into the trial		969
Source of referrals	Queensland Police Service	893
	Legal Aid Queensland	39
	Court Support Services	18
	Child Safety Services	19
Number of people declined to receive services from the trial because of relocation to other areas; reconciliation; or already receiving support from relevant services		291
Referrals unable to be contacted either by QPS and/or BCT		93
Referrals pending further attempts of engagement by QPS		49
Referrals deemed ineligible due to geographical criteria of the trial		11
Referrals whereby no referral was required due to clients self-referring to support services		13
Number of referrals being followed up by BCT in an attempt to engage client with BCT		171
Clients actively engaged with BCT (Interviewed)		365
Risk assessments completed	Number of clients experiencing violence	251
	Number of clients using violence	74
	Unknown	40
Number of clients affected by violence within a spousal relationship		289
Gender of clients	Female	267
	Male	98
Cultural identity of clients	Aboriginal	58
	Torres Strait Islander	3
	Australian South Sea Islander	2
	Other culturally & linguistically diverse	12
Number of accompanying children		183
Number of clients (families) involved with BCT having a Child Protection History		33
Number of Safety upgrades provided		25
Number of referrals to Behaviour Change Program		67
Number of referrals to Intensive Case Management		76
Number of referrals to other community based organisations		265

Table 2. BTC referral information November 2009 – April 2011

Research design and methods

The purpose of this research project was to establish client experiences and outcomes (from the clients' perspectives) of the trial integrated response to domestic and family violence in Rockhampton. The best way to find out how people experienced the trial and what it achieved for them was to ask the people themselves, so the research was to be conducted through semi-structured interviews with a purposeful sample of up to 60 clients of the BTC, who were broadly representative of the BTC clients.

The research proposal was approved by the Central Queensland University Human Research Ethics Committee (Project: H10/08-137) on 15 September 2010. Approval to conduct the research involving Department of Communities' clients, staff and service providers was also required from the Department of Communities and, following consideration by its Research Committee, the Department's approval was granted on 25 November 2010.

The principal researcher, who has extensive experience in the field of domestic and family violence prevention, including direct service provision, recruited and provided training for two Indigenous interviewers, one male and one female and one non-Indigenous female interviewer. The training was to ensure the interviewers had the skills to effectively apply the research risk management strategy. Specifically, the training sensitised interviewers to the impacts of domestic and family violence and provided skills to monitor participants' anxiety or stress and to make appropriate referrals. The principal researcher was also available to de-brief interviewers, and make referrals where necessary, to address any issues of vicarious trauma.

Prospective participants were provided with written information about the research and an oral overview of the project by a service provider before the service provider sought permission to forward appropriate contact details to the research team. Participants were able to choose to be interviewed by an Indigenous male, an Indigenous female or a non-Indigenous female, who were employed by CDFVR as research assistants and had not had any involvement in the delivery of the BTC trial. The availability of Indigenous interviewers was important for access to valid data from Indigenous clients who felt more at ease with an interviewer who shared their cultural identity. Shared cultural knowledge between an Indigenous researcher and the Indigenous community, in conjunction with a shared interest in collaborating to improve the Indigenous situation, features in culturally competent practice and enables Indigenous people to contribute to the evaluation of the trial. Engaging Indigenous participants in this way also influences access to local knowledge and the data to which the researcher is exposed and is permitted to collect.

Prospective participants were also advised that they could nominate a venue most convenient for them for the conduct of the interview and that they could also choose to do a telephone interview if that was more suitable. This option was to ensure that people living outside Rockhampton, or who did not have ready access to transport, were not disadvantaged in terms of ability to participate in the research. Any preferences in regard to the cultural identity of the interviewer and preference for a telephone interview were noted in the service provider's referral to the research team. Prospective participants were also advised in the recruitment process that, in appreciation for their input and to compensate for their time, each participant would be given a $20 voucher that could be used at a variety of stores.

Eligibility for participation in the research

Eligible research participants were people invited to participate in the BTC trial, who were aged at least 12 years of age and of sound enough mind and body to participate in an interview. They were to include people in one of the following three groups: 1) victims of domestic or family violence; 2) perpetrators of domestic or family violence; and 3) children/young people aged 12 to 18 years, whose families were affected by domestic or family violence.

Recruitment of participants

Participants were recruited by service providers involved with the BTC trial, including members of the CCT. In July 2010, prior to seeking ethical clearance for the project, the principal researcher convened a workshop with representatives of the Department of Communities in Rockhampton, including the CCT specialist domestic and family violence worker, and managers of the five community based services involved with the trial. The workshop confirmed and refined the research design, the interview format and questions, and the recruitment protocol and process. It was agreed that participants would be recruited through the service providers (with the support of their managers) on the basis of the recruitment protocol agreed at the workshop (see Appendix 1) and that the research project would be promoted to prospective participants through a set of to be displayed in the relevant agencies (Appendix 2). Due to the sensitive nature of the research and the potential risks to participants and the interviewers (see Appendix 3 for the Risk Management Strategy), it was agreed that service providers would be best placed to identify people who were both eligible and suitable (that is, the prospective participant did not present an unacceptable risk to themselves or others) to participate in the research.

In preparation for the data collection, pending the imminent decision from the Department of Communities' Research Committee, the recruitment process was presented again to service managers and counselling staff at a BTC trial Local Governance Group meeting in Rockhampton on the 22nd of November 2010. Service providers involved in the recruitment of the participants were then advised by email on the 25th of November that an agreement with the Department of Communities for the project to commence had been signed and that prospective participants could be referred to the research team immediately. The first referral to the research team was received on 27 November, and second on the 14th December, 2010. Due to the delay in recruitment and the impending school holiday and festive season, an extension for data collection to the 14th February 2011 was requested from, and granted by, the CQUniversity Human Research Ethics Committee on 14 December 2010. The last referral to the research team was received on 17 December 2010.

Rockhampton experienced devastating flooding at the end of December, continuing into early January, with major damage to housing and infrastructure in many areas of the city and outlying areas. The city was isolated because of road and airport closures. Only 16 referrals had been received when work at the Queensland Centre for Domestic and Family Violence Research resumed on the 4th of January 2011, after the Christmas closure of CQUniversity. The research team considered it inappropriate to contact the service providers in the aftermath of the devastating floods to encourage further recruitment of participants, but consulted with the Department of Communities' Principal Research Officer, Major Projects and Review about the Department's view on the merits of seeking a further extension from the Human Research Ethics Committee for the data collection. It was agreed that the research team would seek advice from the service providers about the prospects of increasing referrals for prospective participants for the research. Those that could be contacted at the time were not confident of increasing the number of referrals, due to the impacts of the flooding in the region so a further extension was not sought.

Interview process

An interview schedule was developed for each of the three groups of participants: 1) victims of domestic or family violence; 2) perpetrators of domestic or family violence; and 3) children/young people whose families were affected by domestic or family violence. The key concepts addressed in each schedule were the same but the questions were oriented towards the participants' status in relation to the experience of domestic or family violence and, therefore, the BTC trial. The schedule for group 1 (victims of domestic or family violence) is provided at Appendix 4 as indicative of the interviews for each group.

A total of 68 questions were asked. To avoid repetition and assist the flow of the interview, a set of 9 response cards were used for answering questions 39 through to 67. Demographic data and answers to questions 39 through to 67 were recorded on the interview schedule. The interviews were also audio-recorded, with the permission of the participants, to allow the interviewers to fully engage with the participants during the qualitative data collection process. The interviews were then transcribed verbatim for analysis.

The interview questions on physical abuse comprised a set of ten questions from the Conflict Tactics Scale (CTS2) (Straus 1979), and those on non-physical abuse were drawn from the General Social Survey on Victimisation, Canada (Johnson & Bunge 2001). The schedule also drew questions on perceptions of health and well-being (before and after the trial) from the 12 item short-form health survey (Ware et al 1996), although for the purposes of this study, the data has not been analysed to produce a score on the SF-12 health scale. Participants were reporting on their recall of their health status before and after their involvement in the trial and the set of questions were used merely as a guide to structure their thinking about indicators of health and well-being.

Interviews were conducted at venues most convenient for the participant, including an office at one of the participating services and participants' homes. No telephone interviews were conducted although they were offered to ensure people had maximum opportunity for participation. Interviews were between half an hour and one and a half hours in length and were carried out in accordance with the approved ethics protocol.

After the interview the participants were debriefed. Any issues of concern for the interviewer (i.e. relating to the participant's well-being) were to be raised with the service provider who referred the participant to the research team. The need for this did not arise. Participants were compensated for their time with a $20 voucher for use at a Coles or Target store.

Sample

Summary of the sample

Sixteen clients of the trial integrated response to domestic and family violence were referred to CDFVR as potential participants in the research. Of those, two were unable to be contacted because their contact telephone numbers had been disconnected and four did not respond to telephone messages and they were not pursued after four attempts to make contact. Ten of the people referred as prospective participants were contacted by a member of the research team; all of those consented to participate in the research and interviews were conducted with them. In one case there were two anomalies that could not be resolved: 1) the client was referred to the research team as a victim of abuse, but the transcript clearly suggested otherwise; and 2) the client's interview also suggested an inability to grasp the concept of the BTC and to respond to the questions concerning the client's experiences of the BTC and its outcomes. Given these concerns, the transcript was removed from the data set to avoid skewing the results of the research. The remaining nine participants comprised the research sample.

There were six female and 3 male participants ranging in age from 27 to 50 years old. Two of the nine participants identified as Aboriginal. Eight lived in or close to Rockhampton and the remaining participant lived in Yeppoon.

Only two of the participants had been participating in the BTC trial because they had perpetrated domestic or family violence; seven had been victimised and one of those was also the subject of a "cross-order".[8] The majority (6) of the research participants identified that they were involved with the BTC trial because of spousal domestic violence, two because of intimate personal abuse and the remaining participant identified that they were involved in the trial because of another type of

[8] That is, she had a protection order against her partner and he had an order against her.

family violence. However, based on the transcripts and in terms of the definitions contained in the *Domestic and Family Violence Protection Act 1989*, eight of the participants were, or had been, in spousal relationships and one had been in an intimate personal relationship. Only two of the participants were in paid employment, while three were unemployed, three were pensioners and two were full time home-makers. Two had primary school education only, four had education to year 10 only, and the remaining three had some tertiary education (including TAFE).

Participant profiles

The following section provides a brief overview of the circumstances of the nine research participants to provide a social context for the data analysis to come. In each case, a pseudonym has been used and some individual details, such as the number and ages of children, have been adjusted to ensure the participants' identities are not inadvertently disclosed. Each participant's story is told as at the time of their interview.

Beverley

Beverley is in her mid-forties, with one adult and one pre-teen child. She has a TAFE level qualification but is currently not working. The family's weekly income is about $450. As a child Beverley had been subjected to abuse, and in her marriage she had endured emotional, social-psychological, physical and sexual abuse for many years before she finally obtained a domestic violence protection order (DVPO) and left her husband. After some time, she went back to him. When the violence resumed she retaliated and he "kicked" her out and sought a DVPO against her; she calls it a "retaliation order". As a result, Beverley was denied access to her children for a period of time. She was referred to the BTC trial by a counsellor at one of the participating support services and through the trial was also able to obtain support from the Women's Shelter, Legal Aid and the Domestic Violence Court Support Worker based at the court. Beverley has been involved with the BTC for four months, and with the help of the BTC has been able to regain access to her children.

Des

Des is a 30 year old Aboriginal man, educated to year 10. He is currently unemployed and has a weekly income of approximately $600. He and his partner have been together since she was in her mid-teens and they have two children. Des was referred to the BTC by Helem Yumba following a DVPO against him for his violence against his partner. Des was extremely jealous and controlling of his partner and used considerable levels of physical violence including kicking, biting, punching and hitting her with things that could hurt her. Des accepted the invitation to be part of the BTC trial "for my kids ... for us as well because we'd been together for so long". Des has been involved with the BTC trial, and Helem Yumba's program for men who use violence in particular, for just over six months. Des and his partner are still together and he says their relationship "has probably never been better".

Cecily

Cecily is in her mid-forties with adult children and one teenager, none of whom live with her. She has had a small amount of secondary school education and is currently living on a disability pension. After paying her rent she has a disposable income of less than three hundred dollars a fortnight. Cecily's ex-*de facto* had frequently subjected her to mental abuse, severe physical abuse, including strangulation, and sexual abuse. Cecily said he didn't "bust my face or anything ... he's kicked me, spit on me a lot but what he used to say to me was more cruel than anything". Cecily was referred to the BTC by the female Domestic Violence Court Support Worker and has been able to obtain support from several services over the three months she has been involved, including counselling, court assistance and safety upgrades.

Tom

Tom is a 35 year old Aboriginal man with education to lower secondary school. He has three children who all live with him. Tom was severely assaulted by his ex-partner numerous times, resulting in hospitalisation on one occasion because he was so "busted up" after being attacked while sleeping. He is happy for the children to have contact with their mother (his ex-partner), although the youngest one is ambivalent about seeing her, and Tom also spends some time with her, to the extent that the status of the relationship is, for him, unclear. Tom was approached directly by two members of the BTC, who arranged support for him and his children through the services of the Women's Shelter, so he "didn't have to go back home with the children". Tom has been involved with the BTC trial for four months in which time he has been given assistance with housing, counselling and practical support.

Brianna

Brianna is 27 years old and has three children under seven. She was educated to lower secondary school and works part-time, with a weekly income of about $600. She is now separated from her ex-*de facto* who frequently physically assaulted her, including strangulation, beatings and threatening her with a knife. The police, one of whom was a female, recommended the BTC trial to Brianna after she and the children left home with nothing but a couple of bags of clothes, and because "there were a lot of things they could do to help". Brianna has had four months' experience with the BTC trial which has provided practical assistance with accessing housing and furnishings as well as counselling for her and her children.

Cheryl

Cheryl is 38 years old and has 2 adult children and children under the age of 15 years. The younger children live with her and her husband. Their weekly income is approximately $700. Cheryl has endured domination and control from her husband over many years including verbal and emotional abuse, damage to her property, being punched, kicked, hit and forced into unwanted sexual activity and on one occasion was threatened with a gun. There is no DVPO in place, nor is there an application for an order. She has remained in the relationship for the sake of the kids, not wanting them to be raised without their father. Cheryl was invited into the BTC trial by the Department of Communities; at first she declined but when she was invited a second time she accepted because she had "had enough", and she has been involved with the trial for just under three months. Cheryl's husband was also invited to participate in the trial but declined, and "now he's complaining because he doesn't know what's going on". Through the trial, Cheryl and her children have accessed Red Cross programs (FAMS for her and RAISE for the children) as well as counselling.

Liana

Liana was born overseas and speaks a language other than English at home. She is a 45 year old woman who has a tertiary degree and is currently studying full time. Liana has a teenage daughter who lives with her. She is separated from her husband who emotionally and physically abused her. The physical abuse was mostly pushing her, but he had also threatened to kill her, had threatened her with a knife and had raped her. Liana has a protection order and has separated from her husband. She was referred to the BTC trial by the Domestic Violence Court Assistance Worker and has been involved with the trial for about 2 months. She has received counselling, court support and practical assistance, particularly related to upgrading the security of her home, which has made a great difference for her.

Susan

Susan has a number of children under the age of 10, all of whom live with her. She has a post-graduate qualification and works full time, with an annual income over $60,000. Susan is separated from her husband who has been extremely violent to her. He has beaten her "lots of times" and he

is “big on choking and strangling”. He has threatened to kill Susan many times but has not threatened her with a weapon such as a gun or knife: “He just gets in your face and says he’s going to kill you. He doesn’t say how. He could do it with his bare hands ...” She has feared for her life and that of her children and was constantly trying to ‘manage’ him to avoid ending up dead. Susan has been involved with the trial for two months.

Roger

Roger is a 50 year old unemployed man with no children. His weekly income is approximately $300. Roger had been involved in an ‘on again, off again’ relationship with his partner over a period of ten years. They separated prior to his involvement in the BTC trial. Roger admits to physically abusive behaviours including threatening to hit his partner, throwing objects at his partner and pushing/grabbing or shoving his partner in a way which could have hurt her. There is a current DVPO in place. Roger was invited to participate in the BTC trial by the police earlier in the year. He has found it helpful to be able to talk to members of the BTC team as well as a clinical psychologist, as part of the trial. Roger’s ex- partner has also participated in the BTC trial.

Data analysis process

Qualitative data

In analysing the qualitative interview data, the research team followed steps that are used frequently to analyse data in phenomenological studies (Cresswell 2007). Phenomenology advocates a multi-staged exploration, looking first at ‘how’ the phenomenon was experienced and then at ‘what’ was experienced – that is, what meaning the experience had for the participant (Moustakas 1994). Phenomenology is thus classified as a research method that focuses on ‘the elaboration of meaning’ of a specific experience and seeks to explicate the essence of a phenomenon and thereby identify those aspects of the phenomenon that remain consistent despite various manifestations (Giorgi 1975).

In this study, each member of the research team (principal researcher, associate researcher and research assistant) began with a full description of their experience of the phenomenon, bracketing their preconceptions of the phenomenon. This process allowed them to suspend judgements in order for each participant’s experience to be given precedence over the researchers’ ideas and the phenomenon to be described relevant to its meaning. Each researcher then entered into a conversation with the data, first reading it and then re-reading it as many times as necessary, to gain a holistic grasp of the data.

Intuiting was the next phase of the analytic process in which a reflective discernment of the essence of the case was conducted using the following steps: (i) each researcher independently broke down the whole text for each participant into naturally occurring meaningful units (themes) by demarcating the shifts in meaning within the description (researchers had to keep in mind that the meaningful units had to always be understood in terms of the experience as a whole, and not in isolation from it); (ii) the researchers met to discuss the themes identified by each of them for each participant in each of the two groups of participants (victims and perpetrators); (iii) for each participant, recurring themes (i.e. those that convey the same meaning as others), and irrelevant meaningful units (i.e. meaningful units not connected to the issue under investigation), were eliminated; and (iv) each theme identified was allocated an agreed descriptor (code) in preparation for the next phase of analysis.

Any given theme could contain elements from only one participant, several participants or, possibly, all the participants. The themes were then arranged in a hierarchical fashion for each of the two groups of participants: 1) people who had participated in the BTC trial because they had been

victims of domestic or family violence; and 2) those who had participated in the BTC trial because they had perpetrated domestic or family violence. To achieve this, a ranking method was used and the themes listed were linked to and substantiated by applicable comments from the participants.

Ranking of relevant themes

In order to determine the relative significance of themes addressed in the interview data in the overall results (i.e. significance, rather than just frequency), a weighted ranking system was developed and applied. The ranking of themes had significance as it addressed the specific objectives of the study to determine participants' experiences of domestic and family violence since having engaged in the BTC trial and any needs they felt had not been met. It also served as a foundation for establishing guidelines for future integrated practices.

In order to rank the themes, they were firstly listed in descending order in terms of the number of participants in each group who addressed the theme. As there were seven participants in group 1, those themes where all seven participants were involved were listed first. New ranking orders were then assigned by ascending numbering (order of importance). By applying the formula, as indicated below, a ranking value could be calculated and a new order of importance determined.

The following variables were used in the ranking table:

Theme – the identifier of the theme; themes are sorted by the number of participants who addressed them, in descending order.

Number of participants – the number of participants addressing the particular theme.

Assigned ranking order – the new order of themes, listed in order of frequency with the number 1 representing the most frequently addressed theme (noting that some themes were addressed with equal frequency and the order in which those with equal frequency appear is arbitrary).

Weighted ranking order – the weighted ranking value of each theme addressed is calculated by using the following formula to identify a final ranking score:

$$\textbf{Ranking score} = \frac{\sum \text{assigned ranking order}}{\text{number of themes of equal frequency}}$$

That is, the ranking score is the sum of the assigned ranking orders relevant to a particular theme, divided by the number of themes addressed with equal frequency; the lower the value of the ranking score, the higher the significance of the theme within the data. The following is an example of the application of the ranking score formula applied for seven themes within data from 10 participants, where eight was the highest number of participants all addressing the same theme.

THEME	NUMBER OF PARTICIPANTS	ASSIGNED RANKING ORDER	WEIGHTED RANKING ORDER	Calculations
Theme 1	8	1	2	1+2+3 = 6 / 3 = 2
Theme 2	8	2	2	
Theme 3	8	3	2	
Theme 4	6	4	4	4 / 1 = 4
Theme 5	3	5	5.5	5+6 = 11 / 2 = 5.5
Theme 6	3	6	5.5	
Theme 7	2	7	7	7 / 1 = 7

Quantitative data

In analysing the quantitative interview data, all participants' responses were recorded in PASW Statistics 18 (Predictive Analytics SoftWare). This included the participants' background (socio-demographic information and details of the nature of the relationship); client outcomes regarding abuse (changes in experience of physical and non-physical abuse as well as perceptions of experience/commission of abuse before and since the trial intervention); and client outcomes regarding health and physical and psychosocial well-being before and since the trial intervention.

Based on frequency tables and cross tabulations derived from PASW, column graphs were compiled to visually reflect changes in experience (victims) and commission (perpetrators) of physical and non-physical abuse before and since participating in the trial. Column graphs were also compiled to reflect these changes for those participants who were still in the relationship and those who were not in the relationship any longer. The health and well-being of participants were also displayed comparing the before and after status.

Limitations of the research

Recruitment by service providers

Due to the highly sensitive nature of the research and the potential risks to participants and members of the research team, the recruitment of the prospective research participants was conducted by service providers already known to the prospective participant, rather than alternative methods. Service providers were best placed to know whether the client met all eligibility criteria, including that participation would not present an unacceptable risk to the participant or any other person. The recruitment strategy had the potential to result in a biased sample if service providers were concerned about negative comments about their service. However, the only basis on which a prospective client could have been screened out was an unacceptable risk of violence to self or others (including the researchers). A judgment on the level of risk was to be made in accordance with the result of a risk assessment conducted as a standard procedure by the service provider.

Further, research participants were recruited by professional service providers, so inappropriate screening out (i.e. screening out clients who might make unfavourable comments about a service) would have been unlikely. Also, most clients would have been involved with multiple services which could have referred clients to the researchers, so if one agency decided not to invite a client to participate, even though they were eligible, another agency could have invited that person to participate in the research. This would have, at a minimum, reduced the possibility of services screening out potential participants who might be critical of their service.

Screening out because of safety risks did have the potential to create a bias in the sample if there were a substantial number of people who were screened out for this reason (i.e. the experience and outcomes of the trial for the most violent people in the trial process would not have been included in the research). However, preventing the risk of bias did not, in our opinion, outweigh the potential safety risks. Given the fact that these clients would be engaged with some kind of service (not necessarily the integrated response) it is unlikely that there would have been many, if any, clients deemed an unacceptable risk.

Sample

The sample size was smaller than anticipated and did not include any children or young people (aged 12 to 18 years) who had been invited to participate in the trial because of exposure to domestic or family violence. The size of the sample was probably a result of the time period in which data were collected and the advent of devastating flooding in Rockhampton, which impacted the whole community for several weeks from the end of December. Although service managers were advised on the 22nd November that a decision from the Department of Communities' Research Committee

was imminent, and were then advised on the 25th November that the Department had approved the project and prospective participants could be referred to the research team from that date, only one referral was received before the 14th December 2010. This meant that, mostly, the data collection commenced after the beginning of school holidays and less than two weeks before Christmas. No referrals were made after the 17th of December 2010.

It is not known why no children or young people were referred to the research team as prospective participants. Service managers were consulted on, and actively contributed to the participant eligibility criteria for the project. Managers, and counselling staff of some agencies, were directly briefed on the eligibility criteria and the recruitment protocol and recruitment flow charts (Appendix 1), and the set of promotional posters (Appendix 2), were provided to services to guide and assist their recruitment of prospective research participants. The absence of the perspectives of children and young people in the research leaves an unfortunate gap in knowledge about the utility of the integrated response model for this group of people affected by domestic and family violence.

Length of participants' involvement in the trial

Although at the time of data collection the trial had been operating for more than 12 months, the length of time research participants had been involved with the trial ranged from two to six months, with an average of 3.4 months. Most participants (8) were still involved with the trial. It is not possible to know from the research whether the perceived benefits of the trial are likely to be sustained over the long term.

No comparison group

The research design did not include a control group of people who had been subjected to, or perpetrated, domestic or family violence but did not participate in the trial, so it is difficult to demonstrate a cause and effect relationship between improved safety and well-being and participation in the BTC. However, the evidence provided by the research participants strongly suggests a direct link between increased safety and well-being and the services of the BTC.

Results

This section is divided into two parts: client experiences of the trial based on the themes drawn from the qualitative interview data; and outcomes for clients that may be attributed to the trial based on the quantitative data elicited through the interview process.

Client experiences of the trial

Using the data analysis process outlined above, eleven themes and respective rankings were identified from the data for the group of seven research participants involved in the BTC trial because they had been victimised (group 1), and five themes and respective rankings were identified from the data for the two participants who had been involved with the BTC because they had perpetrated domestic or family violence (group 2). The themes and rankings for each of the two groups are discussed below.

Table 3 below provides the results of the analysis of the qualitative interview data for group 1 (victims of domestic or family violence), including the coded themes and the weighted ranking order (ranking score) derived from the qualitative data analysis process set out on page 22 above.

THEME	NUMBER OF PARTICIPANTS	ASSIGNED RANKING ORDER	WEIGHTED RANKING ORDER
Practical help	7	1	2.5
Support	7	2	2.5
Trust	7	3	2.5
Recommend BTC	7	4	2.5
Safety	5	5	6
Perpetrator held responsible	5	6	6
Appropriate information sharing	5	7	6
Being listened to	4	8	8.5
Availability of BTC	4	9	8.5
Inadequate information sharing	2	10	10.5
Under resourced	2	11	10.5

Table 3. Ranking of themes: Group 1 Victims of domestic or family violence

Theme 1: Practical help (Ranking score = 2.5)

In even a cursory review of the data, and based on the frequency with which it was mentioned and the range of examples given, the provision of practical assistance was highly valued by all participants in this group. Practical help included locating and securing accommodation and furnishings, making appointments for counselling and other assisted referral processes, provision of food and clothing, and appliances. Cheryl reported how much she appreciated the "help with appointments, taxi vouchers, a new washing machine", and Tom had help with finding a house and the hire of a truck to relocate with his family. Susan appreciated "practical help with security stuff and filling out forms."

Theme 2: Support (Ranking score = 2.5)

This theme includes emotional support and advice. All participants in this group expressed that they had been well supported in the BTC process. Several of the participants specifically mentioned members of the CCT (Jo Griffin and Kath Garle) as being particularly supportive. "The Breaking the Cycle team have been very supportive; everything I asked and talked about has been addressed straight away" said Brianna. Liana was particularly valued being told by the CCT members of "things you need to be aware of" and of their "very kind approach", and Susan said "I could just ring for advice like what do I do now ... they help to organise what's needed". Cheryl felt that "just advice, good advice has been very helpful." Susan singled out Jo (the Police Officer with the CCT) in saying she "gives you strength ... if it wasn't for Jo I'd have given up long ago."

Theme 3: Trust (Ranking = 2.5)

The theme of trust refers to the trustworthiness of the BTC service providers as perceived by the research participants and incorporates expressions of being understood; put at ease, or made comfortable and/or welcome; relief that there was help and the situation could change; and not being judged. Statements that reflect this sense of trustworthiness include the following. Cheryl found "the BTC team very friendly ... I felt welcome. I walked in with open arms". In Cecily's

experience, the CCT members were “very honest and totally up front.” Beverley said “it was a relief that someone wanted to help ... I felt valued and I was made to feel comfortable”, while Brianna said “I was nervous at first but they were just very nice people and everything was confidential.”

Theme 4: Recommend BTC (Ranking score = 2.5)

The reasons given for recommending the BTC varied and some overlapped with other themes, such as support, trust, safety and practical help. Susan’s reason for recommending the BTC was because “you just can’t do it alone.” For Tom it was because the BTC had made him and the children “feel safer and we got our own place” and, similarly, Cecily said the BTC can do more than the previous system because it made her feel “secure, safer.” Brianna said “it’s a real eye opener to realise you actually can do it and you don’t have to keep going back into the same old, same old ...” and Liana said she would recommend it to others who had suffered domestic or family violence because “They make you feel important, so important you’re not meant to be hurt.”

Theme 5: Safety (Ranking score = 6)

Five of the seven victims in the study sample identified that they were safer as a direct result of their involvement with the BTC trial. For some this was specifically because of the availability of increased property security funded through the safety upgrades initiative operating in conjunction with the trial. There was also some evidence that increased safety had a direct bearing on their well-being. Liana said of the support she received though the BTC “It makes me feel very secure ... especially lock changing. It’s wonderful. My husband, even though he’s bad, go away. After change, I sleep and sleep, I’m so relaxed.” Cecily said the doors and security screens were “greatly appreciated and the DVPO has given me safety.”

Theme 6: Perpetrator held responsible (Ranking score = 6)

Holding perpetrators of domestic and family violence ‘accountable’ for their behaviour is, and should be, a key objective of any integrated response to domestic and family violence. However, while not easily defined, ‘accountability’ generally implies acknowledgement by the perpetrator, or at least the criminal justice system, that the perpetrator has wronged and has to make some kind of amends. The interview data suggests that for five of the seven participants in this group of participants, the BTC clearly placed responsibility for the domestic or family violence with the perpetrator but, from the participant’s perspective, the perpetrator was not necessarily held to account. Therefore, the theme focuses on ‘responsibility’, rather than ‘accountability’. As Cheryl said “he blames me for the abuse but the workers support me and put the blame where it should be.” Tom, whose ex-partner went to jail for six months for an assault on him, said “she was held accountable by the police but she doesn’t accept the blame.”

Theme 7: Appropriate information sharing (Ranking score = 6)

Appropriate information sharing includes the sharing of information by members of the CCT with other agencies that is supported by the participant concerned and resulted in a more streamlined experience for the participant when moving between agencies. Cheryl said she had “not had to repeat stories too often ... I haven’t had to go over ground that should have been covered ... the agencies get together to try to work something out” and that if she didn’t want something shared she would negotiate with her counsellor; “I just say don’t say anything and they won’t.” Brianna had to “fill in a few details but did not have to endure the experience continuously” and Tom also had to “fill in bits” because “the agency had some facts but not all.” Overall they, and three others, felt that the information sharing between agencies was appropriate and helpful.

Theme 8: Being listened to (Ranking = 8.5)

This theme includes specific references to being listened to and the valuing "some-one to talk to," which was specifically mentioned by three of the four participants who reported that they felt listened to. "It's good to have some-one to talk to and get it all off your head," said Brianna, while Susan found it particularly helpful "to have someone to talk to and help organise what's needed".

Theme 9: Availability of BTC (Ranking score = 8.5)

Availability of service providers was also important to four participants who explicitly expressed appreciation of the outreach and follow-up offered through the BTC. Liana reported that "they sent two women to see me ... if I need help" and Beverley was relieved that the BTC was able to go to her because she has limited mobility. Susan valued being able to ring for advice when she needed to know "what to do now."

Theme 10: Inadequate information sharing (Ranking score = 10.5)

Two participants expressed frustration and concern about the way information was shared. "You'd think they'd keep files ..." said Susan "... it's the linking up stuff – days, years, dates – it just gets a bit much". Liana said the information sharing was not good "I had to repeat that many times, many times ... talk to the assistant, talk to the lawyer, talk to this one ... they not share."

Theme 11: Under resourcing (Ranking score = 10.5)

Comments by two people indicated that a lack of resources had a negative impact on the service they received through the BTC trial. Susan said "the Legal Aid lady was flustered ... she had too many people to see and not enough time and I only got a temporary order because all the information needed by the magistrate wasn't available." Beverley said "there was only one and there were lots of clients, I had to fit myself in."

Table 4 below provides the results of the analysis of the qualitative interview data for group 2 (perpetrators of domestic or family violence), including the coded themes and the weighted ranking order (ranking score) derived from the qualitative data analysis process set out on page 22 above.

THEME	NUMBER OF PARTICIPANTS	ASSIGNED RANKING ORDER	WEIGHTED RANKING ORDER
Being listened to	2	1	1.5
Support	2	2	1.5
Trust	1	3	4
Perpetrator held responsible	1	4	4
Recommend BTC	1	5	4

Table 4. Ranking of themes: Group 2 Participants who perpetrated domestic or family violence

The definitions of the coded themes are the same as provided for group 1, above, and these are similarly illustrated with comments from the relevant participants in group 2. There were only two participants in this group; Roger and Des.

Theme 1: Being listened to (Ranking score = 1.5)

Roger said that "being able to talk to someone helps ... it's probably stopping me from breaching (the DVPO) again" and Des said that being listened to by the counsellor is "the main reason why I have stuck it out ... they have been really, really good, hey."

Theme 2: Support (Ranking score = 1.5)

Roger and Des both reported feeling supported. Roger received advice and although he said it "had not resulted in anything tangible" he followed this statement with "but at the end of the day it's all up to me." Des also reported that he felt supported by the BTC and the counsellor he was seeing at Helem Yumba.

Theme 3: Trust (Ranking score = 4)

Des reported that he found it very uncomfortable in the first place and "was very glad that I met with the BTC ... once steps were made to talk about it I stuck it out there and I'm still going to appointments."

Theme 4: Perpetrator held responsible (Ranking score = 4)

Des sees that the responsibility for the domestic and family violence was attributed to him, and he was therefore held responsible for it by the BTC.

Theme 5: Recommend BTC (Ranking score = 4)

Des said he would recommend the BTC because "it was so helpful to me ... it really helped me turn my life around."

Outcomes for clients

This section is further divided into two parts: outcomes affecting the safety of the clients in terms of perpetrators' commission of, and victims' experience of, both physical and non-physical abuse; and outcomes affecting the health and well-being of both victims and perpetrators that may be attributed to the trial based on the quantitative data elicited through the interview process.

Safety

According to perpetrators' responses, in figure 1 below, threatening their partner with a fist and pushing, grabbing and shoving their partners were commissioned at least two to three times or more prior to participating in the trial. None of the perpetrators attested to beating, choking, strangling, threatenening with a gun or knife, or forced sexual activity since participating in the trial.

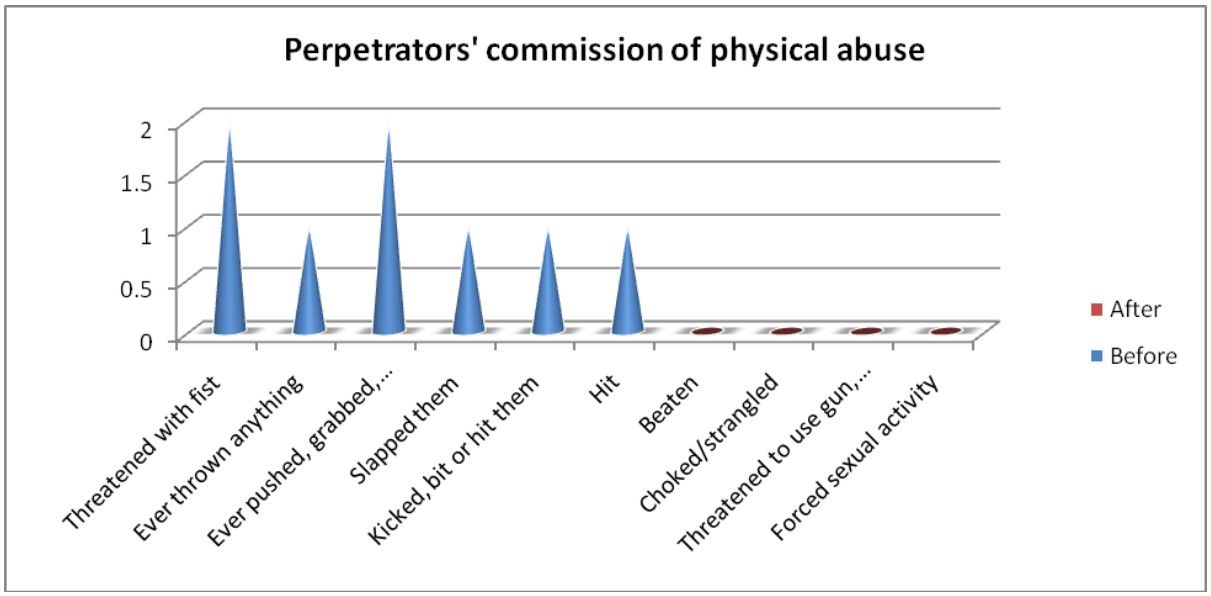


Figure 1. Perpetrator's commission of physical abuse

Jealousy and demanding the whereabouts of the partner in the relationship were the forms of non-physical abuse mostly perpetrated by Des and Roger, with only a slight decline in commission since participating in the trial. In figure 2, it is indicated that most other forms of non-physical abuse that occurred before participating in the trial declined rapidly since participating in the trial.

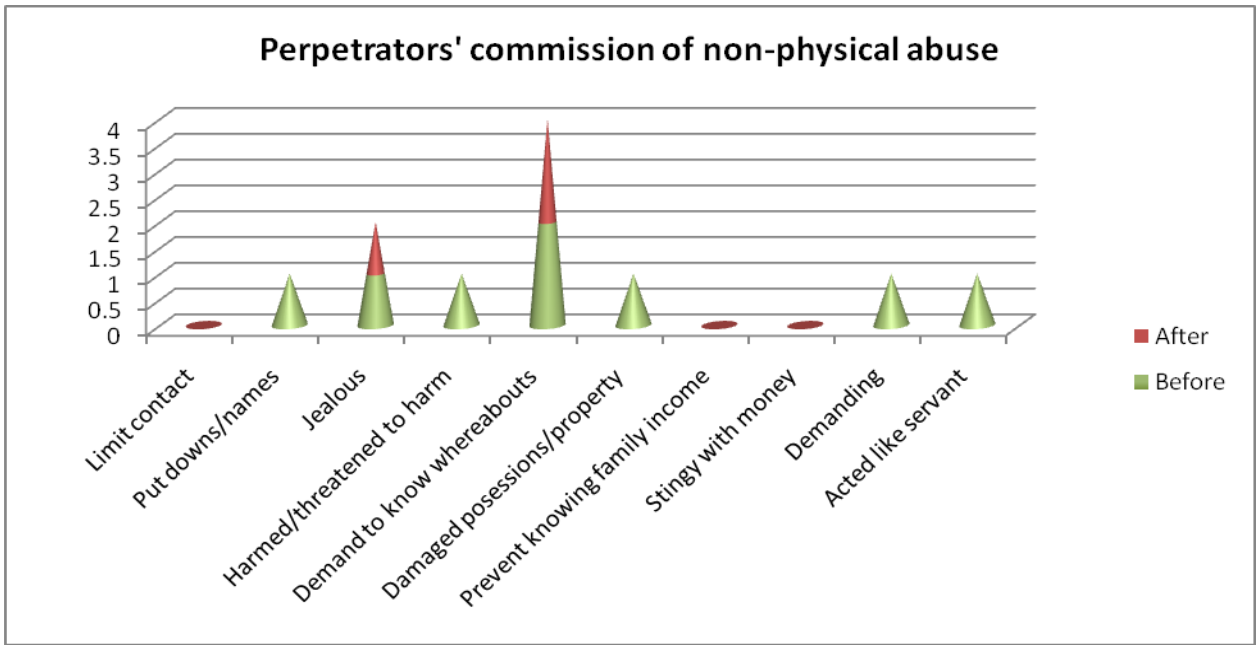


Figure 2. Perpetrator's commission of non-physical abuse

All the victims in this study reported experience of physical forms of abuse at least more than twice before participating in the trial. Since participating in the trial, the number of accounts of victims experiencing physical abuse had rapidly abated.

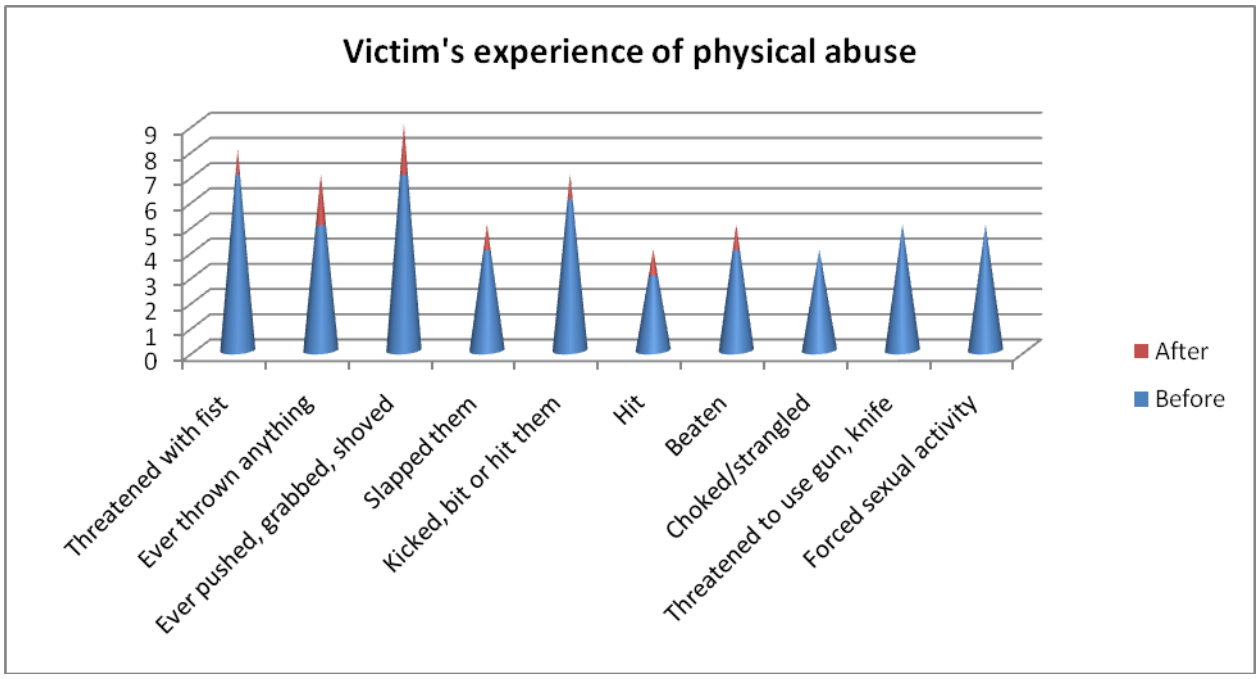


Figure 3. Victims' experience of physical abuse

Similar to victims' experiences of physical abuse (figure 3), their experiences of non-physical abuse (figure 4) also appeared quite often before participating in the trial. However, their experiences of non-physical abuse since participating in the trial had not abated that rapidly and were still occurring 'often' to 'sometimes'.

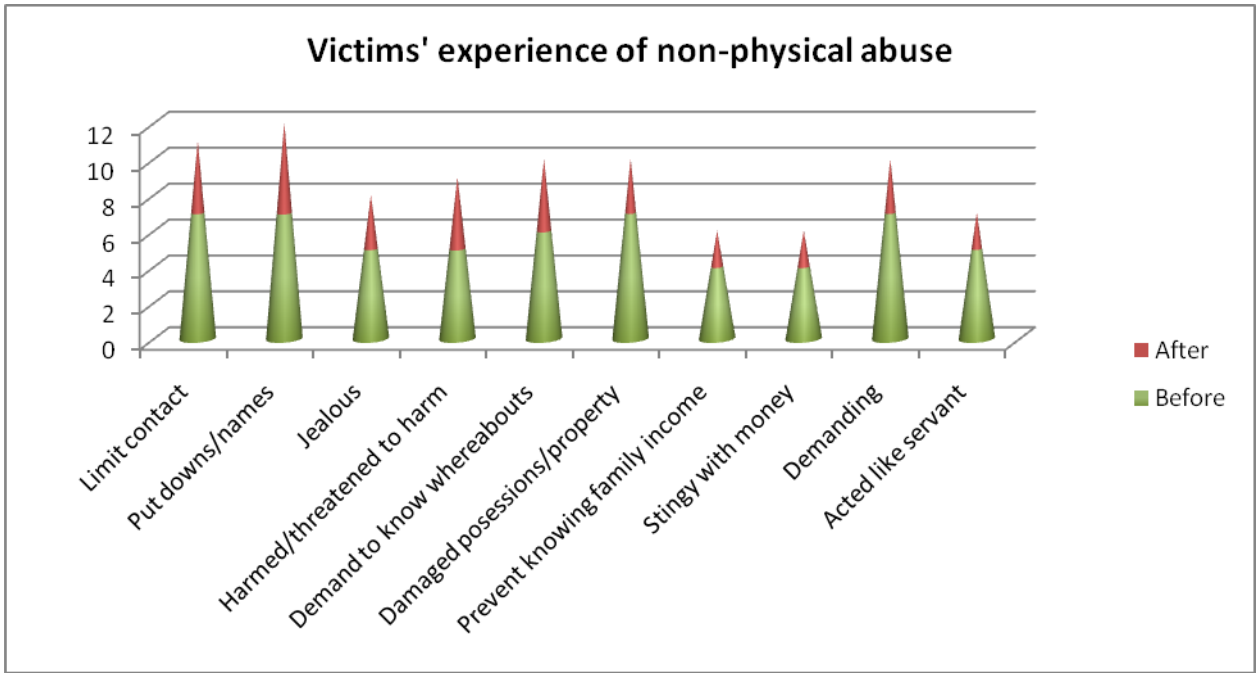


Figure 4. Victims' experience of non-physical abuse

Figure 5 below shows that victims who often experienced physical abuse before participating in the trial, but had since left the relationship, indicated that it was not happening as often since the trial. Whereas victims who often experienced non-physical abuse (figure 6) before participating in the trial, and had since left the relationship, indicated that they were still sometimes experiencing non-physical abuse.

Figure 5. Physical abuse experienced by victims who are no longer in the relationship

Figure 6. Non-physical abuse experienced by victims who are no longer in the relationship

The two victims who were still in the relationship and who had experienced physical abuse before participating in the trial indicated that those forms of abuse had declined (figure 7). Only one reported that she was still sometimes having something thrown at her or being pushed, grabbed or shoved. None of the victims who were still in the relationship have ever been beaten, choked or strangled.

Figure 7. Physical abuse experienced by victims who are still in the relationship

Reports from victims who were still in the relationship since participating in the trial indicated that their experiences of non-physical abuse had lessened in frequency from 'always' to 'sometimes' since participating in the trial (figure 8).

Figure 8. Non-physical abuse experienced by victims who are still in the relationship

Health and well-being

In figure 9, perpetrators reported 'fair' to 'good' general health in which activities such as climbing stairs and other regular day-to-day activities were not affected by their physical health or emotional problems. In this study, one perpetrator reported he was calm and peaceful with lots of energy most of the time, whereas the other reported he felt downhearted and blue less often since participation in the trial. One of these clients also reported that pain had an extreme affect on his day to day activities, both before and since participating in the trial.

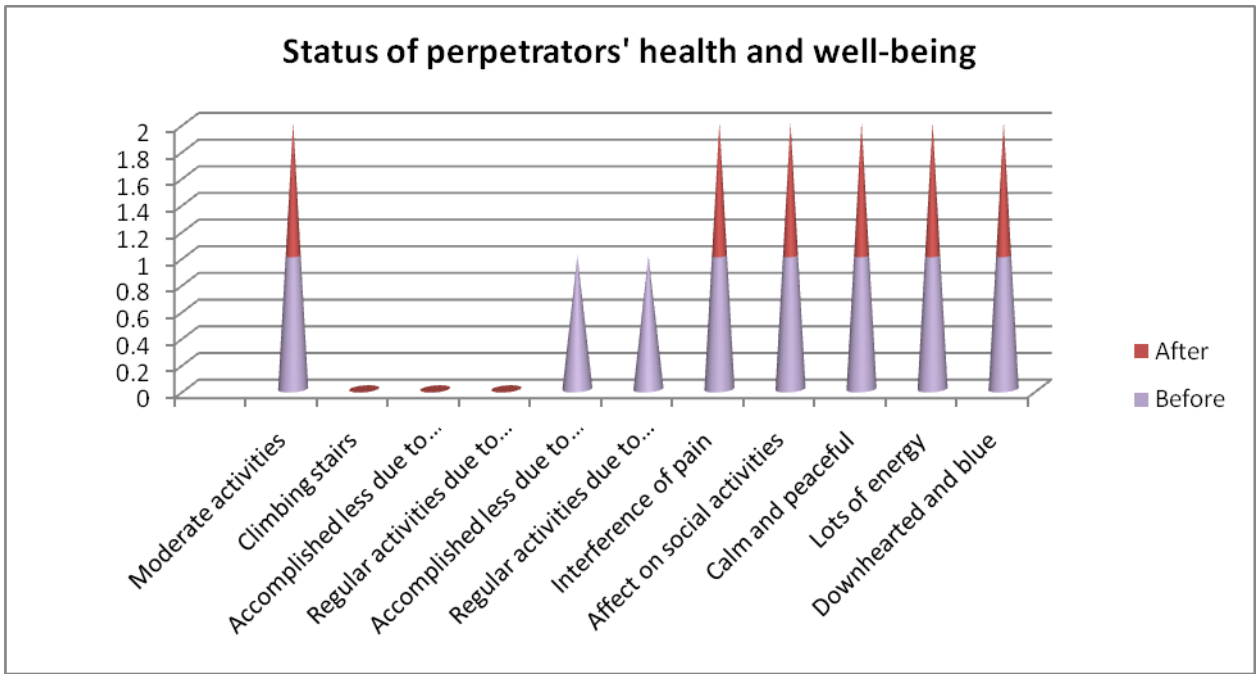


Figure 9. Status of perpetrators' health and well-being

Victims reported 'good' to 'very good' general health in which moderate activities and other regular day-to-day activities were less affected due to either physical or emotional problems since participation in the trial. In most cases, where the clients experienced limitations in terms of their activities, it either stayed the same or improved since before participating in the trial.

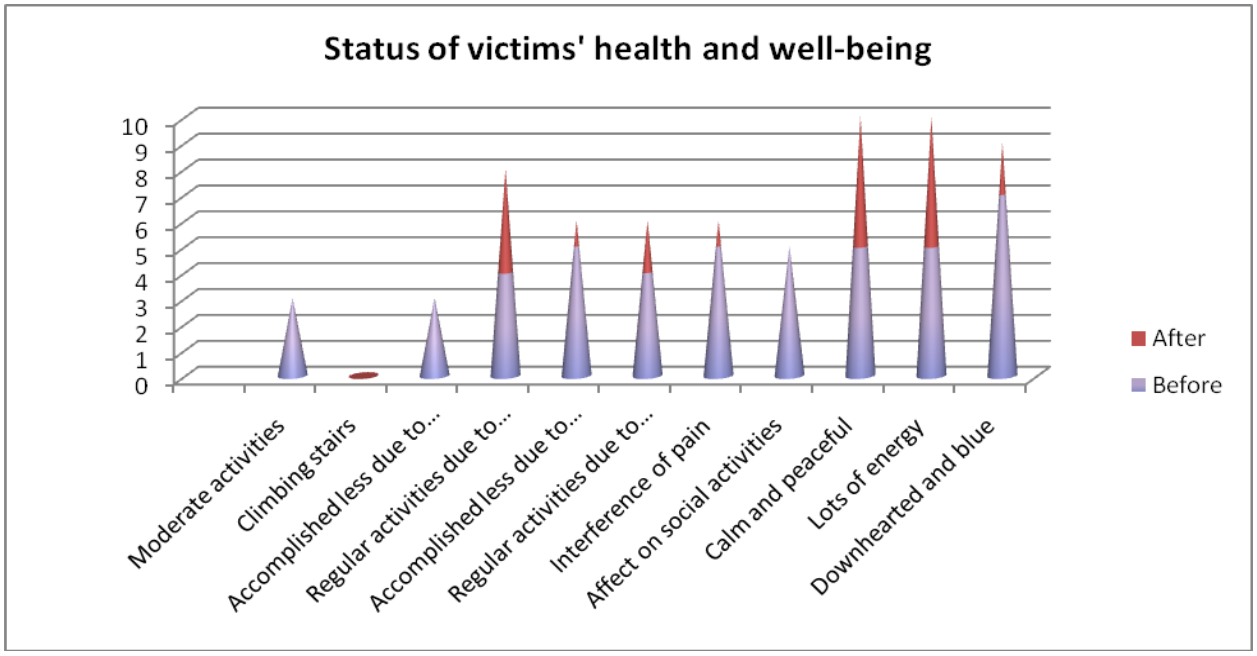


Figure 10. Status of victims' health and well-being

Most clients in this group reported less often feeling downhearted and blue since participating in the trial.

Findings

Within the constraints discussed in the section of this report on the limitations of the research, research participants, overall, indicated positive experiences with the Breaking the Cycle trial integrated response to domestic and family violence in Rockhampton (the BTC). In particular, the BTC was highly valued by its clients for the practical help and emotional support and advice provided in confidence by empathetic, non-judgemental staff. These themes had the highest ranking score (2.5) for clients of the trial who had been subjected to domestic or family violence, and the highest ranking score (1.5) for those involved with the trial because they had perpetrated domestic or family violence.

The majority (5) of the participants who had engaged with the BTC because they had been victims of domestic or family violence reported increased safety, with assistance through the safety upgrades initiative specifically identified as the reason. The same number of participants in this group also reported that the perpetrator was held responsible for their violence and experienced appropriate and helpful information sharing between agencies. However, two participants in this group had negative experiences with information sharing and in both cases it involved service providers in the justice system. Legal Aid and the police were specifically mentioned in regard to inadequate information sharing. One of those participants specifically identified the inadequate information sharing as a consequence of not enough staff and too many clients at one time. Another participant also expressed a negative experience with BTC resulting from the lack of staff at court and, although not clear from the interview data, her comments appear to be a reference to court support. The significance of this negative experience in the overall data (ranking score 10.5) was substantially less than the significance of positive experiences with ranking scores of 2.5 for practical help, support, trust and recommending the BTC to others; 6 for safety, the perpetrator being held responsible, and appropriate information sharing; and 8.5 for clients being listened to and availability of the BTC.

Of the two participants who had engaged with the BTC because they had perpetrated domestic or family violence, only one had responded to all interview questions, so the data for this group is even more limited. Both of those participants reported that they valued being listened to and they felt supported at all times. One of the participants in this group felt that the responsibility for the violence had been appropriately located with him, while no response to this issue was recorded for the other.

In all cases where a specific response was recorded (8 from 9) the research participants said they would recommend the BTC to others. While the reasons for recommending the BTC to others varied, it can perhaps be best summed up in the words of Cheryl who said she “would definitely recommend the BTC because you’re not judged, they’re friendly ... you can rely on them.”

It is clear from the interview data that when participants spoke of the BTC, they were mainly referring to the Case Co-ordination Team (CCT). This is illustrated by comments such as “the BTC linked me in with counselling”; “the BTC team were very friendly”; and “The BTC forwarded as much information as possible to the counselling service.” Frequent reference was made to “Jo” (the CCT police officer) and “Kath” (the CCT specialist domestic violence worker at the time of participant recruitment and data collection) when seeking about the value of the BTC. Some participants had known Jo or Kath prior to participating in the trial and expressed that the existing trusting relationship contributed to their acceptance of the invitation to participate.

From the limited data, due to only one of the participants who had engaged with the BTC because they had perpetrated domestic or family violence responding to all interview questions, and based on self-reported violence, it can be noted that the participant’s behaviour changed since being involved with the trial. Whereas the participant commissioned some forms of physical abuse more than three times before participating in the trial, this changed to never displaying similar types of

behaviour since participating in the trial. In the case of non-physical abuse, behaviour changed from always to sometimes, or from often to never.

Where the victims of domestic or family violence were concerned, being threatened with a fist or pushed, grabbed or shoved, occurred for six out of the seven participants more than three times prior to participating in the trial. In most cases, this changed to happening only once, or never, since participating in the trial. However, it should be noted that in most of these cases the participants were no longer in the relationship.

Participants' responses showed that their general health and well-being either improved or stayed about the same since participating in the trial. Only in cases where their regular activities were affected due to poor physical health, did it not improve significantly since participating in the trial.

Conclusion

The key objectives of this study were to identify how the clients of the Breaking the Cycle (the BTC) trial integrated response to domestic and family violence in Rockhampton experienced the trial, and what it may have achieved for them in regard to their safety and well-being. In general, participants tended to see that the BTC trial was comprised of the Case Co-ordination Team (CCT) so comments specifically about the BTC should be considered in that context. An existing relationship with two of the CCT workers (the police officer and the domestic and family violence specialist worker), was reported by some participants as being significant to their engagement in the trial and succeeding to be free from domestic and family violence. The empathy, commitment and unconditional support for clients demonstrated by the CCT team members was mentioned by participants who had engaged with the BTC because they had perpetrated domestic or family violence, as well as those who had been subjected to domestic or family violence.

Within the stated limitations of the research design and its implementation, the study found strong evidence of positive experiences with the BTC, particularly in relation to the provision of practical assistance, property security (through the safety upgrades initiative) and emotional support. Clients of the trial also reported that appropriate information sharing across agencies had, overall, reduced a burden on them because they did not have to repeat their whole story when several agencies were required to assist them in dealing with domestic or family violence matters. Clients of the BTC also reported that they valued being listened to, put at ease and not judged and that perpetrators of domestic violence were appropriately held responsible for the violence (as opposed to victim blaming). The evidence elicited from the research also indicates positive outcomes in terms of health and well-being.

All participants in the research would recommend the BTC to others. The key area for improvement identified in this research is resourcing of Legal Aid and court staff to improve support to clients in the court process.

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Appendices

Appendix 1: Participant recruitment protocol and flowchart

PARTICIPANT RECRUITMENT PROTOCOL

Eligibility for participation in research project

People invited to participate in the *Breaking the Cycle of Domestic and Family Violence in Rockhampton* trial, aged at least 12 years of age and of sound enough mind and body to participate in an interview will be included in the sample. This will include:

1. victims of domestic or family violence;
2. perpetrators of domestic and family violence; and
3. children/young people aged 12 to 18 years, whose families are affected by domestic or family violence.

A cross-section of the population affected by domestic and family violence and reflecting Rockhampton's cultural diversity is most desirable.

Participants under the age of 18 will be interviewed only if they have the maturity to understand the nature and purpose of the project and the ability to give informed consent. Further, parental consent will also be required for young people who are considered to be in need of additional support and protection. This approach will generally be applied to young people aged 12 to 14 years, but age will not be relied upon solely for assessment of maturity and ability to give informed consent. Parental consent will also be sought for those aged 15 to 18 years and considered vulnerable because of social development, cultural or other factors as indicated by a referring service provider.

Children under the age of 12 years will not be included as research participants, directly. Interviews with one or both parents of a child under 12 years may include questions related to the child's experience of the trial and perceived outcomes.

All participants will be responding as individuals, not as representatives of any group, including any cultural group, of people.

Calling for participants

The Queensland Centre for Domestic and Family Violence Research (CDFVR) will:

- produce a promotional poster for the project to be prominently displayed in services to:
- alert clients to the opportunity to contribute; and
- remind service providers to tell their clients about the project and invite their participation.
- provide to services a plain English information sheet to be used as a basis for discussion with clients about the project; and to be given to the clients for their consideration.

Service providers will:

- identify eligible clients considered of sound mind and body, and for whom risk assessments have indicated that there is no unacceptable risk to the client or any-one else (including the researcher/s);
- ask those clients, encouragingly, if they would be willing to talk to a member of the project team about possibly participating;
- for clients aged 12 to 14 years (and those 15-18 years who are considered in need of extra protection because of vulnerability), advise that they will also need parental consent to participate;
- if a young client wishes to proceed, check that there is no court order in existence that prohibits a resident parent or contact parent making a unilateral decision about their child's participation in the research, and if appropriate (i.e. no court order prohibiting unilateral decision) contact relevant parent and seek consent on prescribed form;
- confirm appropriate contact details with the clients (including contact details for a non-abusive parent of children/young people where relevant) to be passed on to the project team by email or fax.

Facilitating contact between participants and the project team

Service providers will:

- provide to CDFVR by email or fax the contact details for eligible clients interested in participating in the project. This will include any particular information regarding client needs, such as best times to call;
- provide, where possible, access to a meeting room suitable for the conduct of a confidential interview.

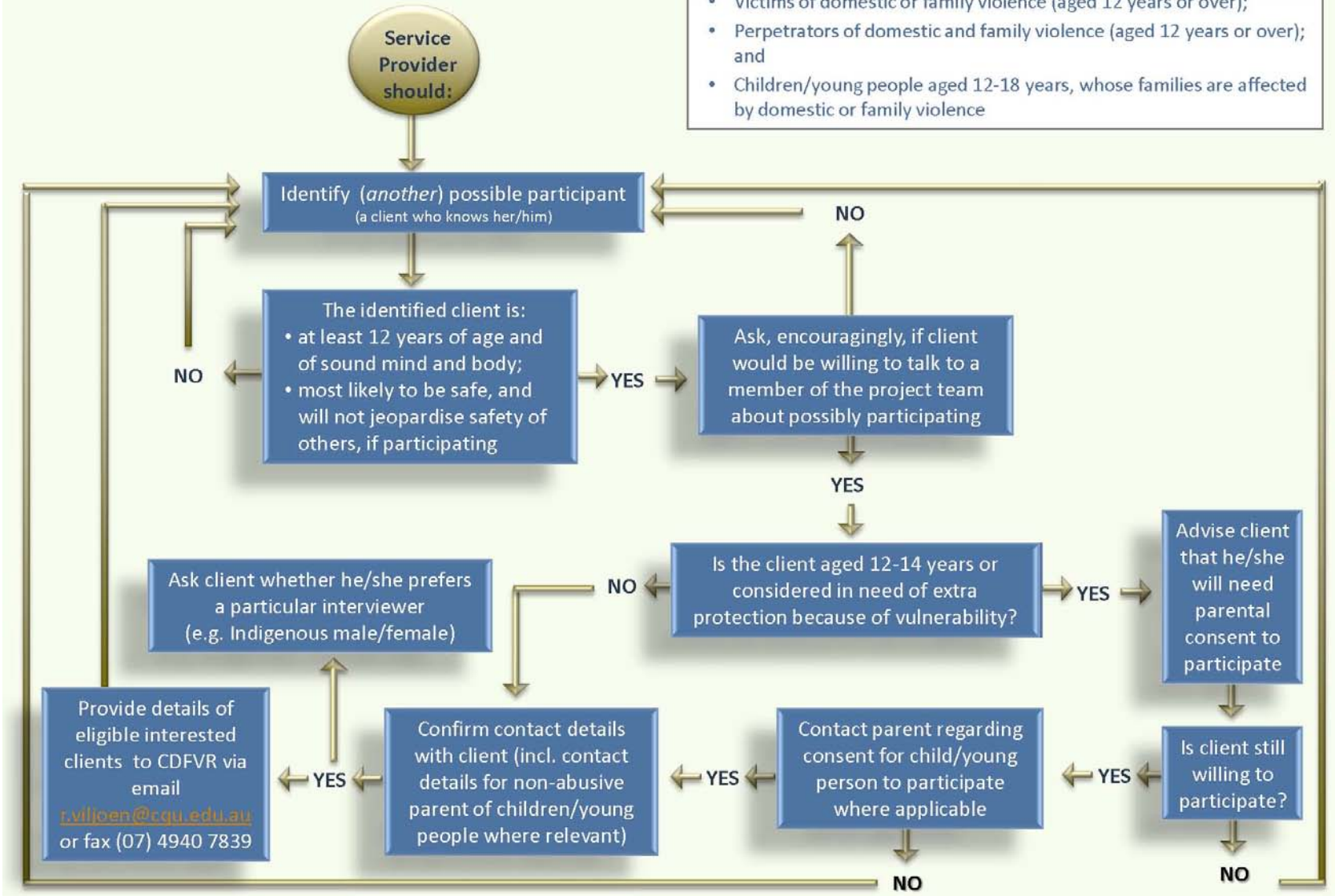
The CDFVR project team will:

- acknowledge receipt of contact details from the service provider and make contact with the client at the earliest possible opportunity to discuss the project:
- in consultation with the client book a meeting room to obtain informed consent and conduct the interview, or make arrangements for a telephone interview.

PARTICIPANT RECRUITMENT PROTOCOL

Participants should include:

- Victims of domestic or family violence (aged 12 years or over);
- Perpetrators of domestic and family violence (aged 12 years or over); and
- Children/young people aged 12-18 years, whose families are affected by domestic or family violence



Appendix 2: Set of promotional posters

Appendix 3: Risk management strategy

Possible risks and risk management strategies

Project title: Integrated response to domestic and family violence in Rockhampton: Client experiences and outcomes

Possible risk to:	**Nature of risk**	**How and when at risk**	**Risk Management (Mandatory) What to do?**
All research participants:	Psychological health and security	Questions related to experiences of violence, past and present, could cause embarrassment, anxiety or distress.	• Provide DVconnect telephone number to all the interviewees and information about local support services. Encourage participant to contact the service at the earliest opportunity, if need be.
	Cultural safety	Some participants may be more comfortable with an interviewer form the same cultural background, while others will prefer the interviewer is not from within their cultural group. Not being able to have their preference met could cause anxiety or distress.	• The research team includes an Indigenous and an Indigenous woman, so Indigenous participants may choose to be interviewed by one of them, or a non-Indigenous person. • It will not be possible to anticipate and provide for other cultural diversity that may preset, apart from asking the participant if they would like to have an interpreter (telephone interpreter) or a support person present.
Children/young people (12 – 18 years)	Psychological health and security	In addition to the above, children and young people may be particularly vulnerable to anxiety and distress.	• The peer review process resulted in advice that children and young people aged 12 to 18 years should be included directly, with parental consent for those aged 12-14 years, or considered by the referring service provider as requiring additional protection. Only those considered to be of sound mind and body and mature enough to understand the nature and implications of the research will be invited to participate. • The interview process will be kept short and will be conducted in a warm and friendly atmosphere, using age-appropriate language. As with all participants, any signs of distress will result in an offer to pause, or end, the interview and

			participants will be provided contact details for relevant support services, including a statewide service that is not part of the trial. • Even if a child's parent has consented to the child's participation, the child will not be compelled to participate and the information provided by a child to a research interviewer will not be disclosed to service providers, parents or any-one else so there cannot be any repercussions of their contributions (on the parents or otherwise). • The only exception to complete confidentiality would be if the child divulges information to the researcher that raises concern for the child's safety and well-being, and that the information has not been divulged by the child to the service provider. • Given that all research participants will be referred by a service provider, and that child participants are engaged with a service provider because of safety concerns, it is extremely unlikely that safety issues that have not been discussed with a service provider would be raised with an interviewer. However, in the event that any participant divulges information that raises concern about the risk of significant harm, the interviewer will ask the participant if the matter has been discussed with a service provider. If not, the interviewer will advise the participant that they have an obligation to tell the service provider and ask the participant whether they would like to accompany the interviewer in advising the service provider of the concern. The participant information and consent forms will make clear that safety is prioritised over confidentiality.
			DVConnect - statewide telephone support and referral service: Ph 1800 811 811. • Training provided to the interviewers by Ms Heather Nancarrow (Principal Researcher). Ms Nancarrow has extensive experience in the field of domestic and family violence prevention, including direct service provision for women affected by domestic violence. The training will sensitise interviewers to the impacts of domestic and family violence and provide skills to monitor and check participants' anxiety/stress, and to make referrals as appropriate.
Research participants	Personal safety	i) Presence of an abusive male partner in the house	• Telephone interviews will be conducted at a time and telephone number nominated by the participant. Further, when the interviewer calls, they will

being interviewed by telephone			check that it is ok to proceed, or whether an alternative time needs to be made. The interviewee is to be advised that they should immediately hang up if they feel unsafe, with the option of calling back when it is convenient for her. • The questions about experience of various forms of abuse are closed questions (mainly yielding a 'yes' or 'no' answer, sometimes requiring a response of 'always', 'often' or 'never'), so another person over-hearing responses would not know the nature of the questions. However, immediately before questions on experience of abuse, participants will be informed that this set of questions is going to be asked and asked if they are able to continue at this point, or would find it safer/more convenient to post-pone the interview. If there is any indication that it is unsafe to continue the interview, it will cease immediately.
		ii) Presence of any other adult in the house, and who could hear the conversation	As above
		iii) Unscheduled arrival of any adult person in the house, and who could hear the conversation	As Above
Interviewer	Psychological health	Interviewer may be impacted by vicarious trauma.	• The interview design, requiring only 'yes' , 'no' 'always', 'often' or 'never' responses to questions about violence will ensure this risk is very minimal. • Experienced and mature interviewers shall conduct the interviews. • Ms. Nancarrow will also provide a de-briefing for interviewers, and make referrals where necessary, to address any issues of vicarious trauma. • A **pre-testing** of the interview schedule shall be conducted on 5 respondents to identify and rectify any unforeseen/unintended/unexplored consequence/s of the interviews on the interviewers and interviewees.
	Physical safety	Interviewing perpetrators of domestic and family violence presents the possibility of abuse/violence	• Those research participants deemed suitable for the research project will have been assessed by service providers and deemed at low risk of violence prior to being interviewed. • When making arrangements to meet with participants it will be stipulated that interviews be conducted in an environment that complies with

			Workplace Health and Safety (WH&S) regulations (i.e., procedures implemented in accordance with the Risk Management Code of Practice) and where the participant is comfortable. • The first and most suitable option for conducting interviews will be the service provider's venue, where WH&S regulations would include having implemented systems and procedures to ensure staff are safe (e.g., duress response system throughout the venue - especially in rooms used for consultations). Preliminary precautions will be taken for conducting each interview including; – Informing service provider and research staff of the planned whereabouts and expected duration of the interview – In an enclosed space (i.e., room) the interviewer will sit closest to the door and with easy access to duress alarm – In an open space (i.e., outdoors) the interviewer will be in view of service provider staff, research staff and/or the general public – Reiterating the right s of the interviewee, and the interviewer, to cease participation should there be any concern for personal safety. – The following relates to interviews to be conducted in the participant's home (this is acceptable only for participants in group 1 and group 3; interviews will not be conducted in the homes of those in group 2, perpetrators of domestic and family violence): Where interviews with clients in groups 1 and 3 are to be conducted within a private home, the interviewer will be accompanied by another person (the client's counsellor, where possible) to ensure it is safe to proceed with an interview and to be available for support if required. Participants will be advised that they or the interviewer may stop the interview at any time if there is any concern for anyone's psychological or physical safety. All interview staff will have vehicles so they can leave the premises at will, and mobile phones to call 000 if needed.

Appendix 4: Indicative interview schedule

Incorporating:

1a: Key concepts matrix and 1b: Indicative interview schedule

1a: Key concepts matrix

Key Concept	**Sub-concept**	**Items to be asked**
Participant background	Socio-demographic	• Gender • Age • Location (nearest town) • Ethnicity • Language spoken at home • Number of children • Ages of children • Educational qualifications • Employment status • Income
	Nature of relationship	• Type of relationship: ▪ Spousal ▪ Intimate personal ▪ Family ▪ Informal care • Number of other parties • Gender of other party/ies
Client **experience** of service responses	Participant status re trial	• How invited to participate • Decision on participation • When commenced • Duration of participation
	Extent of engagement with trial initiatives	• Number/type of agencies • Court processes
	Trial's ability to meet expectations of integrated responses to domestic and family violence.	• Client-centred • Sense of empowerment • Perpetrator accountability • Timeliness of responses
	Comparison of service responses pre trial and within trial	• Perceived differences in service delivery

Client **outcomes** regarding abuse	Changes in experience of physical abuse	Perceptions of experience before and after trial intervention
	Changes in experience of sexual abuse	As above
	Changes in experience of social-psychological abuse	As above
	Changes in experience of psychological abuse	As above
	Changes in experience of economic abuse	As above
Client **outcomes** regarding health and well-being	Physical well-being	Perceptions of experience before and after trial intervention
	Psychosocial well-being	As above

1b: Interview schedule Group 1 (victims of domestic and family violence)

Call back option for those doing a telephone interview:– provide an appropriate telephone number to the interviewees at the start of the interview to accommodate any unanticipated interruptions, or preference to answer some questions at another time (e.g. when they are alone). When this occurs the interviewees are to be encouraged to call-back to continue with their interviews.

Participant background

Socio-demographic

1. Interviewer to note gender of participant
2. How old were you at your last birthday?
3. What town do you live in or closest to?
4. Please name the country where you were born.
5. Do you identify as Aboriginal, Torres Strait Islander or Australia South Sea Islander
6. What language is mostly spoken at home?
7. What is the highest level of education you have completed?
    a) No schooling
    b) Some primary school (less than 7 years of schooling)
    c) Completed primary school (7years of schooling)
    d) Completed junior high school (10 years of schooling)
    e) Completed senior high school (12 years of schooling)
    f) Some technical school / TAFE college / Apprenticeship

g) Completed technical school / TAFE / Apprenticeship
h) Some University
i) Completed Bachelor's Degree (Arts, Science, Engineering, etc.)
j) Completed Master's degree: MA, MSc, MLS, MSW, etc.
k) Completed Doctoral Degree: PhD, "doctorate"
l) Completed Professional Degree (e.g. Law, Medicine, Dentistry)
m) Don't know

8. How many children do you have?
9. What are their ages?
10. How many of them currently live with you?
11. What is your present employment status?
    a) Employed part-time, paid job
    b) Unemployed (out of work but looking for work)
    c) Self employed / run a business
    d) Retired
    e) Pensioner
    f) Homemaker
    g) Other (Specify)
    h) Don't know

12. What is your family's approximate gross weekly income?
    // Income is also provided in 'year', should a respondent find it easier to recall the annual income

	$ Per week	$ per year
a)	$2,500 - or more	$130,000 or more
b)	$2,000 - $2,499 per week	$100,000 - $129,999
c)	$1,500 - $1,999	$78,000 - $99,999
d)	$1,000 - $1,499	$52,000 - $77,999
e)	$800 - $999	$41,600 - $51,999
f)	$700 - $799	$36,400 - $41,599
g)	$600 - $699	$31,200 - $36,399
h)	$500 - $599	$26,000 - $31,199
i)	$400 - $499	$20,800 - $25,999
j)	$300 - $399	$15,600 - $19,799
k)	$200 - $299	$10,400 - $15,599
l)	$160 -$199	$8,320 - $10,399
m)	$120 - $159	$6,240 - $8,319
n)	$80 - $119	$4,160 - $6,239
o)	$40 - $79	$2,080 - $4,159
p)	$1 - $39	$1 - $2,079
q)	Nil	
r)	Don't know	
s)	No response	

Nature of relationship:

13. What kind of relationship concerns your referral to the trial:
    - Spousal
    - Intimate personal (engaged, promised, betrothed, dating)
    - Family
    - Informal care
    - Multiple relationships (how many)?
14. Is the other party/ies male or female?
15. Approximately how old is s/he; are they?

Client experience of trial

16. How were you invited/who invited you to participate in the trial?
17. Did you take up the invitation to participate in the trial - that is, did you meet with the "Breaking the Cycle Team"?

//(If declined invitation, go to next question; if accepted invitation go to **Q. 20**)

18. Why did you make that decision?

    Was there any particular reason you didn't want to participate in the trial?
19. What happened when you declined the invitation?
20. Have you been able to get assistance or support related to your experience of domestic and family violence?
21. If so, what has that been?
22. How helpful has it been to you?

Please tell me a bit about what has worked well and what has not worked so well for you.

23. Why did you decide to participate in the trial?

    Was there any particular reason you wanted to participate in the trial?
24. What happened when you accepted the invitation to participate in the trial - what was it like meeting with the members of the Breaking the Cycle Team?
25. When (approximate date) did you begin participating in the trial?
26. For how long (approximately) have you participated in the trial?
27. How many different services have been involved with you as a result of participating in the trial? What have they been responding to specifically?
28. Is there a domestic violence protection order in place, or an application for an order?
29. What has worked well for you and what hasn't worked so well for you?
30. Have you felt listened to?
31. Have you had to repeat your story numerous times or have you found that the various agencies have been able to satisfactorily share the information you provided initially?
32. Do you have any concerns about the way information has been shared?
33. Have you felt supported at all times?

34. Has responsibility for the perpetration of abusive behaviour/violence been attributed to the perpetrator? Or do you feel the abuse/violence has been excused or blamed on some-one or something else?

35. Have you sought help for domestic and family violence in Rockhampton prior to your participation in the trial integrated response?

36. If you answered yes, are there any differences (benefits or issues) between the old way of delivering services and the trial integrated response?

37. Would you recommend participation in the trial to others considering it?

38. Why/why not?

Client outcomes regarding abuse

Response Cards needed;

White (Before intervention, After intervention)

Bright Orange (Before intervention, After intervention)

Pale Orange (Excellent, Very good, Good, Fair, Poor etc.)

Pink (Improved, Got Worse, Stayed about the same)

Pale Green (Yes – limited a lot, Yes – limited a little etc.)

Bright Green (Yes, No, No response)

Dark Blue (Not at all, A little bit, Moderately etc.)

Aqua (All of the time, Most of the time, A good bit of the time etc.)

Light Blue (More often, Less often, About the same)

Non-physical abuse

I will now ask ten questions about non-physical abuse before and after your participation in the trial. Choose a response from the card for before and a response for after the trial intervention. You do not need to describe or discuss any experience of abuse you may have had. **// For telephone interviews ask:** *Is it convenient to ask you these questions now? If not, please call back on the number provided at your earliest convenience.*

Present White Card

39. Please tell me how often the abusive person did the following to you before and after your involvement in the trial:

1) Tries to limit your contact with family or friends

Before trial intervention	After trial intervention
Always /often /sometimes/never	Always /often /sometimes/never

2) Puts you down or calls you names to make you feel bad.

Before trial intervention	After trial intervention
Always /often /sometimes/never	Always /often /sometimes/never

3) Is jealous and doesn't want you to talk to other men/women.

Before trial intervention	After trial intervention
Always /often /sometimes/never	Always /often /sometimes/never

4) Harms, or threatens to harm, someone close to you.

Before trial intervention	After trial intervention
Always /often /sometimes/never	Always /often /sometimes/never

5) Demands to know who you are with and where you are at all times.

Before trial intervention	After trial intervention
Always /often /sometimes/never	Always /often /sometimes/never

6) Damages or destroys your possessions or property.

Before trial intervention	After trial intervention
Always /often /sometimes/never	Always /often /sometimes/never

7) Prevents you from knowing about the family income or having access to the family income for your personal items, even if you ask.

Before trial intervention	After trial intervention
Always /often /sometimes/never	Always /often /sometimes/never

8) Is stingy in giving you enough money to run the home.

Before trial intervention	After trial intervention
Always /often /sometimes/never	Always /often /sometimes/never

9) Demands that you do what s/he wants

Before trial intervention	After trial intervention
Always /often /sometimes/never	Always /often /sometimes/never

10) Acts like you are his/her personal servant

Before trial intervention	After trial intervention
Always /often /sometimes/never	Always /often /sometimes/never

Remove White Card

Physical Abuse

Now I'm going to ask you ten short questions about physical abuse before and after your participation in the trial. Every-one participating in this project will be asked these questions. Choose a response from the card – either 'no' or 'yes' with an indication of how often. You do not need to describe or discuss any experience of

abuse you may have had. Your responses are important whether or not you have had any of these experiences. Remember that all information provided is strictly confidential.

Present Bright Orange Card

40.

a) Has your partner/family member/carer ever threatened to hit you with a fist or anything else that could have hurt you?

Before trial intervention	After trial intervention
No	No
Yes –	Yes –
• only once	• only once
• 2 to 3 times	• 2 to 3 times
• more than 3 times	• more than 3 times

b) Have they ever thrown anything at you that could have hurt you?

Before trial intervention	After trial intervention
No	No
Yes –	Yes –
• only once	• only once
• 2 to 3 times	• 2 to 3 times
• more than 3 times	• more than 3 times

c) Have they ever pushed, grabbed or shoved you in a way that could have hurt you?

Before trial intervention	After trial intervention
No	No
Yes –	Yes –
• only once	• only once
• 2 to 3 times	• 2 to 3 times
• more than 3 times	• more than 3 times

d) Have they ever slapped you?

Before trial intervention	After trial intervention
No	No
Yes –	Yes –
• only once	• only once
• 2 to 3 times	• 2 to 3 times
• more than 3 times	• more than 3 times

e) Have they ever kicked, bit or hit you with their fist?

Before trial intervention	After trial intervention
No	No
Yes –	Yes –
• only once	• only once
• 2 to 3 times	• 2 to 3 times
• more than 3 times	• more than 3 times

f) Have they ever hit you with something that could have hurt you?

Before trial intervention	After trial intervention
No	No
Yes –	Yes –
• only once	• only once
• 2 to 3 times	• 2 to 3 times
• more than 3 times	• more than 3 times

g) Have they ever beaten you?

Before trial intervention	After trial intervention
No	No
Yes –	Yes –
• only once	• only once
• 2 to 3 times	• 2 to 3 times
• more than 3 times	• more than 3 times

h) Have they ever choked/strangled you?

Before trial intervention	After trial intervention
No	No
Yes –	Yes –
• only once	• only once
• 2 to 3 times	• 2 to 3 times
• more than 3 times	• more than 3 times

i) Have they ever used or threatened to use a gun, a knife or a similar weapon on you?

Before trial intervention	After trial intervention
No	No
Yes –	Yes –
• only once	• only once
• 2 to 3 times	• 2 to 3 times
• more than 3 times	• more than 3 times

j) Have they ever forced you into any unwanted sexual activity?

Before trial intervention	After trial intervention
No	No
Yes –	Yes –
• only once	• only once
• 2 to 3 times	• 2 to 3 times
• more than 3 times	• more than 3 times

Remove Bright Orange Card

41. What is the current status of your relationship with that person/those people (e.g. are you still in a relationship/separated)?

42. If still together, how would you say your relationship is now compared to before the trial?

43. If separated, are the two of you able to have contact without any hostility?

Client outcomes regarding health and well-being

The following questions ask you for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. The first question is about your health now and your current daily activities. Please try to answer the question as accurately as you can.

Present Pale Orange Card

44. In general how would you say your health is now at this point in time?

a) Excellent
b) Very good
c) Good
d) Fair
e) Poor
f) Don't know
g) No response

Remove Pale Orange Card
Present Pink Card

45. How does this compare with your health before the trial?

a) Improved
b) Got worse
c) Stayed about the same

Now I am going to read a list of activities that you might do during a typical day. As I read each item, please tell me whether your health right now limits you at all in these activities.

46. Moderate activities (such as moving a table, pushing a vacuum cleaner, bowling, or playing golf): (PROBE: If Respondent says she/he does not do such activities, probe "Is that because of your health?")

Present Pale Green Card

a) Yes, limited a lot
b) Yes, limited a little
c) No, not limited at all
d) Don't know
e) No response

Point to Pink Card

47. How does this compare with your health before the trial?

a) Improved
b) Got worse
c) Stayed about the same

Point to Pale Green Card

48. Climbing stairs. Does your health now limit you a lot, limit you a little, or not limit you at all (PROBE: If participant says s/he does not do activity, ask *Is that because of your health?*)

a) Yes, limited a lot
b) Yes, limited a little
c) No, not limited at all
d) Don't know
e) No response

Point to Pink Card

49. How does this compare with your health before the trial?

a) Improved
b) Got worse
c) Stayed about the same

The following two questions ask you about your physical health and your daily activities.

Point to Pale Green Card

50. During the past month, have you accomplished less than you would like as a result of your physical health?

a) Yes, limited a lot
b) Yes, limited a little
c) No, not limited at all
d) Don't know
e) No response

Point to Pink Card

51. How does this compare with your health before the trial?

a) Improved
b) Got worse
c) Stayed about the same

Point to Pale Green Card

52. During the past month, were you limited in the kind of work or other regular activities you do as a result of your physical health?

a) Yes, limited a lot
b) Yes, limited a little
c) No, not limited at all
d) Don't know
e) No response

Remove Pale Green Card
Point to Pink Card

53. How does this compare with your health before the trial?

a) Improved
b) Got worse
c) Stayed about the same

The following two questions ask about your emotions and your daily activities:

Present Bright Green Card

54. During the past month, have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?

a) Yes
b) No
c) No response

Point to Pink Card

55. How does this compare with your health before the trial?

a) Improved
b) Got worse
c) Stayed about the same

Point to Bright Green Card

56. During the past month, did you not do work or other regular activities as carefully as usual as result of any emotional problems, such as feeling depressed or anxious?

a) Yes
b) No
c) No response

Point to Pink Card

57. How does this compare with your health before the trial?

a) Improved
b) Got worse
c) Stayed about the same

Remove Bright Green Card
Present Dark Blue Card

58. During the past month, how much did pain interfere with your normal work, including both work outside the home and housework?

a) Not at all
b) A little bit
c) Moderately
d) Quite a bit
e) Extremely
f) No response

Remove Dark Blue Card
Point to Pink Card

59. How does this compare with your health before the trial?

a) Improved
b) Got worse
c) Stayed about the same

Present Aqua Card

60. During the past month, how much of the time has your physical health or emotional problems interfered with your social activities like visiting friends or relatives?

a) All of the time
b) Most of the time
c) A good bit of the time
d) Some of the time
e) A little of the time
f) None of the time
g) No response

Point to Pink Card

61. How does this compare with your health before the trial?

a) Improved
b) Got worse
c) Stayed about the same

Remove Pink Card

The next questions are about how you feel and how things have been with you during the past month. As I read each statement, please give me the one answer that comes closest to the way you have been feeling.

Point to Aqua Card

62. How much of the time during the past month have you felt calm and peaceful?

a) All of the time
b) Most of the time
c) A good bit of the time
d) Some of the time
e) A little of the time
f) None of the time
g) No response

Present Light Blue Card

63. How does this compare with how you were before the trial?

a) More often

b) Less often
c) About the same

Point to Aqua Card

64. How much of the time during the past month did you have a lot of energy?
a) All of the time
b) Most of the time
c) A good bit of the time
d) Some of the time
e) A little of the time
f) None of the time
g) No response

Point to Light Blue Card

65. How does this compare with how you were before the trial?
a) More often
b) Less often
c) About the same

Point to Aqua Card

66. How much of the time during the past month have you felt downhearted and blue?
a) All of the time
b) Most of the time
c) A good bit of the time
d) Some of the time
e) A little of the time
f) None of the time
g) No response

Point to Light Blue Card

67. How does this compare with how you were before the trial?
a) More often
b) Less often
c) About the same

Final question: This is the end of the interview questions but we would be very interested in anything else you would like to say about your experience of the trial integrated response, or what you think it has achieved/not achieved.

On behalf of the research team I extend many thanks to you for your participation. Should you feel distressed, or need any assistance or help in your relationship, please contact DVConnect - statewide telephone service: Ph 1800 811811 or the counsellor who referred you to the research team.

*** Closure of the interview and present a $20 voucher