

Groups and communities at risk of domestic and family violence

A review and evaluation of domestic and family
violence prevention and early intervention services
focusing on at-risk groups and communities

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Executive summary

This report sets out the findings of research into domestic and family violence (DFV) prevention initiatives focused on groups and communities identified as being at greater risk of experiencing DFV and/or having difficulty accessing support services. These groups include Aboriginal and Torres Strait Islander women, women from Culturally and Linguistically Diverse Communities (CALD), people who identify as Gay, Lesbian, Bisexual, Transsexual, Intersex and Queer (GLBTIQ), young women and women in regional, rural and remote (non-urban) communities.

Background

This research was commissioned and funded by the NSW Department of Family and Community Services. It contributes to the development of the knowledge base on DFV prevention strategies and the needs of at-risk groups and communities, and supports the implementation of aspects of the *National Plan to Reduce Violence Against Women and Their Children (National Plan)* and the NSW Government's *It Stops Here: Standing Together to end Domestic and Family Violence (It Stops Here)* strategy.

As a field of knowledge and practice in Australia, DFV primary prevention is in its early phases. Australian developments in this area have been strongly influenced by international approaches, particularly the World Health Organization's *World Report on Violence and Health* (2002) and the subsequent *Preventing Intimate Partner and Sexual Violence Against Women Framework* (World Health Organization [WHO], 2010). DFV primary prevention is premised on a public health approach that focuses on preventing DFV before it occurs, through the delivery of universal and targeted strategies. The under-pinning theory of causation in this framework holds that DFV occurs as a result of the interplay between factors at four levels of influence: individual, relationship/family, community and wider society. The *National Plan* is based on this framework and the Victorian health promotion foundation, VicHealth, has pioneered the development of a primary prevention framework (Preventing Violence Before it Occurs) and program of action in that state.

The research focused on identifying the needs of the at-risk groups detailed above and the extent to which these needs are met within existing DVF prevention approaches. Two other studies were also taking place at the same time as this one: one focused on DFV initiatives for children in the 0–8 year age groups (also conducted by AIFS); and the other focused on primary prevention initiatives for men and boys (conducted by a team led by Professor Moira Carmody at the University of Western Sydney).

This report **does not** focus on prevention and early intervention initiatives aimed at men and boys. We acknowledge the need for holding perpetrators, and not the victims of DFV, accountable for DFV. It is clear that women are overwhelmingly the victims of DFV. Many of the programs identified and examined in this report are aimed exclusively at women. As the key focus of this report is on prevention and early intervention strategies for at-risk groups and communities, it is beyond the scope of this report to engage in a detailed discussion of perpetrator programs or primary prevention activities targeting men and boys. The study undertaken by the University of Western Sydney in parallel to this one, focused on primary prevention initiatives for men and boys, addresses these issues in detail. In accordance with the

study tender details, AIFS periodically liaised with the University of Western Sydney team leading this project to ensure that the studies complemented, rather than duplicated, each other.

The research

This study employed a mixed methods approach to the research topic. It had four main elements: a literature review, a series of consultations with relevant stakeholders, a Request for Information about existing programs and initiatives, and two evaluations of specific programs. The literature review consisted of two main tasks: 1) collating and analysing current evidence relating to the impact of DFV on at-risk groups, as well as evidence regarding the effectiveness of prevention and early intervention activities targeted at these groups. Examination of conceptual frameworks and best practice models was also undertaken as part of this aspect of the literature review. 2) A service scoping exercise that identified examples of prevention and early intervention activities focused on at-risk groups and communities in NSW and other Australian states and territories. The consultation with relevant stakeholders was undertaken in two stages. Initially, phone interviews and conversations were conducted with a range of service providers involved in the delivery of prevention and early intervention programs. This helped to inform and shape the early stages of research by identifying some of the key issues faced by those involved in the DFV service sector. This was followed by three more formal stakeholder consultations. These took the form of roundtables in Melbourne, Sydney and Brisbane.

Service providers who deliver a range of DFV programs completed the Request for Information online. We circulated details of the Request for Information via networks established through our stakeholder consultation processes, as well as relevant mailing lists and email notices. The Request for Information asked a broad range of questions, including requesting details about the types of programs delivered, numbers of clients, funding sources and key aspects of effective practice. The programs that were evaluated for this report are the Healthy Family Circle Program operated by the Mudgin-Gal Aboriginal Corporation and the Domestic Violence Community Education Project run by the St George Migrant Resource Centre. The evaluation process involved the collation and analysis of administrative data associated with each of the programs, interviews with the professionals involved in the delivery of the programs, and focus groups with program participants.

Main findings and policy implications

The gaps in DFV prevention and early intervention programs for at-risk groups and communities need to be addressed

Our service scoping and stakeholder consultations indicate that there are gaps in prevention and early programs for all at-risk groups and communities. These gaps are more marked in relation to some communities than others. There is a particular dearth of services for people who identify as GLBTIQ, regional, rural and remote women, and women with disabilities and mental ill-health. In some geographical areas, the lack of services that address the specific needs of people from these communities is stark. Other at-risk groups, such as CALD and Aboriginal women, have more prevention and early intervention programs aimed at them. However, this does not mean that there are no gaps, and in some instances there are questions about the capacity of some services to cope with the diversity within these communities. Questions of community

acceptability of, and access to, programs are relevant for all at-risk groups and communities. **When reviewing the allocation of funding for services focusing on at-risk groups and communities, it is important to consider how well the needs of those groups and communities are met by existing programs and services, and to allocate resources based on greatest need.**

Universal and targeted prevention and early intervention approaches are both needed

Our stakeholder consultations found that there was a need for large scale, population-wide prevention messages, but that such messages need to be relevant for communities that are identified as at high risk of DFV. Large-scale public health campaigns aimed at preventing DFV cannot run in isolation—they need to be delivered in conjunction with community-based initiatives, so that initiatives work across multiple levels in the community. A combination of these forms and levels of DFV prevention activity is understood to have the most promise in addressing DFV. **It is important to critically assess how prevention or early intervention initiatives engage with, and respond to, the needs of at-risk groups and communities.**

Mainstream DFV services and prevention programs, as well as interlinked services such as health and legal services and the police, need to be able to cater for the needs of at-risk groups and communities, and be accessible and culturally competent in meeting their needs. It is not acceptable for mainstream services to defer to, or rely on, specialist services to provide services to members of at-risk groups and communities. **There is a clear need to build the capacity of DFV and related services (such as health, policing and legal) to ensure practitioners working in those services have access to sufficient training to support sensitive and appropriate service delivery to at-risk groups and communities.**

DFV prevention and early intervention initiatives aimed at at-risk groups and communities need to be community driven

While at-risk groups and communities should be able to access all DFV services and have their needs met, there is also a need for prevention and early intervention initiatives to be community-driven. Each of the at-risk groups has specific sets of issues and needs, giving rise to different best practice approaches. Generic approaches are often inappropriate. Organisations that are enmeshed within communities, have established relationships of trust and can engage effectively with members of their community are often best placed to deliver DFV prevention and early intervention initiatives. **This finding highlights the need for the organisations located within the communities specifically considered in the report to be engaged in developing DFV prevention and early intervention initiatives to ensure that such initiatives meet the needs of the particular groups for whom they are intended.**

Programs that aim to empower women and educate them about their rights are critical to reducing DFV and need to be supported through policy and funding

The evidence regarding the effectiveness of DFV prevention programs that empower and educate women is still emerging, but it is promising (WHO, 2010). Prevention and early intervention initiatives aimed at women are not a comprehensive response to DFV. We acknowledge the need for prevention and early intervention activities aimed at women to be

delivered in conjunction with initiatives aimed at perpetrators. DFV is a complex and multifaceted problem that needs to be addressed at multiple levels. It is clear that men's violence against women is critically linked to historically unequal power relationships between men and women (Wall, 2014). Given this, empowerment and education programs aimed at women that address this inequality are a necessary component of attempts to ensure that women and children live free from violence (WHO, 2010). **Empowerment and education programs aimed at women should be supported through policy and funding arrangements.**

Funding needs to be long-term and sustainable

The disadvantages that arise from short-term and ad hoc funding pools were a significant theme in the literature and consultations. This is an issue of general relevance in the DVF area but has particularly acute implications for the groups considered in this report. In light of the need for initiatives to be community driven, short-term and fragmented funding approaches mean that the knowledge, trust and expertise that are developed when a program is developed are dissipated when it is discontinued. This stands in the way of the development of sustained and coherent approaches that will support long-term change. **It is clear from this research that funding arrangements need to be longer term and better coordinated to enable the DFV sector to provide high quality services and build on expertise.**

Better evidence of the impact of DFV on at-risk groups is needed

In order to support effective DFV prevention and early intervention practice, better evidence about the impact of DFV on at-risk groups and communities is needed. There is considerable variation in the extent to which the evidence base on the impact of DFV is developed in relation to each of the at-risk groups and communities that are the focus of this report. This report considered the available evidence regarding the prevalence of DFV in each of the at-risk groups. Better evidence is required across the board but empirical understandings are particularly underdeveloped in relation to the extent and impact of DFV on CALD women, people who identify as GLBTIQ, women with disabilities and women from regional, rural and remote communities. Lack of knowledge about the specific circumstances of these groups is particularly striking. There is more evidence regarding the impact of DFV on Aboriginal and Torres Strait Islander women, and younger women than the other groups and communities, however there are gaps in this evidence as well. **There is a need to invest in building the evidence base through rigorous research and evaluation; including supporting research that is coordinated, is focused on collecting data that can be compared with other research, and is sensitive and responsive to the particular needs of at-risk groups and communities.**

DFV prevention and early intervention work in Australia is an emergent field and there is a need to build an evidence base about effective practice

In order to support effective DFV prevention and early intervention practice, better evidence about the effectiveness of initiatives is needed. Only one approach, school-based healthy relationship programs, has been established to be effective (WHO, 2010). Aside from this one example, there are significant gaps in the evidence in relation to “what works” with the various at-risk groups and communities. Our stakeholder consultation process confirmed that there is a significant amount of practice knowledge within the DFV service sector. However, there is

relatively little formal evidence about the effectiveness of prevention and early intervention activities that focus on at-risk groups and communities. There is consensus from the literature and consultations that a concerted effort to develop the evidence base about what is effective in DFV prevention and early intervention is required. **It is important that funding agreements acknowledge the value of program evaluations and that separate or additional funding is available to build organisational evaluative capacity and to undertake evaluation activities.**

When evaluation requirements are tied to funding sources, methodologies and materials need to be practicable and appropriate. For instance, some services may have limited capacity for delivering internal evaluations due to a lack of staff resources and training, and evaluation processes that may be resource intensive and not adaptable to the specifics of the service. Evaluation materials also need to cater for a diversity of literacy, numeracy and English language capacities in clients. **When designing program evaluations in relation to programs targeting at-risk groups and communities, it is important to ensure that evaluation materials are tailored to the particular program and service, and where appropriate, reflect the needs of clients who access programs.**

DFV prevention and early intervention work in Australia exists within a dynamic policy environment and the move towards a coherent policy framework in NSW is positive and should be supported

Over the last 20 years or so, there has been a move in many jurisdictions to an integrated policy and practice approach to complex social issues such as DFV. Throughout Australia, there are differing levels of integration of approaches to the issue of DFV and related service provision. Consistent with the findings of the NSW Auditor General in 2011, our study shows fragmentation in response to DVF in NSW. One of the most important implications for policy that emerges from the research set out in this report is the need for a policy framework to support understanding and practice in DFV primary prevention in NSW. The report suggests that the governance infrastructure established to support *It Stops Here* provides a means of supporting the formulation of such a framework. **The development of a clear and coherent policy framework is welcome and should better enable discrete service sectors to work towards common goals, and help to ensure the needs of at-risk groups and communities are met across the various sectors.**

Summary

The focus of this report is DFV prevention and early intervention activities aimed at several groups identified as being at greater risk of experiencing DFV and/or having difficulty accessing support services. These groups include Aboriginal and Torres Strait Islander women, women from Culturally and Linguistically Diverse Communities (CALD), people who identify as Gay, Lesbian, Bisexual, Transsexual, Intersex and Queer (GLBTIQ), young women and women in regional, rural and remote (non-urban) communities. This report has examined the scope of prevention and early intervention activities aimed at these groups in NSW as well as in other states. It has also extensively engaged with current approaches to the prevention of DFV, and assessed the available evidence about the effectiveness of prevention practices. Current policy contexts have also been examined. This report has found that there is extensive knowledge

within the DFV service sector, and a strong commitment by those working in the sector to preventing DFV in the community. Services are working hard to deliver high-quality prevention and early intervention activities that meet the needs of their communities. There are several areas, however, where difficulties were identified. These include: a lack of rigorous evidence about effective prevention practices; structural issues such as a lack of a coherent policy framework in which to situate practice; and a lack of funding and ad hoc funding mechanisms. These issues will be discussed in detail in the following chapters.