Evaluation of the State-wide Domestic Violence Pro-Active Support Service

Final Report

February 2013
Urbis's Public Policy team has received ISO 20252 Certification for the provision of social policy research and evaluation, social planning, community consultation, market research and communications research.

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<th>DEFINITION</th>
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</thead>
<tbody>
<tr>
<td>AVO</td>
<td>Apprehended Violence Order</td>
</tr>
<tr>
<td>COPS</td>
<td>Computerised Operational Policing System</td>
</tr>
<tr>
<td>DFV Framework</td>
<td>NSW Domestic and Family Violence Framework</td>
</tr>
<tr>
<td>LAC</td>
<td>Local Area Command</td>
</tr>
<tr>
<td>DVLO</td>
<td>Domestic Violence Liaison Officer</td>
</tr>
<tr>
<td>DVPASS</td>
<td>Domestic Violence Pro-Active Support Service</td>
</tr>
<tr>
<td>GD</td>
<td>General Duties Police officer</td>
</tr>
<tr>
<td>MARAC</td>
<td>Multi-Agency Risk Assessment Conferences</td>
</tr>
<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NSW</td>
<td>New South Wales</td>
</tr>
<tr>
<td>NSWPF</td>
<td>NSW Police Force</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-government Organisation</td>
</tr>
<tr>
<td>RAMP</td>
<td>Risk Assessment and Management Project</td>
</tr>
<tr>
<td>SMIT</td>
<td>Six Minutes of Intense Training</td>
</tr>
<tr>
<td>WDVCAS</td>
<td>Women's Domestic Violence Court Advocacy Service</td>
</tr>
<tr>
<td>WDVCAP</td>
<td>Women's Domestic Violence Court Advocacy Program</td>
</tr>
</tbody>
</table>
1 Background and aims of the evaluation

1.1 BACKGROUND

In November 2011 the New South Wales (NSW) Auditor General released its performance audit of the key government agencies responsible for prevention, early intervention and tertiary responses to domestic violence. The report (Responding to Domestic and Family Violence) was critical of the current system and the authors recommended that key agencies, in consultation with non-government organisations (NGOs), agree on a framework for how to respond to domestic violence.

This framework, the NSW Domestic and Family Violence Framework (DFV Framework) is currently being prepared by the NSW Government for release in early 2013. The DFV Framework is expected to deliver an integrated whole of government response to domestic violence. Specific government commitments in the respect of domestic violence that were noted during the course of the inquiry included the evaluation of the Domestic Violence Pro-Active Support Service (DVPASS), with a view to implementing a best practice program in all Police Local Area Commands (LACs) (Standing Committee on Social Issues 2012).

As part of the development of the DFV Framework, Urbis was commissioned by the NSW Police Force (NSWPF) and Women NSW to conduct an evaluation of the DVPASS. DVPASS was first implemented by the NSW Police Force in 2003 providing integrated criminal justice and social welfare interventions to support victims of domestic violence through collaboration of partner agencies, namely a domestic violence specialist service and a LAC (NSW Department of Premier and Cabinet 2010).

Currently, approximately 65 of 80 LACs across NSW use the DVPASS, which is commonly referred to as ‘Yellow Card’ system, due to the colour of the form providing domestic violence victims consent for police to pass on their details to a specialist domestic violence support services.

1.2 DVPASS

The DVPASS provides ‘integrated criminal justice and social welfare interventions to support victims of domestic violence through collaboration of partner agencies’ (NSW Department of Premier and Cabinet 2010: 88). DVPASS was developed and implemented by the NSWPF in 2003 to provide Local Area Commands (LACs) with a mechanism¹ to refer domestic violence victims to specialist domestic violence services, NGOs.

DVPASS is based on a partnership between a domestic violence specialist service and a LAC (NSW Police 2009: 39). As a means to provide integrated support services to victims of domestic violence, the mechanism enables police to obtain formal consent from domestic violence victims for their details to be provided to domestic violence support services. The services are required to follow up with the victim in an agreed time period, commonly 72 hours (The Woman’s Centre 2004).

The diagram below represents the current referral model under DVPASS:

---

¹ The DVPASS model is known by a variety of names in different LACs, including ‘yellow card’, ‘sticker’ and ‘fax-back’, reflecting the different methods police use in different LACs to record victims’ personal information and pass it on to support agencies (NSW Ombudsman 2006: 48). In most cases, a yellow card containing generic information and contact details is used as a consent form which is signed by a victim to indicate whether or not they give permission for their name and contact details to be provided to a domestic violence support worker for follow up and support.
1.3 THIS EVALUATION

The central stated aim of this evaluation is to identify best practice for the referral of violence victims and offenders, of both genders, from police to support services and to recommend a referral pathway for State-wide implementation by all 80 LACs.

In order to identify best practice, particular focus is given to evaluating:

- **The appropriateness of the DVPASS referral process (does the model make sense?):** To what extent are stakeholders (WDVCAS and Police) satisfied with the DVPASS referral process as a model for referring victims from police to support services?

- **The effectiveness of the DVPASS referral process (how well is the model working?):** To what extent has the DVPASS referral process been effective in connecting victims to appropriate services? Are there particular elements of the model that are more effective than others? Has the DVPASS referral system had any flow-on benefits for victims or for the policing of domestic violence?
1.4 THIS REPORT

This is the final report presenting the key findings from both discussions with key stakeholders and quantitative surveys with victims and stakeholders throughout NSW. While the report provides insight about current perceptions, engagement, experience and outcomes of DVPASS, it is important to note that the key focus of this report is on identifying recommendations for improvement and suggestions for best practice implementation.

The report is structured as follows:

- Chapter 1: Background and aims of the report
- Chapter 2: Methodology
- Chapter 3: Introduction and context
- Chapter 4: The guiding principles
- Chapter 5: The preferred model.
2 Methodology

The evaluation of DVPASS involved the collection of qualitative and quantitative data from members of the NSWPF, Women’s Domestic Violence Court Assistance Service (WDVCAS) staff and domestic violence support service staff, and (women) victims of domestic violence.

2.1 QUALITATIVE ELEMENTS

Qualitative research was undertaken to understand current practice and processes in addition to identifying areas where improvements to the current DVPASS model may be required to better meet the needs of victims, their families and stakeholders.

A number of different qualitative elements were included in the evaluation, including:

- telephone depth interviews with key stakeholders, including Domestic Violence Liaison Officers (DVLOs), WDVCAS workers, Domestic Violence Pro-Active Support Service (DVPASS) staff and domestic violence support service staff who use the Yellow Card
- site visits to LACs where a DVPASS-funded service operates.

2.1.1 TELEPHONE DEPTH INTERVIEWS

Interviews were conducted in November and December 2012 and each interview typically lasted between 45 minutes and one hour. In several cases, more than one participant took part in the interview over the telephone. This was often the case for support service interviews, where several members of staff wanted to provide input into the evaluation.

Urbis was provided contact details for all key stakeholders by the NSWPF and Women NSW at the commencement of the evaluation. Prior to the completion of the interview, all participants were emailed an outline of the question topic areas to review and consider prior to discussions. A copy of the discussion guide is attached in Appendix A.

A total of 62 telephone interviews with key stakeholders were completed over the fieldwork period. The table below provides a breakdown of the total number of interviews by each of the key stakeholder segments.

<table>
<thead>
<tr>
<th>TABLE 2 – TOTAL COMPLETED STAKEHOLDER TELEPHONE INTERVIEWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEY SEGMENT</td>
</tr>
<tr>
<td>DV Sponsor</td>
</tr>
<tr>
<td>DVLO</td>
</tr>
<tr>
<td>Funded DVPASS service staff</td>
</tr>
<tr>
<td>Regional DV Coordinator</td>
</tr>
<tr>
<td>WDVCAS</td>
</tr>
<tr>
<td>Support service staff</td>
</tr>
<tr>
<td>Stakeholders from LACs that do not use the Yellow Card</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>
Urbis would like to take this opportunity to thank all stakeholders for their participation in this research. November and December are busy periods for support services and Police officers and we appreciate their time, efforts and contributions to this important research.

2.1.2 SITE VISITS

As part of the evaluation, five site visits were conducted to the LACs identified in Table 3 below. Site visits took place between November and December 2012 and sites were selected in consultation with Women NSW and the NSWPF to ensure diversity in terms of location (metropolitan, regional and rural) and population (including communities with significant Aboriginal and/or Culturally and Linguistically Diverse (CALD) populations).

An Urbis researcher visited each site for about a day and consulted with a range of stakeholders, including DVLOs, Domestic Violence Sponsors (selected Local Area Commanders), WDVCAS workers and domestic violence support service staff. Interviews with stakeholders typically lasted between 45 minutes and one hour each.

The table below provides the details of the funded DVPASS locations visited and a summary of the stakeholders included in consultations at each of these locations.

<table>
<thead>
<tr>
<th>SITE</th>
<th>STAKEHOLDERS INTERVIEWED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campsie</td>
<td>2 DVLOs</td>
</tr>
<tr>
<td></td>
<td>2 DVPASS workers</td>
</tr>
<tr>
<td></td>
<td>1 WDVCAS worker</td>
</tr>
<tr>
<td>Sutherland</td>
<td>1 Local Area Commander</td>
</tr>
<tr>
<td></td>
<td>2 DVLOs</td>
</tr>
<tr>
<td></td>
<td>2 DVPASS workers</td>
</tr>
<tr>
<td></td>
<td>1 WDVCAS worker</td>
</tr>
<tr>
<td>Penrith</td>
<td>1 DVLO</td>
</tr>
<tr>
<td></td>
<td>1 DVPASS worker</td>
</tr>
<tr>
<td></td>
<td>1 WDVCAS worker</td>
</tr>
<tr>
<td>Armidale</td>
<td>2 DVLOs</td>
</tr>
<tr>
<td></td>
<td>1 DVPASS worker</td>
</tr>
<tr>
<td></td>
<td>1 WDVCAS worker</td>
</tr>
<tr>
<td>Wollongong</td>
<td>1 DVLO</td>
</tr>
<tr>
<td></td>
<td>1 WDVCAS worker</td>
</tr>
<tr>
<td></td>
<td>2 DVPASS workers</td>
</tr>
</tbody>
</table>

2.2 QUANTITATIVE ELEMENTS

A number of different quantitative elements were included in the evaluation, including:

- a review of administration data collected by DVPASS-funded services
- a quantitative survey with victims who have come into contact with the Yellow Card referral process
- a quantitative survey with key stakeholders, including Domestic Violence Liaison Officers (DVLOs) in LACs, Coordinators of DVPASS-funded services, WDVCAS and domestic violence support services across all LACs involved in DVPASS.
2.2.1 DVPASS ADMINISTRATIVE DATA

Urbis was provided administrative data compiled by the DVPASS-funded services. As discussed with NSWPF and Women NSW, while there is a template for the submission of Yellow Card data, currently the data monitored is not yet consistent or complete across services and as a result, detailed quantitative analysis is not possible at this stage.

2.2.2 STAKEHOLDER QUANTITATIVE SURVEY

A quantitative survey was undertaken with key stakeholders across all 65 participating LACs during November 2012. Each LAC, DVPASS-funded service, WDVCAS and domestic violence support service was invited to submit one response from their agency in relation to each LAC.

A total of 162 completed questionnaires were received. The following total completed questionnaires and response rates were achieved:

- NSW Police Force DVLOs 64 out of 65 LACs complete (98%)
- WDVCAS Coordinators 58 from 65 LACs complete (89%)
- DVPASS funded services 16 from 16 (100%)
- Domestic violence support services 24 from 49 (49%).

2.3 VICTIM QUANTITATIVE SURVEY

A short paper-based survey with victims of domestic violence was conducted to ensure that the evaluation included perspectives from victims of domestic violence.

Copies of the questionnaire were sent to all 28 WDVCAS Coordinators servicing approximately 108 courts around NSW. The survey was also promoted through the Women's Domestic Violence Court Advocacy Program (WDVCAP), via a brief presentation at the WDVCAS Forum, attended by representatives of services, in Sydney on 15 November 2012.

The survey was administered by WDVCAS support workers with domestic violence victims who presented at court during the survey period. The majority of services administered the survey in the week from 19 – 23 November 2012, however two services administered the survey in the week of 26 – 30 November 2012, as no clients were seen in the week before. A total of 92 responses were received.

Urbis acknowledges the support and assistance received from WDVCAP in the conduct of this aspect of the evaluation.
3 Introduction and context

3.1 THE NEED FOR CHANGE

Discussions with stakeholders and the quantitative findings indicate that the current DVPASS model is seen as valuable and seen to have considerable benefits for victims of domestic violence and their families.

Police, support services and court services all expressed broad support for a model such as the current DVPASS approach and many felt that, since the introduction of the approach into the LAC, considerable benefits for victims and their families had been realised:

“*It’s wonderful.*” (DVLO)

“How we deal with domestic violence now is much, much better than it was before we had the ‘Yellow Cards’.” (DVLO)

“I want you to let them know that we don’t want to lose this sort of system – and that’s not about funding…it’s simply too valuable for victims.” (Support Service)

The fact that the current DVPASS model is proactive and ensures that contact was made with victims at a point when she/he was most likely to be at risk and most likely to be receptive to offers of support was seen as a key strength:

“[This proactive approach] allows us to actively assist the victim – we can stop people being a victim of violence and allow them to start to have a normal life.” (Domestic Violence Coordinator)

“Early, active connection with a support service is critical – a delay of support leads to intimidation and withdrawal.” (DVLO)

While these findings are encouraging, it is important to note that these comments are made in the context of the model working well, which was not always the case in all LACs. As a result, almost all stakeholders consulted were able to identify areas where there was room for improvement to the current DVPASS model. The table below provides a summary of the key drivers for change identified during discussions and as a result of analysis of survey responses.
### TABLE 4 – DRIVERS FOR CHANGE

<table>
<thead>
<tr>
<th>DRIVERS FOR CHANGE</th>
<th>EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stated overarching aims and objectives of the model are inconsistent and not well understood</td>
<td>There is no consolidated listing of DVPASS aims and objectives and little consistent interpretation among stakeholders</td>
</tr>
<tr>
<td>Lack of consistency across the State</td>
<td>Only 65 of the 80 LACs currently operate a DVPASS</td>
</tr>
<tr>
<td>Informal rather than formal service provision</td>
<td>Almost one in three respondents surveyed report using a different system altogether (19%), or a variation of the DVPASS system (12%)</td>
</tr>
<tr>
<td>Informal rather than formal service provision</td>
<td>While a degree of flexibility is desirable in any model, much of the variability is driven by individuals’ preferences and relationships rather than on evidence or best practice</td>
</tr>
<tr>
<td>Many domestic violence incidents are not resulting in a referral</td>
<td>Respondents in the qualitative research report that only a minority of domestic violence incidents result in a referral to a support service</td>
</tr>
<tr>
<td>Many domestic violence incidents are not resulting in a referral</td>
<td>This is primarily a function of the inefficient current paper-based system, the heavy reliance upon police engagement and resources, and the requirement for victim consent</td>
</tr>
<tr>
<td>Referral of victim contact details is often delayed</td>
<td>Many stakeholders indicate that referrals to support services are often delayed as a result of the current model utilising the paper-based system</td>
</tr>
<tr>
<td>Referral of victim contact details is often delayed</td>
<td>Incidents of referrals are not usually, especially in rural/remote parts of the State being made after court dates have passed</td>
</tr>
<tr>
<td>Monitoring and reporting (and as a result, accountability) is patchy and inconsistent across the referral system</td>
<td>A quarter (26%) of respondents surveyed report having no formal process for monitoring and recording service referrals and support service responses</td>
</tr>
<tr>
<td>Monitoring and reporting (and as a result, accountability) is patchy and inconsistent across the referral system</td>
<td>DVPASS-funded services reporting is neither consistent nor complete</td>
</tr>
<tr>
<td>Confusion around nomenclature and ownership</td>
<td>There is considerable confusion regarding the DVPASS ‘Yellow Card’ system and the DVPASS-funded services (of which there are only 11)</td>
</tr>
<tr>
<td>Confusion around nomenclature and ownership</td>
<td>The referral system lacks clear ownership and governance</td>
</tr>
<tr>
<td>Service gaps exist for particular client groups</td>
<td>Of those respondents surveyed:</td>
</tr>
<tr>
<td>Service gaps exist for particular client groups</td>
<td>54% indicated that they do not have any mechanism for referring male victims of domestic violence to support services</td>
</tr>
<tr>
<td>Service gaps exist for particular client groups</td>
<td>47% have no specific services or strategy for Aboriginal victims of domestic violence</td>
</tr>
<tr>
<td>Service gaps exist for particular client groups</td>
<td>44% have no specific services of strategies for children who had witnessed or experienced domestic violence</td>
</tr>
<tr>
<td>Service gaps exist for particular client groups</td>
<td>43% have no specific services or strategies for referring victims of domestic violence from CALD backgrounds</td>
</tr>
<tr>
<td>The referral pathways are variable</td>
<td>In some areas, ‘competition’ for clients had led to tensions between funded services and potentially confusion for clients</td>
</tr>
</tbody>
</table>
3.2 DEFINING AN INTEGRATED RESPONSE

Integration of service delivery in the human services area is recognised as occurring on a wide continuum. A continuum of integration relevant to domestic violence is described in table 5 below.

TABLE 5 – STAGES OF INTEGRATION

<table>
<thead>
<tr>
<th>AUTONOMY</th>
<th>COOPERATIVE LINKS</th>
<th>COORDINATION</th>
<th>INTEGRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parties act without reference to each other, although the actions of one may affect the other</td>
<td>Communication is emphasised. Parties establish ongoing ties, but no loss of independence</td>
<td>There is planned harmonisation of activities between separate parties. Duplication of activities and resources is minimised. May require protocols or appointment of external coordinator or case manager.</td>
<td>Parties are drawn into a single system. Boundaries between parties begin to dissolve as they effectively become work units within a single, larger organisation.</td>
</tr>
</tbody>
</table>

Source: Fine, Pancharatnam & Thomson, cited in Australian Domestic and Family Violence Clearinghouse (2010: 5)

As can be seen from this schema, as integration increases, the autonomy for individual agencies is diminished. This has implications for any strategy moving towards integration (Australian Domestic and Family Violence Clearinghouse 2010: 5).

Based on discussions with stakeholders, it is apparent that the current DVPASS in NSW lies somewhere between a cooperative and a coordinated approach at present, depending on the LAC. Ideally, at a minimum, the DVPASS should be operating as a coordinated system across the State.

Moves toward a more highly integrated approach would require much greater systemic, service and organisational change as well as a significant political commitment and leadership. This may be viewed as a longer term goal as part of a broader and longer term strategy.

Ultimately, a move to a more highly integrated approach over time would assist in:

- eliminating the duplication of, and streamline, tasks such as intake, eligibility assessments, personal history-taking
- helping clients and/or customers to access assistance more easily and effectively through single pathways or points of contacts
- increasing agency sensitivity to client needs
- providing a better fit between consumer needs and service provision due to increased planning, information-sharing and pooling of funds
- improving knowledge among service providers of the range of services available and increasing their capacity to deliver these services
- providing a more adaptive response
- minimising duplication and multi-agency contact, enhancing early intervention and minimising the number of people who fall between ‘system cracks’.
4 Guiding principles

Before outlining a recommended model and structure, it is important to review the guiding principles that underpin the recommendations. These principles provide a framework within which modifications to the model can be made. Ensuring that these principles are at the heart of any modifications or changes over time will ensure that any future model is built on a framework of best practice as identified by stakeholders and key literature.

The principles themselves have been developed and refined using insights from four different sources:

- **A review of literature**: This review focused on the identification of best practice approaches to domestic violence servicing, both from an Australian and international perspective.


- **The NSW Domestic Violence Justice Strategy**: Launched by the NSW Attorney General’s Department in 2012, this Strategy provides an operational framework which aims to improve the criminal justice system’s response to domestic violence. Although focused on criminal justice, it is nonetheless critical to consider this Strategy in the development of the principles to ensure that any service model aligns with the anticipated criminal justice response.

- **Interviews with stakeholders and site visits to DVPASS-funded LACs**: As noted, as part of this evaluation, a total of 62 in-depth telephone interviews and 5 site visits were conducted. Given the pivotal role that Police, domestic violence support services and court assistance services have, incorporating their views, their voice and their insight into the guiding principles is considered critical to the success of any recommended model.

The table below provides an outline of the recommended guiding principles for the implementation of a best practice proactive support model for victims and their families. The table also provides an outline of the implications of each for the model.

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2 An earlier formulation of principles was put forward by urbis keys young (2003: 26), which included the principle that ‘interagency collaboration and information-sharing are essential to the enhancement of victim safety and perpetrator accountability’.
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<th>PRINCIPLE</th>
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<th>IMPLICATIONS FOR THE MODEL</th>
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| Acknowledgement of criminality        | There is a need to acknowledge and treat domestic violence as a criminal offence with the offender held responsible for their violence and support provided to victims and their families to reduce risk and vulnerabilities | The model must reduce risk for victims and their families by providing access to appropriate support and assistance which is tailored to their circumstances and vulnerabilities  
  - The model must include an assessment of risk and the potential for harm to ensure that those victims at most risk are identified and their issues addressed as a matter of urgency |
| Family safety                         | The safety of victims and their children is paramount and must be a central focus of all service, justice system and court-based interactions | Access to services and support must be provided in a manner which does no harm and respects the choices of the victim and their family  
  - Support and assistance must be provided from a position of expertise |
| Empowering the victim                 | The model must seek to empower the victim and provide them with choice in relation to service access. | The model must provide a degree of flexibility and adaptability to meet the differing needs of victims and to facilitate choice within the system |
| Universal access                      | The model must ensure that all victims who come into contact with the Police are referred to appropriate support services |  
  - A model that, if possible, does not require explicit consent prior to referral of details to support services  
  - A model that is adaptable and able to service different cultural groups within the population including Aboriginal victims of domestic violence and those from CALD backgrounds  
  - A model that is adaptable and able to service different demographic sub-groups within the population, including male victims and older individuals who may be the victims of family violence |
| Early intervention and prevention     | The model must be based on the premise that early intervention and prevention will reduce repeat victimisation and recidivism |  
  - A model that explicitly requires timely referral and contact with victims of domestic violence  
  - A model that maximises the number of referrals that occur and the rate of take-up of services by clients |
| Strong program leadership and governance | The model must be reframed as a State-wide, interagency program rather than an optional implementation approach |  
  - The model must include a shared vision of key DVPASS aims and objectives  
  - Establishment of an interagency overseeing body  
  - Appointment of model ‘champions’ at local and regional level to drive implementation |
| Speed and ease of access              | There is a need to ensure that victims are speedily referred to and contacted by services, with initial referrals from the Police being made by the end of the shift to align with the aims of the NSW Domestic Violence Justice Strategy |  
  - The model must ensure that systems and processes facilitate speed of referral and that the referral process does not rely solely on one individual  
  - Simplification of the referral process  
  - The model should make use of digital technologies to speed up the collection and receipt of victim details and the subsequent contact by support services |
| Accountability and standards         | The model must include formally defined roles and responsibilities for all parties involved (including the Police, domestic violence support services and court advocacy services) |  
  - The incorporation of standardised and agreed MoUs and Service Level Agreements within LACs  
  - Clearly defined roles, responsibilities and standards related to core roles for Police, domestic violence support services and court advocacy services |
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<td>Consistency of response</td>
<td>The model must be able to be implemented in a consistent manner across LACs, with provision to adapt to the differing needs of specific subgroups and service contexts.</td>
<td>▪ Provision of appropriate guidance and technical assistance to facilitate consistency across LACs</td>
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<td>▪ Clarity of roles and responsibilities to assist with consistent implementation and referral pathways – particularly in relation to the servicing of victims from key subgroups (including male and Aboriginal victims).</td>
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<td></td>
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<td>▪ Variations of the model agreed regarding regional and remote LACs</td>
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<td></td>
<td>▪ The model should incorporate different processes for victims assessed as being at higher risk</td>
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<td>Commitment to evaluation and best practice</td>
<td>The model must facilitate evaluation and review and ensure that future modifications and refinements are evidence-based.</td>
<td>▪ A model that facilitates the collection of program and outcome data to inform future decision-making and to assist the Police and service providers to assess impact</td>
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<td></td>
<td></td>
<td>▪ The development of an evaluation framework in the early stages of model development and refinement to guide future evaluations and assessments of impact</td>
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<td>▪ The adoption of a continuous quality improvement approach building on monitoring and evaluation activity</td>
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Building from these guiding principles, Urbis has developed a preferred referral model for the provision of a proactive support service for victims of domestic violence. A proactive referral model does not work in isolation. This implementation needs to work in harmony with criminal justice initiatives, Police priorities and the broader social services agenda. As such, where elements of the model require further discussion and coordination across agencies, this is made clear.

The figure below provides an outline of:

- The preferred model: Including all key elements of the model from oversight and governance through to the management of data and assessment of impact.
- The benefits which would result from the model’s implementation: These benefits are closely aligned to the guiding principles discussed above.
- The system changes needed to implement the model: Including legislative, technology and oversight system changes which would need to be agreed by agencies involved in the implementation of the model.

Each element of the preferred model is then discussed in more detail in Section 5.1 of this document.
FIGURE 2: PREFERRED MODEL

Outcomes of the preferred model

| Consistency of pathway and implementation across LACs | Coordinated model | • A State-wide model that formalises coordination and shared vision through inter-agency agreements and protocols |
| Strengthened governance and oversight State-wide | Standardised referral pathways | • A referral approach that is based on assessment of risk and includes processes and pathways that facilitate referral to the most appropriate service within 48 hours |
| Clarification of roles and responsibilities | Centralised governance | • Governance and management that is formalised and provides a single point of oversight across all LACs to facilitate consistency of implementation and standardise referral pathways |
| Faster and easier referrals | Monitoring and accountability | • Clarification and formalisation of roles and responsibilities of all key players overseen by those responsible for State-based governance in conjunction with assessment of performance against these roles and responsibilities |
| Improved workforce capacity | Access and equity | • A focus on the capacity of services (including Police) to provide assistance and support to victims of domestic violence and to utilise the core elements of the referral pathway in the most efficient manner |
| Prioritisation of those most at risk | Standardised feedback | • The ability to provide tailored servicing to Aboriginal, male, CALD and older victims of domestic violence |
| Improved services for Aboriginal, male, CALD and older victims | Continued improvement | • Collection and management of data on referrals and outcomes which is managed centrally and able to be shared across agencies at a State-based level |
| The ability to assess impact and implement improvements | (Optional) Perpetrator programs | • Development of a monitoring and evaluation framework to assist with the ongoing assessment of implementation and impact and to ensure model enhancements and refinements are evidence based |

System changes required

| Legislative amendments regarding privacy | Joint Agency Agreement regarding aims and purpose |
| Enhancements to the NSW Police Force COPS | Implementation the Risk Assessment Management Program |
| Re-allocation of DVPASS-funding | Establishment of State-wide referral process for male victims |
5.1 A COORDINATED MODEL

Effective coordinated models are complex and involve interpersonal, inter-professional and inter-organisational dimensions. Given that the DVPASS has been in place for some time, there is obviously a good base to build on in moving to a leading practice model. However, for a number of reasons it would be good to consider relaunching and restructuring the model to further strengthen the coordinated response.

A fully coordinated model would comprise the following key features – it would:

- be governed by a formal plan or protocol between key agencies at the system (State-wide) level
- be monitored by an interagency committee or group meeting, potentially three or four times a year
- be driven by a ‘champion’ in each key agency who has the requisite authority to lead organisational and cultural change and drive accountability internally
- explicitly state the key aims and objectives of the DVPASS to ensure a shared view across agencies is prevailing – making sure these are clear, achievable and in line with available funding
- incorporate a shared understanding and definition of, and agreed approaches, to domestic violence to minimise any philosophical barriers
- build in expected outcomes as well as standards and key performance indicators for each service component
- build in an open and transparent monitoring and reporting system whereby key monitoring statistics and KPIs are generated and shared across agencies at the system level and local level, reported to the overseeing body or committee
- establish a mechanism for central approval to vary the standard model in a particular location to any significant degree
- initiate shared processes and intake processes to the maximum extent possible eg through the use of a common risk assessment tool
- involve open and frequent communication between key agencies at both the system and service level
- conduct inter-professional pre-service and in-service education and training about the model across agencies to the maximum extend possible
- utilise technology and/or systems that can easily ‘talk’ to one another to share and/or transfer information, as agreed
- feedback to all stakeholders outcomes of the coordinated model in a way that engenders ownership and enhances ongoing engagement and further development of the model.
5.2 STANDARDISED REFERRAL PATHWAYS

Identifying different degrees of risk, addressing these risks in a timely manner and ensuring consistency of service access across different LACs underpins several of the guiding principles of a best practice proactive referral model. Given this, it is critical that the preferred model of service:

- not rely on the Yellow Card as the sole formal mode of referral
- devolves the onus of referrals to a support service from a single individual (the DVLO), who may or may not be available to refer victims to services by the end of the duty shift
- facilitates identification of high risk victims and their families as a result of the current and previous situation and is able to adapt to provide priority servicing for those identified as higher risk
- increases consistency of pathways for victims, with victims able to make informed choices at different stages in the referral process.

The preferred model should include standardised referral pathways which include:
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| Replacement of the Yellow Card with electronic collection using the NSWPF COPS system | The current Yellow Card system is prone to delay as a result of a breakdown in the transmission of the paper-based forms from General Duties Officers to DVLOs and from DVLOs through to support services for a variety of reasons (including lack of engagement, errors and omissions and the influence of part-time positions). The preferred model should incorporate electronic collection of victim and incident details using the NSWPF COPS system, in the same way that other critical incident details are recorded and logged in the system currently. It is recommended that completion of any domestic violence fields within COPS be a mandatory requirement, in a similar way to the current enforcement of Yellow Card completion for domestic violence incidents under the current model. This will require changes to be made to the NSWPF COPS system to accommodate the collection of specific domestic violence fields currently defined on the Yellow Card. It also requires protocols to be developed which enable support services covered under any Service Level Agreement or MoU (see Section 5.3) to gain access to this information within the 48 hour window. To avoid any further potential bottle-necks, it is recommended that this referral process (from NSWPF to the nominated support service) be automated. | A compulsory electronic collection approach at point of contact will:  
- ensure that all victims of domestic violence have the opportunity to engage in support services for victims and their families  
- reduce or eliminate the reported bottle-necks in provision of Yellow Cards from General Duties Officers to DVLOs and from DVLOs through to support services  
- reduce errors by eliminating the need for transcription, eliminating handwriting issues, and through the use of repeated prompts should fields be left blank or incomplete (for example, forcing mobile numbers to be 10 digits)  
- ensure that victim details (particularly those flagged as high risk) are provided to support services within the 48 hour window as defined in the guiding principles. | The need for a systems change and alterations to the NSWPF COPS system  
- Training and education in relation to use of any new fields and their application  
- The need to balance the amount of detail collected at the site of the incident and the ability for Police to spend time gathering the data |
| The incorporation of a risk assessment mechanism | The preferred model should incorporate a standardised and consistent risk assessment mechanism to ensure that those at most risk receive priority servicing. An initial assessment of risk should be made at the point of the incident to establish degree of risk and again, in a more thorough manner, at point of service provision to assess broader needs. While there are several ways in which to assess risk within the domestic violence context, we would recommend incorporating elements of the Risk Assessment and Management Project (RAMP) currently being developed. Women NSW is leading this Project in partnership with other government agencies, including NSW Health, the Department of Attorney-General and Justice, The incorporation of a risk assessment mechanism will:  
- assist support services to prioritise referral contacts, with those in greatest need receiving prioritised assistance  
- provide additional client context to support services prior to initial contact, assisting with the provision of tailored servicing and on-referrals. |  
- The requirement to tailor a risk assessment to the realities of collection at the scene of an incident (a balance between level of detail and ease of administration)  
- Training and education in relation to the use of any risk assessment tool or process |

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| Community Services and the NSWPF. | While assessment of risk is critical, it is important that the assessment of risk itself is not overly onerous and takes into account the sensitivities of the situation that Police are faced with during critical incidents (where time may be limited or where physical risks may limit the amount of one-on-one contact available). As such, it is recommended that the assessment tool itself be as simple to implement as possible and that it focus only on the key indicators risk as defined by the RAMP. | The incorporation of automatic referral of victims from COPS will:  
- ensure a greater number of victims of domestic violence have the opportunity to receive support services  
- enable victim details to be passed to support services at the end of each shift, in line with recommendations made by the NSW Attorney General’s Department in the NSW Domestic Violence Justice Strategy  
- speed up the referral process, by removing the requirement for a single individual to process Yellow Cards and pass details through to support services  
- remove the complexities associated with the current consent process | The need to alter existing legislation in relation to privacy |
| Compulsory referral for victims | It is recommended that all victims be automatically referred via NSWPF COPS to support services where an incident of domestic violence is identified. For this process to take place, legislation would need to be enacted at a State level to enable current restrictions on the release of personal information to be overcome. Urbis understands that the process of legislative reform is currently underway and is due to be finalised in the first half of 2013. | The need to review the current referral structure and identify service providers who can offer the dual services within each LAC  
- With the increased throughput as a result of changes to privacy legislation, it is likely that the number of referrals will increase, which will have an impact on |
| A single referral pathway to support services with both court and domestic violence expertise | As part of the preferred model, support services which provide both court assistance and broader domestic violence support should be prioritised as the preferred supplier of services in the LAC. Where services such as these exist in an LAC, all referrals should be made to this designated service by default. In LACs which lack integrated services (ie those providing both court assistance and domestic violence services), if an AVO has been initiated the victim should be referred directly through to the WDVCASS service only. In cases without an AVO, victims should | The formalisation of arrangements with these integrated service providers will:  
- result in a single referral pathway and reduce the number of on-referrals for victims  
- reinforce and formalise roles and responsibilities under the Model through the development and agreement of formal operating processes (MoUs)  
- reduce client confusion as a result of multiple | The need to review the current referral structure and identify service providers who can offer the dual services within each LAC  
- With the increased throughput as a result of changes to privacy legislation, it is likely that the number of referrals will increase, which will have an impact on |
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<td>be referred directly to the preferred domestic violence support service only. Multiple referrals should not be undertaken at any point and the incorporation of formal monthly oversight sessions (see Section 5.4) should ensure that clients who may be known to specific services as a result of previous experiences are identified and their situations discussed. It is anticipated that an initial stage of 'triage' would be undertaken by the integrated service as a priority, with this stage including administration of a more detailed risk assessment than that carried out by General Duties Officers on-site at the incident. Following this, on-referrals to other support services would be made as required. Service standards, priorities and roles/responsibilities should be defined through the use of MoUs and Service Level Agreements outlined in Section 5.3.</td>
<td>referrals.</td>
<td>resourcing at the support service level.</td>
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Taking these considerations and the guiding principles into account, the figure below provides a summary of the recommended referral pathways within the preferred model.

**FIGURE 3: STRUCTURE OF STANDARDISED PATHWAY**

* Based on the assumption that legislative changes in relation to privacy and consent are enacted.
5.3 STRONG GOVERNANCE AND MANAGEMENT

Any good practice model will require strong governance and management. The literature consistently points to the complexities of coordinated and integrated models in the field of domestic violence and the need effective models require sound management of the cooperative process, as well as strong leadership and governance.

In a previous section we outlined the key characteristics of a coordinated model - which we believe the new DVPASS should comprise.

We are of the view that a three tiered approach to governance and management may be required, at least in the initial year or two of the revised model.

We see that overall governance primarily lies with an Interagency Steering Committee involving for example the NSWPF, Women NSW and potentially WDVCAP and a representative from the broader domestic violence community services sector involved in DVPASS, and the Department of the Attorney General. The primary role of this body would be:

- monitoring and accountability of the coordinated scheme
- advice on legislative, strategy or organisational issues affecting partner agencies’ participation in DVPASS
- advice on funding and evaluation activity
- a mechanism for reporting annually to Ministers on progress against objectives.

Over time, the need for this body may diminish but given the extent of change and initiatives likely to come into force in the domestic violence sector in NSW over the next couple of years or so as well as the need for top level support for the implementation of the new DVPASS model, we believe an overarching body is warranted at this time.

State-wide management of the scheme may lie within a particular agency or across two or more agencies. We suggest a centralised management approach be adopted whereby each central agency with a role to play in implementing DVPASS appoint a representative to an Interagency Management Committee that focuses primarily on matters to do with implementation of the DVPASS. This group would meet regularly and focus on implementation and operational issues including for instance.

- the development of an implementation plan for the new DVPASS
- the development of model protocols and MoUs that may be used locally as required
- the development of new interagency DVPASS policy and program guidelines for dissemination across the State
- liaison with LACs that have had no previous referral systems in place
- the development of a workforce education and training plan (including interagency training where possible)
- the development of a communications strategy to promote the revamped DVPASS
- discussion of issues concerning the technological transfer of information in the referral process
- introduction of any new risk assessment tool
- decisions on the precise information that will be able to be recorded on COPS and transferred to support services
- ongoing monitoring of standards and KPIs
- development of a program logic and evaluation framework for the DVPASS.
We believe that implementation of the new DVPASS will also be enhanced by stronger management at a regional level eg through Domestic Violence Sponsors and Regional Coordinators, WDVCAS Regional Coordinators. The regional structures have the necessary authority, credibility, commitment and/or expertise to drive change and improvements at the service level and enhance accountability of performance at the local level. The regional forums could work in close cooperation with the Interagency Management Committee, providing both advice and feedback on implementation issues and challenges.

5.4 MONITORING AND ACCOUNTABILITY

As outlined in the guiding principles and identified through discussions with stakeholders and the literature review, there is a need to ensure that roles and responsibilities are clearly defined and, critically, that these roles and responsibilities are implemented in an inconsistent manner across all LACs. This includes formalisation of the roles and responsibilities of members of the NSWPF, WDVCAS services and broader domestic violence support services. It also includes capacity to monitor specific individuals or cohorts with the aim of developing tailored, multi-agency action plans to address key issues.

Formalisation of roles and responsibilities will:

- ensure that all victims of domestic violence receive assistance which aligns with best practice servicing approaches and standards - with this level of service being consistently available throughout the State
- enable service providers and the Police to discuss, review and confirm the necessity of modifications to the standardised referral pathway (defined above) to ensure that tailored services can be provided where they may be required within a specific LAC (for example, modifications to the pathway to account for geographic distances)
- ensure that the functioning of the model and referral process is less dependent on personal relationships and informal arrangements between DVLOs and service providers
- increase the level of accountability, as service standards, throughput requirements and other KPIs can be negotiated and formalised as part of the working relationships between Police, WDVCAS and domestic violence support services
- reduce friction within the service model by clarifying the roles of respective agencies from the outset
- provide the Police, WDVCAS and domestic violence support services with a legal framework on which to deliver services and collaborate.

Monitoring of performance through continuous feedback will:

- ensure that issues with referrals are identified and addressed before affecting victims and their families
- ensure that victims who may have had other experiences with support services (previous contacts, pervious court appearances etc) are identified, and their unique issues addressed
- ensure that the needs of sub-groups (such as Aboriginal victims or male victims) remain a focus, despite the fact that the number of cases in total may be few in number.

As part of the preferred model of services, it is recommended that:

- Police, WDVCAS and domestic violence support services enter into formal MoUs or Service Level Agreements as part of the provision of services under the model.
- As part of these agreements, formal review sessions be outlined and defined. It is recommended that monitoring and review discussions be conducted along the lines of those outlined in the Multi-Agency Risk Assessment Conferences (MARACs). MARACs are multi-agency meetings where statutory and voluntary agencies share information about high risk victims of domestic abuse with the aim of producing a coordinated action plan to increase safety and improve outcomes. It is important that the
frequency of these MARACs is not overly onerous on service providers where funding is not being provided.

- The format, defined roles and responsibilities and scope for variation of MoUs or Service Level Agreements need to be agreed by the inter-agency oversight committee or body.

- Templates for MoUs or Service Level Agreements be provided by the inter-agency oversight committee or body to Police, WDVCAS and domestic violence support services to ensure consistency and to reduce the burden and cost of entering into these agreements.

5.5 WORKFORCE ENGAGEMENT AND CAPACITY

Implementation of the preferred model of servicing will have impacts on the workforce and require steps to be taken to build capacity and engagement with any new processes. As a result, as part of the implementation of the new model, the following engagement and capacity building exercises should take place.

**Formal DVPASS model and pathway launch:** DVPASS sessions for Police officers, WDVCAS workers and domestic violence support service staff about the new pathway and processes encompassed within the new model. In effect, these sessions would act as the launch for the new DVPASS model and should be designed to generate interest and reinforce senior support for the new model to ensure the new model gains traction quickly.

The training itself should include details on any variations to COPS, assessing risk using the risk assessment tool, MoU development, data collection requirements and a review of any technical requirements related to the automated forwarding process and raising of high risk flags. This training should:

- take the form of partnership training for the current workforce, bringing together members of the NSWPF, WDVCAS and domestic violence support services in group sessions to discuss the implications of the model for all services and to ensure that issues and processes are understood from a holistic perspective

- include victims’ voices, with victims telling positive stories about impacts as a result of receiving support and assistance through the previous DVPASS model

- focus on the practicalities of administration and implementation and include specific information on:
  - standardised scripts to use when informing the victim of the options available, the role the support services will play and the reasons behind the administration of the initial risk assessment
  - best practice approaches to communicating with victims at the scene, including reinforcement of the importance of annexing the victim from the perpetrator to discuss support service options and the need to reinforce that support service provision is independent of the NSWPF.

- be integrated into the current domestic violence recruit training for Police in some form on an ongoing basis.

**Refresher training 12 months post-graduation** Refresher training on the fundamentals of domestic violence, its origins and impacts and the factors that underpin the continued cycle of violence. Training on the new DVPASS model and pathway should also be incorporated into these sessions.

It is recommend that this occur at around 12 months post-graduation as many stakeholders indicated that new recruits were often ‘flooded’ with information during training and were not able to appreciate domestic violence training until after they had attended incidents and observed the realities of the situations for victims and their families.

**Dissemination of victims’ voices and key data:** To maintain engagement and ensure that domestic violence and the new model are kept front-of-mind, key data and positive victim stories should be disseminated on a regular basis to General Duties police (for example, on a quarterly basis using a
Ongoing briefing of Police by support services: Integrating briefing and short-form training from WDVCAS or domestic violence support services into morning briefing and training sessions or other relevant opportunities (for example Six Minutes of Intense Training (SMIT) sessions).

5.6 ACCESS AND EQUITY

As noted, previously less than half of respondents in the survey indicated that they had specific strategies or services for key demographic sub-groups. Given that equity of access forms a basic principle of the model, it is important that the preferred model be able to adapt to the needs of these sub-groups and includes the provision of services tailored to their differing needs.

As a result, it is recommended that servicing strategies and options be investigated, including strategies for:

- Aboriginal community members
- Male victims
- Members of the CALD community
- Those residing in rural and remote locations
- Transgender individuals
- Older victims of domestic violence.

To reduce the burden on Police and service providers, we would recommend that the development of strategies and service options focus on deriving benefit from:

- Local networking at a service and program level
- Utilisation of existing information and services (as an example, one stakeholder had contacted Men's Shed to identify information and services relevant to males and then developed a pack to provide to male victims from existing resources)
- The development of stronger collaboration relationships with dedicated service providers, such as Indigenous services.

5.7 STANDARDISED FEEDBACK

Stakeholders indicated that there was a need to standardise data collection requirements and reporting processes to ensure that elements of implementation and outcome could be assessed. In addition, NSWPF stakeholders often expressed a desire for an increased level of feedback from support service providers in relation to outcomes – not necessarily on an individual basis, but often to assist in providing General Duties officers with an understanding of the impact that a model such as DVPASS could have on victims of domestic violence.

As a result, as part of the processes described above, it is recommended that:

- Formal data collection standards are defined and agreed between the Police and service providers and formalised in any MoU or similar Service Level Agreement. Specifications could include roles and responsibilities in relation to data collection, agreement on the format of collection, agreement on the fields of focus and agreement on the frequency of feedback.
templates/database specifications be provided by the inter-agency oversight committee to all service providers engaged under MoUs or similar Service Level Agreements to ensure consistency of data collection and recording State-wide.

5.8 ONGOING MONITORING

To ensure that the model is able to adapt and evolve, it is critical that ongoing monitoring and assessment be a priority. In addition, it is essential that any modifications to process or service provision be evidence-based and clearly represent best practice servicing.

As a result, as part of the preferred model, it is recommended that:

- an agreed set of outcomes and an evaluation framework be developed early in the implementation of the preferred model. This framework would provide the basis on which to assess impact and outcomes and to identify areas where the model may need to be improved over time
- trialling of pilot approaches and changes to implementation or service be coordinated via the inter-agency oversight committee, with evaluation and assessment of performance for pilot implementations centrally assessed.

5.9 OPTIONAL: PERPETRATOR PROGRAMS

The provision of an option for perpetrators of domestic violence is potentially controversial in certain parts of the domestic violence sector. Historically, in NSW there has been far less development of perpetrator programs than in some other States and Territories.

However, in the consultations for this review, a number of stakeholders saw the lack of perpetrator programs as a gap in the current system, with some indicating that the perpetrator programs helped ‘close the loop’ and reduce recidivism (this is also identified in the review of literature conducted for this evaluation).

Importantly, however, other stakeholders saw dangers in this approach and urged caution. The main fears of those who are less supportive of the provision of perpetrator programs are that:

- they will divert resources from victims’ services
- they will potentially dilute the criminal justice response to domestic violence and perpetrator accountability
- the evidence of the effectiveness of perpetrator programs is still far from proven
- high quality perpetrator programs, accountable to victims and as part of a fully integrated response (eg along the lines of Duluth) are highly complex, expensive and few and far between in Australia.

A recent review of the international literature on the effectiveness of perpetrator programs undertaken by Urbis for FaHCSIA revealed a number of key findings.

Overall, there is mixed evidence regarding the effectiveness of domestic violence perpetrator intervention programs. The evidence supporting program effectiveness, particularly in relation to gendered cognitive-behavioural approaches, appears to be more consistent other forms of offender intervention programs when compared to domestic violence perpetrator intervention programs. Recent evidence points to the need to match programs to offender characteristics (eg risk, motivation, need), an important part of which is the initial screening and assessment process, which requires reliable and valid screening and assessment tools. However, it is unclear whether current research evidence, which is largely based on the North American context, are applicable to the Australian context, as very few evaluations have been conducted in Australia and those evaluations that have been undertaken, have significant methodological limitations.

The question of ‘what works for whom’ remains largely unclear and research is still at an early stage in terms of identifying what program components are effective in reducing recidivism. It is clear, however,
that a multitude of factors, such as those associated with program characteristics, program contexts, and evaluation research design, can influence the effectiveness of intervention programs.

Based on the status of current research, there is a need for future research to enhance the quality of program evaluations, assess the generalisability of international findings to the Australian context, and identify strategies that improve the capacity of intervention programs to reach and engage both convicted and non-convicted perpetrators.

As a result of stakeholder concerns and the findings from previous research, the inclusion of perpetrator services under the preferred model is an issue that warrants further discussion.
Appendix A

Literature Review
A1 Executive Summary

The Statewide Domestic Violence Pro Active Support Service (DVPASS) provides integrated criminal justice and social welfare interventions to support victims of domestic violence through collaboration of partner agencies. A key principle underlying DVPASS is that referral to the appropriate support service can assist the victim to break the cycle of violence and obtain advice and support to assist them in the future.

This literature review forms part of an evaluation of DVPASS. The aim of the evaluation is to identify best practice for the referral of domestic violence victims and offenders, of both genders, from police to support services and recommend a referral pathway for State wide implementation by all 80 NSW Police Force Local Area Commands. The objective of the literature review is to review existing evidence from Australian and international jurisdictions regarding victim referral pathways from police to support services in order to provide advice on best practice for the engagement of victims.

The key questions for the literature review are:

- What are the current models for victim referral pathways from police to domestic violence support services in Australian and comparative international jurisdictions?
- What is the evidence for best practice regarding the engagement of victims of domestic violence, with a focus on the referral pathways from police to domestic violence support services?

CURRENT MODELS

Referral of the victims of domestic violence to support services, as carried out within DVPASS, is common in other jurisdictions, although it takes a variety of forms, including:

- Police refer to an outside community organisation.
- Police refer to an organisation working in partnership with the police.
- Services can be provided by police department staff, which may involve
  - the addition of domestic violence specialist staff to the police department
  - specific domestic violence training for officers
  - the development of a specialised domestic violence unit.
- Services can be provided through a ‘one stop shop’ for family violence services, through the co-location of refuge, legal, family support, police and counselling services in a single ‘hub’.

Domestic violence victim referral pathways are often included in pilot projects that within time develop into established approaches, which are nonetheless dynamic. Experiences in other jurisdictions suggest that there has been a steady growth in programs and approaches which bring about collaboration between police and domestic violence support services. Noteworthy features of the approaches adopted in Australian jurisdictions include:

- the formal arrangement between the police and the Domestic Violence Crisis Service in the ACT, based on a Memorandum of Understanding
- a common risk assessment tool for use by family and violence services, legal and statutory services and mainstream services in Victoria, together with clear targets for increased police referrals to domestic violence services
- ‘fax back’ projects in Queensland which encourage effective referrals from police to domestic violence support services within a wider system of inter-organisational collaboration
- the proactive follow-up system in Tasmania, which allows for domestic violence specialist services to contact victims even when consent has not explicitly been provided.
EVIDENCE FOR BEST PRACTICE

The search for literature has yielded few studies that focus specifically on evaluating the referral mechanisms between police and domestic violence support services. Instead, studies are more likely to focus on the processes (or models) of collaboration between systems involved in domestic violence. There is no clear evidence as to which jurisdictional model of referral from police to domestic violence support services generates the best outcomes.

Studies point to the value of:

- a high quality management environment, including having a single committee to oversee the program and having key staff in both the police and domestic violence services
- selecting appropriate staff to work on the partnership team
- reinforcing and monitoring of the procedures
- training, including joint training of police and domestic and family violence service workers
- a range of services to be offered to victims, whether these are conducted by a central agency or several agencies
- external evaluation of the effectiveness and quality of service delivery including assessing the capacity of services to provide follow-up services after initial contact.

A key principle underlying many of the models that have been developed is that victims of domestic violence should be able to access support through any of the three key service groups, namely specialist family violence services, mainstream services and legal and statutory services, including the police.

A formal referral pathway between police and domestic violence service providers, as occurs in the DVPASS initiative, could be seen as part of a broader process of integration of service delivery. This includes recognition that integration occurs on a continuum, which in some jurisdictions has led to highly integrated models of service delivery.

Studies also point to the need to focus on perpetrators. This may include early intervention and recognition that many women wish to remain in their intimate relationships at the same time as holding their partners accountable for the abuse they suffer.

Some jurisdictions have trialled enhancements to the referral system, in which police and other services engage in shared risk assessment. Other studies point to benefits of police staff themselves following up the victims they have assisted.

CONCLUSION

If collaboration between police and domestic violence services is done well, with clear referral and follow-up protocols, it can be an effective tool for intervention into, and prevention of, domestic violence. The available literature suggests that best practice could incorporate:

- effective communication amongst partners and shared assumptions and theories about the source of violence and the effective means to deter it
- police involvement in local multi-agency committees and meetings focusing on domestic violence
- sound management of the collaborative process, including agreement on the lead agency to undertake follow-up actions
- police involvement in local multi-agency committees and meetings focusing on domestic violence
- the ability of victims of domestic violence to access support through any of the three key service groups, namely specialist family violence services, mainstream services and legal and statutory services, including the police
- police use of a risk assessment tool that is also used by family and violence services and mainstream services

- the adoption of a case management approach, particularly for victims with complex needs and high risk of re-victimisation

- a culture of learning and reflection.

At the outset of a system of collaboration, there is a need for clarity on the objectives of the approach. In keeping with this, it may be useful for the NSW Police Force to develop a program logic for DVPASS, giving consideration to inputs, outputs and short-term and longer-term outcomes.

Barriers to enhanced collaboration in addressing domestic violence include professional differences between police and domestic service providers. These barriers need to be addressed in order for systems to operate effectively.

Research and evaluations could focus on issues such as better understanding the factors and norms that inhibit the use of possibly beneficial services by victims, understanding mechanisms that will enable victims of domestic violence to remain in their own homes and determining how best to intervene at the point of crisis in order to break patterns of domestic violence.
A2 Objective

An evaluation of the State wide DVPASS is being conducted to identify best practice for the referral of domestic violence victims and offenders, of both genders, from police to support services and recommend a referral pathway for State wide implementation by all 80 NSW Police Force Local Area Commands.

The objective of the literature review is to review existing evidence from Australian and international jurisdictions regarding victim referral pathways from police to support services in order to provide advice on best practice for the engagement of victims.

A2.1 KEY QUESTIONS

The key questions for the literature review are:

- What are the current models for victim referral pathways from police to domestic violence support services in Australian and comparative international jurisdictions?
- What is the evidence for best practice regarding the engagement of victims of domestic violence, with a focus on the referral pathways from police to domestic violence support services?

The main focus has been on the second question, reviewing the evaluation literature that speaks to effectiveness and good practice.

A2.2 METHODOLOGY

We have used a multi-pronged approach to identifying and collecting literature, including database searches, and internet searches. We have considered all Australian material of direct relevance, as well as relevant international material, with a particular focus on the United Kingdom, Canada, New Zealand and the United States of America (USA).

A2.3 DATABASE AND ELECTRONIC SEARCHES

In order to conduct a comprehensive search of the electronic databases and document collection, the search terms included, but were not limited to:

- victim referrals from police to domestic violence support services
- referral pathways + police + domestic violence support services
- integrated support services to victims of domestic violence
- integrated responses + victims of domestic violence + Australian jurisdictions
- police + domestic violence services + best practice
- domestic violence + tools for frontline police
- police + domestic violence services + collaboration
- police + intimate partner violence services + referral pathways
- domestic violence + police + fax back service
- domestic violence reform + strategy
- domestic violence + improving police practice
The electronic search engines, databases and document collections will include the Australian Domestic and Family Violence Clearinghouse; Australian/New Zealand Reference Centre; Academic Search Complete; Social Sciences Citation Index (SocINDEX); Medline; Google and Google Advanced Scholar.

A2.4 INCLUSION AND EXCLUSION CRITERIA

Once material was obtained, we applied inclusion and exclusion criteria in order to select those documents for analysis that provide an understanding of current and emerging national and international best-practice programs, projects and initiatives. The inclusion and exclusion criteria are described in table 1 below.

<table>
<thead>
<tr>
<th>INCLUSION CRITERIA</th>
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<tr>
<td>Literature from 2000 to the present</td>
<td>Literature published before 2000</td>
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<tr>
<td>Government publications, program reports and strategies/frameworks (domestic violence strategic and policy frameworks)</td>
<td>Literature on domestic violence/intimate partner violence which does not include a discussion of referral pathways between police and domestic service providers</td>
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<tr>
<td>Australian published and grey literature</td>
<td>Literature on domestic violence which does not have a focus on intimate partner violence (e.g. parent-child or sibling violence)</td>
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<tr>
<td>International published and grey literature, with a focus on the UK, Canada, New Zealand and the USA</td>
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<tr>
<td>Police (justice) and domestic violence service programs/projects and program/project evaluations</td>
<td></td>
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<tr>
<td>Literature focusing on intimate partner violence with either gender as victim and/or perpetrator</td>
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Relatively few studies were found that specifically evaluate the referral mechanisms between police and domestic violence support services. Instead, studies are more likely to focus on referral pathways between police and domestic violence service providers that are part of a broader process of integration of service delivery, and the outcomes of these approaches. Studies also focus on related issues such as professional perceptions, referral patterns and victim help-seeking behaviour at the police-domestic violence service interface.
A3 The NSW Domestic Violence Pro Active Support Service (DVPASS)

A3.1 DESCRIPTION

The Statewide Domestic Violence Pro Active Support Service (DVPASS) provides ‘integrated criminal justice and social welfare interventions to support victims of domestic violence through collaboration of partner agencies’ (NSW Department of Premier and Cabinet 2010: 88). DVPASS was developed and implemented by NSWPF in 2003 to provide Local Area Commands (LACs) with a mechanism to refer domestic violence victims to specialist domestic violence services, usually non-government organisations (NGOs).

A key principle underlying DVPASS is that ‘referral to the appropriate support service can assist the victim to break the cycle of violence and obtain advice and support to assist them in the future’ (NSW Police 2009: 39).

DVPASS is based on a partnership between a domestic violence specialist service and a LAC (NSW Police 2009: 39). As a means to provide integrated support services to victims of domestic violence, the mechanism enables police to obtain formal consent from domestic violence victims for their details to be provided to domestic violence support services. The services are required to follow up with the victim in an agreed time period, commonly 72 hours (The Woman’s Centre 2004).

In 2003 NSW Police developed a Domestic Violence Proactive Support Service (DVPASS) Protocol and Resource Manual to guide local area commands in implementing referral arrangements. Since its inception, the content on the card has changed several times along with the protocol document. While 33 LACs were initially involved in the program, approximately 62 of the 80 LACs have implemented a version of the DVPASS as their referral pathway for victims of domestic violence (NSW Ombudsman 2006: 48).

In June 2010, ten DVPASS service providers received funding under the NSW Domestic and Family Violence Action Plan (NSW Department of Premier and Cabinet 2010). This funding provides services with at least one or two DVPASS-specific Project Officers. The funding is provided to the organisations through a five-year Funding Agreement.

In an audit of NSW Police Force handling of domestic violence, the NSW Ombudsman reported that many LACs have regular liaison with advocates in their area through participation on local domestic violence committees, or partnership arrangements such as the DVPASS or ‘yellow card’ referral scheme (NSW Ombudsman 2011). The report notes that several LACs take a ‘strategic approach to domestic violence that involves pro-active cooperation with other service providers’.

A3.2 ROLE OF DOMESTIC VIOLENCE LIAISON OFFICERS

Domestic Violence Liaison Officers (DVLOs) are specialist police officers who link the LAC to the local community, especially to services and organisations that provide victim support. The role of a DVLO is to:

- provide advice to police and victims, including training general duties officers and monitoring the effectiveness of the police response to domestic violence
- assist in referral to appropriate support agencies

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3 The DVPASS model is known by a variety of names in different LACs, including ‘yellow card’, ‘sticker’ and ‘fax-back’, reflecting the different methods police use in different LACs to record victims’ personal information and pass it on to support agencies (NSW Ombudsman 2006: 48). In most cases, a yellow card containing generic information and contact details is used as a consent form which is signed by a victim to indicate whether or not they give permission for their name and contact details to be provided to a domestic violence support worker for follow up and support.

4 In 2011, an additional service was funded by Women NSW, bringing the total number of DVPASS-specific Project Officers to 11.

5 The Ombudsman makes specific reference to the Sutherland LAC, where representatives from the Ombudsman were invited to visit the LAC to observe the operation of the DVPASS scheme by attending a morning ‘muster’.
• maintain close working relationships with all support agencies

• review and oversight all family and domestic violence reports and cases;

• assist victims through the court process for Apprehended Violence Orders

• monitor repeat victims and perpetrators.

(NSW Police Force 2012; Drabsch 2007: 18-19)

All of the 80 Local Area Commands in NSW have one or more DVLO’s and they are located at the major Police Stations. The DVLO works in partnership with the Crime Management Unit of each LAC. The Domestic and Family Violence Team, located at Police Headquarters, Parramatta, provides expertise, professional development and support to LACs and DVLOs (NSW Police force 2012).

A3.3 CHALLENGES WITH THE PROGRAM

According to information provided by NSW Police in the RFQ for this study, challenges associated with the program include:

• inconsistencies in practice across NSW

• feedback from many police officers is that they rarely see the outcome of any of the referrals or receive any feedback on them

• lack of evidence to determine whether the DVPASS is the most appropriate means by which to refer domestic violence victims from police to support services and whether implementing the DVPASS system has an impact on reducing recidivism

• no Service Agreement governing the provision of funding against service delivery to any DVPASS and no set operational or reporting procedures in place for services across NSW (except for the eleven funded services)

• no requirement for LACs to record the number of yellow cards they distribute, how many are returned signed for consent, and how the referral to a specialist worker is made

• no system in place on how LACs are required to store the yellow card and no comprehensive training of police officers in the use of the yellow card.
A4 Domestic violence in NSW

A4.1 POLICY CONTEXT

NSW DOMESTIC AND FAMILY VIOLENCE ACTION PLAN

Stop the Violence, End the Silence: NSW Domestic and Family Violence Action Plan (Action Plan) is the key document providing a position and strategy on domestic and family violence from the NSW Government. The Action Plan constitutes a strategy for Government, non-government organisations and the community to work together better to stop domestic and family violence and respond more effectively when domestic violence occurs (NSW Department of Premier and Cabinet 2010). It is guided by principles including a strong emphasis on prevention as well as intervention strategies and linkages to other NSW and Commonwealth initiatives.

Actions focus on five strategic directions, namely prevention and early intervention; protection, safety and justice; provision of services and support; building capacity; and data collection and research.

The Action Plan calls for the support and expansion of DVPASS. This is identified as an immediate to short-term goal that will involve the partnership of the NSW Police Force, the Department of Human Services, and non-government organisations (NSW Department of Premier and Cabinet 2010).

NATIONAL PLAN TO REDUCE VIOLENCE AGAINST WOMEN AND THEIR CHILDREN 2010-2022

The National Plan to Reduce Violence against Women and their Children 2010-2011 (National Plan) provides a framework for action by Commonwealth, State and Territory governments to reduce violence against women and children, improve how governments work together, increase support for women and their children, and create innovative ways to bring about change (COAG 2010).

The National Plan describes the initiatives being undertaken or planned in the States and Territories to address domestic violence, and notes that DVPASS will be expanded in NSW. It describes the approach as one which ‘gives victims a seamless criminal justice and human services response’ (COAG 2010: 36).

A4.2 STATISTICAL DATA

PREVALENCE OF DOMESTIC VIOLENCE

Studies have shown that domestic violence is common across society, particularly in disadvantaged groups, single parents under 25 years of age, in areas of public housing, where there is higher male unemployment, and where there is a higher population turnover (NSW Ombudsman 2006; NSW Department of Premier and Cabinet 2010).

NSW Bureau of Crime Statistics and Research (BOCSAR) data show that between January and December 2011 there were 26,808 reported incidents of domestic violence assaults in the State (Standing Committee on Social Issues 2012). Levels of reported domestic violence assaults have remained stable over the past ten years in the Sydney statistical division, and there has been a slight reduction (0.6% reduction per year) in the Regional New South Wales statistical division. Males are more likely than females to be the offenders in domestic assault (82.1% versus 17.9%) (Standing Committee on Social Issues 2012: 8-9).

In an analysis of data from 2001 to 2010, Grech and Burgess (2011: 10) find that the local government areas with the highest per capita rates of domestic violence were predominantly in remote and regional areas of NSW⁶. The over-representation of Indigenous Australians as victims and offenders has not changed over this period. The rate of domestic assault for Indigenous women is more than six times the rate of non-Indigenous women (Grech & Burgess 2011: 10-11)

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⁶ In 2010, the rate of domestic assault incidents in Bourke was 3,702.5 and in Walgett 2,930.2, both much higher than the rate of 680.1 in Campbelltown, the metropolitan area with the highest incidence (Grech & Burgess 2011: 12).
COST

Domestic violence has emotional and personal costs for victims, children who are exposed to it, families, friends, work colleagues and the broader community (COAG 2010a: 1).

By 2009, domestic violence and sexual assault perpetrated against women was costing Australia $13.6 billion each year and this is estimated to rise to $15.6 billion by 2021 if additional measures are not taken (KPMG, cited in COAG 2010a: 1).
A5 Initiatives in other jurisdictions

A5.1 AUSTRALIAN CAPITAL TERRITORY (ACT)

The Family Violence Intervention Program (FVIP) was established in 1998 to provide formal mechanisms of collaboration including better connections between police and support agencies (ACT Government 2011: 23). Besides the police (the Australian Federal Police or ACT Policing), a key organisation is the Domestic Violence Crisis Service (DVCS), which is the authorised crisis service organisation for the Territory, established under the Domestic Violence Agencies Act 1986.

The FVIP has the following key characteristics:

- Joined up services and systems strengthen the support available to people subjected to domestic violence.
- The DVCS (described above) has a formal relationship with ACT Policing, supported by a memorandum of understanding (MoU) between the two agencies. The DVCS provides crisis intervention, advocacy, referral, information, support and practical assistance for all people affected by domestic violence in Canberra.
- There is an ongoing process of trial and evaluation regarding improvements to agency and systemic responses, including independent evaluation of changes occurring and what further steps need to be taken. Data collection provides the basis for
- Police are trained in evidence collection methods particular to family violence and are equipped with Family Violence Investigation Kits, which has resulted in measured increases in investigative police practices.
- There are regular interagency meetings of key workers.

(urbis keys young 2003: 80-82; Mulroney 2003: 6-7; ACT Government 2011)

When the police are called to an incident of domestic violence, they are instructed to suggest that the occupants of the home could be assisted by the DVCS. The DVCS will proceed to the home to offer a range of supports including advocacy, practical assistance, access to emergency accommodation, emotional support, information and safety options (Australian Law Reform Commission [ALRC] 2010; Wangmann 2006: 34; Cussen & Lyneham 2012: 9). The support provided by the DVCS extends throughout the criminal justice process, and in other court proceedings.

Within ACT Policing, there are two Victim Liaison Officers who have the task of ensuring that the service meets its obligations under the Victims of Crime Act 1994 (ACT). The responsibility for meeting those obligations rests with the individual case officers. They are expected to keep the victims of crimes they have investigated informed of the outcomes of those investigations (Australian Federal Police 2001: 21-22).

A5.2 VICTORIA

The Victorian Integrated Family Violence response was introduced in 2005 as a whole-of-system approach that places women and children at the centre of the response to domestic violence (Statewide Steering Committee to Reduce Family Violence 2005; Department of Human Services 2012).

An underlying principle of this framework is that services that work with, and help protect, women and children need to engage effectively with each other as well as with services that work with men who use

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7 A review of the program found that approximately 85% of people accept this suggestion (Cussen & Lyneham 2012).
8 Evidence from the ACT shows that up to three-quarters of women who report violence to the police do not leave the relationship, at least in the short term, after reporting the crime. This means that specialist service flexibility is needed to meet the broad needs of women experiencing violence, including for women and children who do not leave a violent relationship (ACT Government 2011: 25).
violence (Department of Human Services 2012: 43). In keeping with this principle, key agencies have complementary codes of practice to bring about a consistent systemic response, regardless of the individual victim’s entry point into the system (Australian Domestic and Family Violence Clearinghouse 2010: 29).

The framework recognises that there are many different ways that victims and perpetrators can enter the family violence system – through direct contact with specialist family violence services, through mainstream services, or through the justice and statutory services, including police intervention. It is the specialist service providers that are ‘best placed to coordinate or provide a holistic response. As such, it is critical that all victims have the option of using specialist family violence services’ (Department of Human Services 2012: 43).

Components of the strategy include:

- a 24-hour response for family violence victims, involving telephone support at the point of police call out
- a common risk assessment tool for use by family and violence services, legal and statutory services and mainstream services
- enhanced counselling and referral services for women who experience domestic abuse
- case management for women with complex needs, or those who are at high risk or those with multiple repeat police attendance.

(Australian Domestic and Family Violence Clearinghouse 2010: 28-29)

Police operate under the Victoria Police Code of Practice for the Investigation of Family Violence (2004), which provides specific guidance and accountabilities for responding to reports of family violence. One course of action is facilitating a referral of the victims to a family violence service and, in certain circumstances, to notify child protection agencies (Department of Human Services 2012: 9). Consent of the victim is always required before making a referral, except when the safety of the victim or others is in question (Department of Human Services 2012: 45).

Victoria Police also have a strategy to reduce violence against women and children (Victoria Police 2009). In keeping with this strategy, the service has the objective of taking a leadership role in driving integrated service delivery, which is to be measured by a 15% increase in referrals from police to family violence services between 2009 and 2014.

Although evaluation of the initiative is yet to be complete, noted strengths of the Victorian strategy include:

- the use of a single lead agency for the strategy
- the inclusion of a range of services and entry points
- provision of a range of responses for male perpetrators, including early intervention, which recognises that many women wish to remain in the relationship at the same time as holding their partner accountable.

(Australian Domestic and Family Violence Clearinghouse 2010: 28-29)
An example of a partnership operating in Victoria is provided in the box below.

**Violence Against Women Integrated Services Partnership, Warrnambool**

A response framework to violence against women has been developed in Warrnambool, involving the criminal justice system, the police and local community organisations. Protocols for responding to family violence have been with the police, the Magistrates Court, Accident and Emergency Department at South West Healthcare, Emma House Domestic Violence Services and The Salvation Army. The partnership meets monthly.

A fax-back system has been set up with these partners. Forms are faxed to Emma House (a women’s refuge and outreach service), with contact details for women who have consented to being telephoned on the next working day. The majority of the faxed referrals are from the police, at around 8 to 15 referrals per month.

Source: Australian Domestic and Family Violence Clearinghouse (2008)

In commenting broadly on the system in Victoria, McFerran (2007: 21) writes that introducing an integrated system across a large state like Victoria presents many challenges, and that ‘consistency is a critical factor which needs benchmarks and constant assessment’.

**A5.3 TASMANIA**

In 2004, the Tasmanian Government established *Safe at Home* as an integrated whole-of-government initiative aimed at reducing levels of domestic violence, improving safety and changing offender behaviour (ALRC 2010). Tasmania Police are the front-end ‘gateway’ agency through which responses to family violence are implemented. Clients gain entry to the *Safe At Home* program through police contact at the scene or report of an incident of domestic violence. Police manage:

- crisis response and referral, through the 24 hour phone line described above
- access to immediate safety for victims, including the use of funds for transport and accommodation, funds for children’s needs and refuge referrals where necessary
- risk assessment (using a validated risk assessment tool) and safety assessment through conducting safety audits
- referrals for perpetrator accommodation
- ongoing case management of high risk cases.

(Wilcox 2006: 6)

Changes in policing have been underpinned by a rollout of training across the State (Wilcox 2006: 7).

Police initiatives in keeping with this policy framework include a Family Violence Response and Referral Line, which operates 24 hours a day, seven days a week and refers callers either to police, counselling or support services; and specialist Victim Safety Response Teams in each policing district (ALRC 2010). Options include:

- If staff members believe that the victim is at immediate risk, the call is transferred directly to police radio despatch for an immediate police response.

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9 The lead agency for *Safe At Home* is the Department of Justice and the Minister responsible is Attorney-General. Interdepartmental Committee (IDC), which meets weekly to discuss management and system issues. The IDC is chaired by the Department of Justice and comprises senior departmental representatives from the Police, Justice and DHHS, as well as Legal Aid, but it is open to all workers within the *Safe At Home* system (Wilcox 2006: 8).
- If there are no immediate concerns about the safety of the victim, the caller is actively transferred to the Family Violence Counselling and Support Service, or to the Court Support and Liaison Service, for further assistance.

- If a victim requires immediate counselling after hours, the call is actively transferred to the Lifeline Counselling service.

(Success Works 2009: 11-12)

The proactive follow-up system in Tasmania is described in the box below.

### Proactive follow-up system in Tasmania

The practice of proactive follow up has been evolving since 1994 in Tasmania. The protocol originally stipulated that contact with victims was dependent on victim consent provided to police at the incident. Experience showed that operational police did not always identify the need for counselling, support and subsequent active referral, so that the protocol was revised in 2000. The revision allowed for contact to be made with victims where consent had not explicitly been provided, and this proved to be a successful strategy to engage with women.

As a consequence of this revision, and in keeping with the *Safe at Home* strategy described above, the procedure is for workers from the Family Violence Counselling and Support Service to call the victim of a family violence incident. They inform them of the service’s involvement in Safe at Home and their awareness of the incident, while stressing the agency’s independence from police. Probing questions are asked about the incident, the police response, their comfort level with the outcome of the incident, and any issues that have arisen as a result.

Many women do not at first identify their need for support. However, in conversation with workers about the incident and the police response, they often have questions or concerns that can be addressed in the initial call. Further support is offered in this context.

Source: Carlson & Kerr (2011: 4)

According to Carlson and Kerr (2011: 5), feedback regarding the practice of proactive follow up has generally been positive. Clients often respond to calls or letters and report to workers how helpful this initial call is for them. Women may re-contact the service for further enquiries or support following initial engagement, whether or not police are involved. As summarised by these writers:

> Holistic responses to domestic violence rely on the need for services engaged in collaborative work with police to be enabled to share client information, either through legislation (as is the case in Tasmania) or effective policies and protocols.

(Carlson & Kerr 2011: 5)

### A5.4 QUEENSLAND

Queensland has been addressing domestic violence in an integrated way for more than a decade. The Gold Coast Domestic Violence Integrated Response, a community-based program, has been operating since 1996 (Urbis keys young 2003: 38-47). This program has a coordinating committee with representatives from family violence centres and shelters; police; the Gold Coast Hospital; the Southport Magistrates Court; Legal Aid; the offenders’ program service provider; and government departments for corrective services, justice, child safety, community services, and housing (ALRC 2010).

A strategy of interest, adopted in many Queensland jurisdictions, has been the ‘fax back’ projects which encourage effective referrals from police to domestic violence support services (Mulroney 2003: 7). A fax-back model adopted in the Logan River Valley is described in the box below.
Logan River Valley Integrated Community Response to Domestic Violence Group

The Integrated Community Response adopted in the Logan River Valley involved a four-phase Domestic Violence Community Response strategy incorporating a process known as ‘Fax-Back for Aggrieved and Respondents’. The rationale underpinning the service is that if the fear and isolation of many aggrieved persons can be lessened through their being linked with support services, and if this occurs at a time of crisis when they are most likely to act to change their situation, more victims of domestic violence will be assisted to break the cycle of violence.

Police attending a domestic violence incident, serving documents or providing a counter service ask the aggrieved and respondent person if they would like to be contacted by ‘Fax-Back project workers’ at participating services. If they consent to that contact, they sign the Fax-Back referral form to authorise police to fax the completed form to the relevant service organisation. The police also provide the aggrieved and respondent person with a Fax-Back brochure or card which outlines how the respective service operates, presents information about domestic violence, and provides useful telephone numbers.

When the service receives the fax from police, the Fax-Back worker contacts the aggrieved person by telephone as soon as possible, usually the next day, to provide support and information, and to help the aggrieved person develop a safety plan. The Fax-Back worker acts as a first point of contact for aggrieved persons and links them with other services relevant to their particular concerns. These may include legal services, domestic violence protection orders, housing and emergency accommodation, income support and emergency financial aid, and ongoing counselling and support.

Source: Foelz (2002)

A5.5 WESTERN AUSTRALIA

Similar to the model adopted in Victoria (described above), The Family and Domestic Violence Common Risk Assessment and Risk Management Framework in Western Australia recognises that victims of family and domestic violence should be able to access support for their experiences through any of the three key service groups, namely specialist family violence services, mainstream services and legal and statutory services, including the police (Department for Child Protection 2011).

In 2009, WA Police introduced the Family and Domestic Violence Strategy 2009-2013. One of the key initiatives introduced was a risk management framework. The framework was developed to ensure that the police had a standardised approach to victim risk identification, assessment and management. The focus of the framework is on identifying and recording vulnerability or danger indicators by front line police when they attend a domestic violence incident to help identify underlying issues which will assist with recognising ‘intervention opportunities’ (Department for Child Protection (2011:9)\(^\text{10}\)).

The Western Australian Government has nominated inter-agency cooperation as its policy for combating domestic violence and provides funding to fourteen Regional Coordination Responses to Family and Domestic Violence (McFerran 2007: 14).

Two notable local multi-agency projects in Western Australia (ALRC 2010) are briefly described in the box below.

\(^{10}\) As of mid-2011, the Domestic Violence Outreach program is available statewide. The Safe at Home program is located in the North West, North East, South West and South East metropolitan regions, as well as two rural centres in the South West and the Wheatbelt (Department for Child Protection Family and Domestic Violence Unit 2011: 10).
Projects in Western Australia

The Armadale Domestic Violence Intervention Project (ADVIP) was established in 1993. It includes representatives from the police, women’s refuges, community corrections, the hospital and Curtin University. Fortnightly meetings are held to discuss problems in specific cases and to coordinate interventions in particular cases, while monthly meetings of the Inter-agency Safety Committee focus on broader systemic issues.

Domestic Violence Advocacy Support Central in Perth provides a ‘one stop shop’ for family violence services, through the co-location of refuge, legal, family support, police and counselling services. The agencies involved include Orana Women’s Refuge, Legal Aid, Police and Department for Community Development, with visiting sessions from Centrecare and the Domestic Violence Children’s Counselling Service.


A5.6 SOUTH AUSTRALIA

The South Australian Police have a domestic violence strategy which has been developed since the early 1990s, incorporating effective interaction with service providers and providing a referral service to appropriate agencies for victims and offenders.

The Family Safety Framework, in which agencies share information about high risk families and take responsibility for support these families to navigate the service system, was piloted in two metropolitan and one rural region in South Australia in 2007-2008 (Australian Domestic and Family Violence Clearinghouse 2010). Family Safety Meetings were convened in each location, with representation from police, child protection, health, corrections, Attorney General’s, education and domestic violence non-government organisations.

A limited evaluation was carried out to consider the outputs from the 45 meetings convened during the pilot period (Marshall, Ziersch & Hudson 2008). This included interviews with women who had experienced abuse and 50 stakeholders. Amongst others, the evaluation found that the women all felt safer as a result of actions arising from the sharing of their information. Overall, stakeholders were generally satisfied with the implementation and operation of the Family Safety Framework, with 47 of 50 respondents supporting the continuation and roll out of the Initiative (Marshall et al 2008).

The police response is integrated into a statewide strategy – A Right To Safety 2011-2022 – which also includes the Family Safety Framework, described above (Office for Women 2011).

A5.7 UNITED KINGDOM (UK)

DOMESTIC VIOLENCE UNITS

Since the 1990s, police areas in the UK have appointed domestic violence officers and/or coordinators and established dedicated Domestic Violence Units. Core duties of specialist officers can include investigation and securing prosecutions, co-ordinating services and/or supporting individual victims (Paradine & Wilkinson 2004: 42).

Research conducted in the UK has found that, when contacting the police, the vast majority of women victims wanted advice and information and that the emotional and practical support from domestic violence officers enabled some victims to continue with the prosecution process. In some areas, specialist officers have filled a gap due to an absence of specialist support for victims, which may present a conflict between the victim’s wishes and the law enforcement role of the police service (Paradine & Wilkinson 2004: 43).

PILOT PROJECTS

As part of the Crime Reduction Programme, the British Home Office funded the Violence Against Women initiative in 2000, which involved 34 pilot projects aimed at reducing or preventing domestic violence (Wangmann 2006: 53). Several of the pilot programs were evaluated, and are described in greater detail in section 5 of this document.
A key initiative that has developed in the UK since 2003 is the Multi-Agency Risk Assessment Conference (MARAC) in which representatives share information about high risk victims of domestic abuse in order to produce a coordinated action plan to increase victim safety (Cordis Bright Consulting 2011; UN Women Security Sector Module 2011). MARAC is a monthly meeting chaired by the local police and involving local agencies providing services to domestic violence survivors. Each meeting deals with 20-30 very high risk cases at a time. The aim is for a national rollout of MARACs, and it is estimated that 150,000 cases per year will be discussed at MARACs when there is full national coverage (UN Women Security Sector Module 2011).

Organisations are legally able to share information on high-risk cases, through the Information Sharing Protocol (Richmond upon Thames Community Safety Partnership 2010b), which aims to facilitate the exchange of information on the basis of prioritising the safety of the domestic violence survivors and their children. The representatives present at the MARAC discuss each situation and identify appropriate actions, generally in line with their agency mandates.

Independent Domestic Violence Advisors or Domestic Abuse Specialist Support Providers represent the 'voice' of the victims of domestic violence at the MARAC. These are trained specialists responsible for case management of all MARAC cases, liaising and providing a single point of contact between victims and the MARAC partner agencies, with a focus on ensuring the safety of survivors (UN Women Security Sector Module 2011).

Key features of MARACs are described in the box below.

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**Key features of MARACs**

The principles of an effective MARAC were developed by Co-ordinated Action Against Domestic Abuse (a national non-governmental organisation), and are based on ensuring that the survivor has a clear voice and is supported by the MARAC so as to achieve safety and reduce repeat victimisation. The MARAC Quality Assurance process, administered by the Co-ordinated Action Against Domestic Abuse, is structured around these principles.

A Risk Indictor Checklist provides assistance to Independent Domestic Violence Advisors or Domestic Abuse Specialist Support Providers when working with clients to determine which situations/cases should be reviewed at a MARAC.

Information sharing in MARACs is governed by protocols which emphasise confidentiality and the need for secure IT systems. For example, all MARAC material is marked ‘RESTRICTED’.

There is a seven-step MARAC process, which starts from case identification to the final stage of follow-up. During MARAC meetings, relevant information regarding each case is shared, options for increasing the safety of the survivor are discussed, and a coordinated action plan is created.

The MARAC has clear and transparent referral criteria that include visible high risk, professional judgment on the case and escalation of incidents. A standardised referral form is used.

Source: (UN Women Security Sector Module 2011); Richmond upon Thames Community Safety Partnership (2012); Cordis Bright Consulting 2011; Richmond upon Thames Community Safety Partnership (2010a); Richmond upon Thames Community Safety Partnership (2010b); Richmond upon Thames Community Safety Partnership (2009)

A research study that has been carried out into MARACs (Cordis Bright Consulting 2011) is described in section 6 below.

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11 Specifically, MARACs are chaired by the Detective Inspector of the Community Safety Unit of the local borough police (UN Women Security Sector Module 2011: 4).
A5.8 DULUTH DOMESTIC ABUSE INTERVENTION PROJECT (USA)

The Duluth Domestic Abuse Intervention Project was developed during the 1980s and became the ‘first formalised model of a community coordinated response to intimate partner violence’ (Pennington-Zoellner 2009: 541). The Duluth Project coordinates male abusers’ programs and women’s projects in the community and develops awareness-raising, training and community development initiatives, all of which are supported by, and work in tandem with, the criminal justice services (Mulroney 2003).

Based on a strong approach to case management, and strongly informed by a feminist understanding of control and power in relationships between men and women, it includes an ongoing collaboration among stakeholders in the criminal justice system, including police, sentencing and probation, as well as counselling centers and shelters for survivors (Pennington-Zoellner 2009: 541; Mulroney 2003: 3).

As the first model to outline a multi-disciplinary response to victims of family violence, Duluth combined ‘a justice and human services response within local communities to protect victims from abuse’ (Success Works 2009: 29). The model is characterised by:

- clearly identifiable and largely shared assumptions and theories about the source of violence and the effective means to deter it
- empirically tested intervention strategies that build safety and accountability into all elements of the infrastructure of processing cases of violence
- well-defined methods of inter-agency cooperation guided by advocacy programs.

(Success Works 2009: 29)

Many programs, including several of those in Australia, have modelled themselves on, or drawn inspiration from, the Duluth model (Pennington-Zoellner 2009: 541; Mulroney 2003).

A5.9 FAMILY VIOLENCE INTERAGENCY RESPONSE SYSTEM IN NEW ZEALAND

New Zealand was one of the first jurisdictions to apply the principles of the Duluth model outside of the USA. The experiences in New Zealand are discussed in greater detail in section 6 of this document as an example of the development of an integrated response across a national jurisdiction.

Following a process of program piloting, implementation and evaluation, the Family Violence Interagency Response System was instituted in New Zealand in 2006. The program involves the police, the Department of Child Youth and Family, and the National Collective of Independent Women’s Refuges (Success Works 2009: 30).

Through improved information sharing between agencies, the system is designed to ensure a shared response, especially in situations of repeat victimisation and where there is a high risk of serious violence or death (Ministry of Social Development 2010). Its purpose is to protect victims of family violence, improve offender accountability, enhance risk assessment and decision making at the time of attendance at the event and ensure a nationally consistent and collaborative response to family violence events.

The practice in most teams is to agree on a lead agency for follow up actions and this decision-making occurs in the context of interagency team meetings. ‘This ensures victims are not bombarded with multiple agency involvement but receive wrap-around services and co-ordinated, timely interventions’ (Ministry of Social Development 2010: 14).

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12 Duluth was founded in 1980 by Minnesota Program Development Inc in Duluth, Minnesota.
A5.10 SUMMARY

Referral of the victims of domestic violence to support services, as carried out within DVPASS in NSW, is common in other jurisdictions, although it takes a variety of forms. Experiences in other jurisdictions suggest that there has been a steady growth in programs and approaches which bring about collaboration between police and domestic violence support services. The Queensland fax-back model is possibly most similar to the DVPASS adopted in NSW.

Domestic violence victim referral pathways are often included in pilot projects that within time develop into ‘models’. Distinguishing features of the models in the jurisdictions described above include the level of formality in the working partnership between police and service organisations and the inclusion of specialist staff or units within the police services themselves. Noteworthy features of the models in Australian jurisdictions include:

- the formal arrangement between the police and the Domestic Violence Crisis Service in the ACT, based on an MoU
- a common risk assessment tool for use by family and violence services, legal and statutory services and mainstream services in Victoria, together with clear targets for increased police referrals to domestic violence services
- ‘fax back’ projects in Queensland which encourage effective referrals from police to domestic violence support services within a wider system of inter-organisational collaboration
- the proactive follow-up system in Tasmania, which allows for domestic violence specialist services to contact victims even when consent has not explicitly been provided.

Developments in other jurisdictions suggest that effective coordinated or integrated responses depend on factors such as:

- shared assumptions and theories about the source of violence and the effective means to deter it
- police involvement in local multi-agency committees and meetings or conferences focusing on domestic violence
- the ability of victims of domestic violence to access support through any of the three key service groups, namely specialist family violence services, mainstream services and legal and statutory services, including the police
- police use of a risk assessment tool that is also used by family and violence services and mainstream services
- agreement on the lead agency to undertake follow-up actions
- the adoption of a case management approach.

Developments in other jurisdictions also suggest that referrals from front-line police to domestic violence support services should not be considered the limit of collaboration amongst the services. This issue is discussed in greater detail in the following sections.
A6 Evidence for best practice

In this section, studies that have evaluated programs involving police and domestic violence services collaboration are summarised in order to provide responses to the question: What is the evidence for best practice regarding the engagement of victims of domestic violence, with a focus on the referral pathways from police to domestic violence support services?

A6.1 EVALUATION OF THE CANTERBURY DVPASS IN 2004

The Canterbury DVPASS was independently evaluated for the period March 2003 to March 2004 (The Woman’s Centre 2004). Key findings of the evaluation included:

- Of 1,386 domestic violence incidents reported to police, 1,077 resulted in referrals to the DVPASS by police.
- A total of 681 people (63.2%) had provided consent for the Domestic Violence Support Worker to call them. Of these 88.7% were women and 11.3% were men.
- Of those people who gave their consent for follow up, 8.8% or 60 people were not contactable for a number of reasons. These included: incorrect phone number 21.7%; change of address 20%; phone disconnected 18.3%; no signature 16.7%; no phone number given 8.3%; mobile voice mail 5%; in refuge 5%; no answer 3.3%; mobile phone disconnected 1.7%.

(The Woman’s Centre 2004: 6)

Overall, the evaluation concluded that the project was highly successful in its ability to ensure families experiencing domestic violence are provided with choices and supported in accessing services that build their resilience and capacity to change their circumstances (NSW Ombudsman 2006; The Woman’s Centre 2004). Identified strengths of the program included:

- the high quality management environment provided by the support agency, the Sydney Women’s Counselling Centre
- extensive knowledge of the domestic violence worker about NSW Police domestic violence policy and procedures
- the degree to which the Campsie LAC was engaged in and supportive of the project
- the well-functioning nature of the auspicing group, the Canterbury Domestic Violence Committee.

At the same time, identified weaknesses were limited coordination and casework hours due to lack of sufficient funds for the project and the need for more training and support for police officers to maximise the effectiveness of the project (NSW Ombudsman 2006: 48; The Woman’s Centre 2004).

A6.2 EVALUATIONS OF SMALL-SCALE INTEGRATED APPROACHES IN NSW

Wanmann (2006) describes short-term approaches that have been adopted in various parts of NSW, including the Domestic Violence Intervention Response Team Brisbane Water (Central Coast) and the Police/Women’s Refuge Partnership Against Domestic Violence Project, Manning District.

Evaluations of these projects found benefits to victims, particularly in terms of having access to emotional support as a consequence of police referral to support services. Women’s ability to make informed choices was enhanced. Results were more mixed in terms of the provision of practical support and in terms of police believing that the program had assisted in reducing the rate of repeat victimisation (Wanmann 2006: 34-41).

It should be noted that there was some controversy over the Central Coast service, linked to disagreement between the service and the government over whether it should serve male clients. The
outcome was that the organisation gave up its funding, on the basis that its constitution didn’t allow it to work with male victims.\(^{13}\)

Foreman (2002) describes an integrated response to domestic violence by the criminal justice system and support agencies in Dubbo, which commenced in June 2001. In a survey of service providers, many reported the need for training that would include information on the roles and responsibilities of various organisations. Few respondents had knowledge of the term ‘integrated response’. The study called for increased awareness of Police Standard Operating Procedures (Foreman 2002: 4).

A6.3 EVALUATION OF THE GOODNA ASSISTED REFERRALS PROJECT

The Goodna Assisted Referrals Project\(^{14}\) aimed to establish and trial a process of police assisted referral for victims of domestic violence to relevant support services and was based on providing a ‘fax-back service’ to victims of domestic and family violence in Goodna and other communities serviced by the Goodna Police Division (Elliott 2006: 1).

The fax-back service involved:

- Police attending a domestic violence call-out offered the victim an assisted referral to the Ipswich Women’s Centre Against Domestic Violence or to dvconnect Mensline.
- The victim’s contact information was faxed to the appropriate service based on their consent.
- Police designed a ‘sticker’ consent label which was able to be inserted in police notebooks, alleviating the need to always have consent forms available.
- The service initiated telephone contact with the aggrieved person and responded to ongoing safety and support needs.

Evaluation of the project incorporated internal evaluation, based on ongoing sharing of data between police and the services and regular reviews, and an external evaluation to consider the effectiveness and quality of service delivery.\(^{15}\)

Key findings from the evaluation are summarised next.

- An assisted referrals process was successfully implemented with effective coordination between police and the support services. There was a referral rate of over 30% for all victims and a follow-up contact rate by the service providers of 82%.
- All referred men (100%) and 80% of referred women had been contacted by services no later than the next working day after receipt of the referral.
- Police use of ‘consent stickers’ enabled the recording of more consents for contact, but, without the prompt of the form, some information may be omitted.

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\(^{14}\) The project was managed jointly by the Ipswich Women’s Centre Against Domestic Violence and the Ipswich District of the Queensland Police Service.

\(^{15}\) Methods used in the external evaluation were:
- analysis of police data
- survey of police officers (N=24) to gauge their reported implementation of the program and understanding of the partnership with the services
- survey information was collected by the service agencies from victims with whom contact was made. (N= 127; this represented 84% of the 151 aggrieved persons able to be contacted by the domestic violence services) in order to ascertain their sense of safety as a result of the referral and their previous knowledge of domestic violence services
- in-depth interviews with victims (N= 23) in order to ascertain their experience of the quality of the service and the extent to which their needs had been met
- structured interviews with the key organisational stakeholders, ie the police the women’s Centre and dvconnect Mensline. (Elliott 2006: 3-5)
For many of the victims, the combination of police action, referral and contact by a domestic violence service had increased their sense of safety.

The Project Officer position (employed by the Ipswich Women’s Centre Against Domestic Violence) was crucial to the success of the project at all levels, while the Domestic Violence Liaison Officer position was found to be critical to successful referrals.

Although it was not possible to conclude whether the program had an impact on repeat victimisation, for some aggrieved persons the referral was followed by a cessation of domestic violence.

The project had assisted the capacity of police to respond to domestic violence incidents. Half the surveyed police believed that it had improved their ability to respond, and a majority had participated in joint training.

(Elliott 2006: 11-32)

On the basis of the evaluation, Elliott (2006: 33) concludes that it is not possible to implement a successful fax-back process simply through requiring police to offer referrals to victims of domestic violence. A successful system also requires:

- Procedures for fax-back must be reinforced and monitored, especially during the early years of implementation in any police area/division.
- Regular joint training of police and domestic and family violence service workers needs to occur to ensure a collaborative approach.
- The capacity of services to provide follow-up services after initial contact must be taken into account.

A6.4 EVALUATION OF THE ‘SAFER’ PROJECT ON THE GOLD COAST

The Safety Assessment for Every Response Project (SAFER) was piloted on the Gold Coast in 2003 and evaluated in 2005-06 (O’Leary, Chung & Bahnisch 2007). Key results of the study are described below.

Since 1998, a ‘fax-back’ system had been established in the Gold Coast to facilitate the police referral of victims to a domestic violence service, namely the Domestic Violence Prevention Centre. SAFER was seen as the beginning of a more integrated community response to domestic violence. An instrument that incorporated the key qualities of the established ‘fax-back’ system as well as an effective police tool for evidence collection, risk assessment and detailed referral information was developed.

A key assumption of the project was that swift responses in terms of arrest and charges, along with good risk assessment and referral, can assist in stopping violence from escalating (O’Leary et al 2007: 8). The study found:

- There was an increase in overall police action in domestic violence, but often the report of the incident was not consistent with the level of action taken by the police.
- There was a reduction in repeat call-outs across the three stations using the SAFER instrument. The SAFER instrument improved responses at each trialled site; however, other strategies such as internal leadership processes need to be included in any explanation of police responses to domestic violence.
- There is a reluctance to use the Project SAFER instrument from most officers due to factors such as the time taken and other workload issues, the view that the SAFER instrument created duplication, a preference to use previous methods via notebook and concern over whether the instrument could be used in court for evidence.

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16 The Project SAFER evaluation involved seeking feedback from police officers and domestic violence agency workers, with focus groups towards the end of the Pilot Project and the final project. Police stations using the instrument were compared with others not using the instrument (O’Leary et al 2007: 9).
Overall there was poor compliance by police officers in completing the SAFER instrument in a thorough manner. Questions were asked about whether risk assessments, historical accounts of victims’ experiences and social referral are police business.

(O’Leary et al 2007: 83-89)

On the basis of the study, the researchers conclude that initiatives such as Project SAFER can be a component in a set of strategies to improve police responses to domestic violence, but that other strategies, such as leadership, training, officer profiles and station culture may also account for an increased level of police action. The researchers recommend that initiatives such as SAFER be compared with other strategies, and that the instrument be developed as an ‘acceptable form of evidence documentation in its own right for both protection orders and criminal charges’ (O’Leary et al 2007: 88).

A6.5 EVALUATIONS IN THE ACT

EVALUATION OF THE FAMILY VIOLENCE INTERVENTION PROGRAM

The ACT’s Family Violence Intervention Program (FVIP), described in section 4 of this document, was evaluated as a pilot program in 2000-2001 (urbis keys young 2001), and reviewed in 2009-2010 (Cussen & Lyneham 2012).

The urbis keys young evaluation of the pilot program 17 generated the following key findings:

- There were evident improvements in police attitudes towards, and knowledge of, family violence incidents, investigation, evidence-gathering practices and brief preparation, and in the adoption of a generally more pro-active approach to policing family violence cases.
- Improvements (more pro-active, consistent and informed approaches) were evident in the prosecution of family violence cases and their progress through the court system.
- There was evidence of the adoption of an integrated approach to policy development, service-delivery and case-management.

(urbis keys young 2001: 92)

On the basis of the study, the evaluators recommended that the initiatives be maintained and consolidated to demonstrate to police members, victims and perpetrators that the pilot would form the foundation of future policing policies and procedures (urbis keys young 2001: 93).

The recent review conducted on the FVIP 18 produced evidence that the breadth of services provided by FVIP agencies contributes to the perceived safety and protection of victims of family violence. On this basis, it was concluded that the program has been effective in establishing relationships amongst agencies and ensuring they work cooperatively (Cussen & Lyneham 2012: 108).

Key good practice features included shared philosophy, understanding and practices, networking and protocols. Stakeholders identified communication between agencies as a major strength of the program. The researchers found that ‘the FVIP is effective across all of these areas and may benefit from more robust governance arrangements to ensure continued effectiveness and growth’ (Cussen & Lyneham 2012: 108).

Holder (2007) analysed domestic violence incidents attended to by police in the ACT since the legislative changes and the subsequent actions of the service network. On the basis of this analysis, Holder (2007: 26) notes that the shift in outcomes within the ACT since 1998 results largely from changes to practice within the police service, influenced by its interaction with other agencies within the FVIP.

17 The evaluation methodology included comparison of 1999-2000 criminal justice data on family violence offences with 1998-1999 benchmark data, surveys of police and victims, in-depth interviews with key informants from participating agencies and analysis of statistical data collected (urbis keys young 2001: 3).

18 The evaluation methodology incorporated a literature review; description of family violence data compiled by ACT Policing and the Magistrates’ Court; a survey of victims of family violence in the ACT; case file audit; and stakeholder interviews (Cussen & Lyneham 2012: 1).
POLICE OWN INITIATIVE INVESTIGATION

Australian Federal Police (ACT Policing) guidelines contain a section dealing with police officers’ obligation to ‘facilitate the provision of counselling services and intervention by other agencies established to deal with domestic violence’ (AFP 2001: 11). A Police ‘own Initiative’ investigation, focusing on the Woden Patrol pilot project (AFP 2001), paid attention to best practice in relation to victim follow-up, which could take several forms:

- telephone calls or calling whilst on patrol
- leaving a card, asking the victim to call if they have any concerns
- case management meetings in which officers keep in touch with other agencies, including domestic violence services.

The investigation found that implementation of best practice in relation to victim follow up contributed to officers reporting a higher level of satisfaction in dealing with domestic violence incidents. Agencies dealing with victims noted an improvement in the way in which police follow-up keeps victims involved in the criminal justice process. These services also noted that victim follow-up by police had not yet reached satisfactory levels (AFP 2001: 18-19).

The investigation recommended further training to enhance practices and that Victim Liaison Officers receive necessary management support and resources to effectively carry out their role (AFP 2001: 22).

A6.6 EVALUATION OF SAFE AT HOME IN TASMANIA

A review of the Tasmanian domestic violence legislation (Urbis 2008) concluded that legislation had brought about significant change within the culture and response of Tasmanian police, supported by leadership within the police. The review suggested that the strength of the Act was the safety for women who experience abuse, which had been made available at the first point of contact with police through a pro-arrest and removal policy (Urbis 2008).

Safe at Home was evaluated on commission by the Department of Justice (Success Works 2009). Key findings of the evaluation are summarised next:

- As a result of the program, there had been improved police response to family violence.
- Late night calls were a very small percentage of the calls received.
- A significant proportion of family violence victims (around 28%) have been men.
- Most organisations involved in Safe At Home did not meet adequate levels of cultural sensitivity and competence.
- Increased public awareness of family violence was identified as a strength of the program, but stakeholders suggested that this could be improved with increased primary prevention strategies directed towards the whole population and ongoing community awareness campaigns.
- The program had contributed to improved legal recognition for domestic violence, ie that it not an issue of dispute or disagreement between individuals, but a criminal act, and recognition that the victim is not the driver of the response.

(Success Works 2009)

Amongst other recommendations, the researchers called for ‘family safety’ to be adopted as the unifying approach, suggesting that the whole of government approach be extended beyond the Department of Justice and the police to other services, such as the child and family welfare systems (Success Works 2009: 67).
A6.7 EVALUATION OF TRIAL INTEGRATED RESPONSE IN ROCKHAMPTON

Within the context of its whole-of-Government strategy to reduce domestic and family violence, the Queensland Government trialled an integrated response to domestic and family violence in Rockhampton, known as ‘Breaking the Cycle’ (Nancarrow & Viljoen 2011). The model comprises:

- a case coordination team, comprising a child safety office, police officer and specialist domestic family violence worker, co-located within the Department of Communities.
- intensive case management services
- an integrated specialised court program
- a behavioural change program for perpetrators of violence
- legal services for victims and respondents.

Nancarrow and Viljoen (2011) studied client experiences and outcomes. Key findings from the study include:

- The provision of practical assistance was highly valued by participants. 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.
- Respondents reported favourably on the emotional support and advice they had received from the team.
- Clients of the trial 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.
- A key area for improvement is resourcing of Legal Aid and court staff to improve support to clients in the court process.

(Nancarrow & Viljoen 2011: 21-35)

A6.8 EVALUATION OF THE FAMILY VIOLENCE RESPONSE TEAM (FVRT) IN SAN DIEGO

The Family Violence Response Team (FVRT) pilot project in San Diego, California involved collaboration among multiple community organisations and local law enforcement agencies. It aimed to provide support services to victims of domestic violence with children on a 24 hours a day, seven days a week basis (Hovell et al 2006).

Within the context of the program, police officers responding to a domestic violence report first stabilised the scene to ensure safety and then called for the services of an FVRT member. The Team member joined the police officer, typically within 15 minutes, and provided crisis intervention, emergency treatment, and referrals for service to adult and child victims.

The pilot program was evaluated to test the effect of adding social services to police arrest procedures. The purposes of the evaluation were:

- to explore whether the intervention was associated with recidivism, as indicated by the rate of repeat calls to police for domestic violence incidents

19 Data was gathered by means of semi-structured interviews with a purposeful sample of clients of the program who were broadly representative of its clients. Nine participants were included in the study (Nancarrow & Viljoen 2011: 16).

20 The researchers adopted a quasi-experimental design. The control group cases were defined as families to whom police had responded in a domestic violence incident in the year prior the start of the community-wide program. There were 327 FVRT clients and 498 non-current control clients (Hovell et al 2006: 142).
to determine whether demographic, incident or intervention characteristics affected recidivism.

(Hovell 2006: 141-143)

Results of the evaluation were not promising. The intervention seemed to have no impact on the severity of violent incidents measured and, indeed, there were higher rates of recidivism in the intervention group relative to the control group (Hovell 2006: 143-147).

On the bases of the study, the researchers note that, while an intervention such as FVRT is designed to empower the victim, it may unintentionally generate conditions that can precipitate further violence because the intervention is implemented without the perpetrator’s consent. Involvement of outside agencies may increase stress in the relationship between victim and perpetrator, which could provoke the perpetrator to inflict another – possibly more severe – beating in an effort to regain compliance or possibly to effect revenge on a victim now seen as noncompliant (Hovell et al 2006: 155-156).

Results from this study suggest that it is important to gain the consent of victims before introducing other service providers into the intervention.

A6.9 EVALUATION OF THE DOMESTIC VIOLENCE HOME-VISIT INTERVENTION PROGRAM IN CONNECTICUT

The Domestic Violence Home-Visit Intervention (DVHVI) program was developed and implemented in 2000 by the Yale Child Study Center and the New Haven Department of Police Services. It has been implemented in five of ten policing districts in the city of New Haven, Connecticut. The program is described in the box below.

The Domestic Violence Home-Visit Intervention (DVHVI) program in New Haven, Connecticut

Detectives in the Police Department's Domestic Violence Unit identify households where an incident of domestic violence has been reported. These cases are then reviewed by the DVHVI clinical team, which includes domestic violence advocates and licensed clinical social workers.

Police officers participating in the project are community-based patrol officers who have received specialised training in the effects of violence exposure on children. Officers are paired with advocates who are paraprofessionals with specialised training in domestic violence law, services, and modes of referral. Home visits take place as soon as possible after the violent event, usually within 72 hours of the reported incident.

The intervention types carried out during the initial outreach visit are:

- Safety – development of a safety plan, 911 emergency phone provided, information on shelter or alternative housing provided
- Police – expedited warrant, arrest of perpetrator at the time of visit
- Legal – explanation of a protective order, help with a temporary restraining order, court advocacy
- Psychoeducation – educational material, discussion of the impact of domestic violence
- Crisis mental health – adult (and child) mental health screening, crisis intervention
- Follow-up additional home visit or appointment with advocate provided after the initial outreach visit.

Source: Stover et al (2008: 593-594)
An evaluation of this program\textsuperscript{21} found that the majority of women received at least one safety service, psychoeducational service, and legal service. Follow-up services were requested by 73 (41\%) women, the most common being future home visits and referrals for treatment for their children. Engagement with the DVHVI team was associated with increased calls to the police for service. Women who engaged with the DVHVI were more likely to contact the police for subsequent events than those who had received no or minimal DVHVI contact.

According to the researchers, the study provides further evidence that police-social service interventions result in increased calls to the police for assistance in cases of intimate partner violence and that such outreach services can also increase victims’ engagement in court and legal services and treatment for their children (Stover et al 2009: 604).

### A6.10 STUDY OF POLICE-COMMUNITY PARTNERSHIPS IN THE USA

The nature, function, and impact of police-community partnerships that address domestic violence were studied in the USA, focusing amongst others on keys to an effective police response to domestic violence and important aspects of police community partnerships (Rueland et al 2003)\textsuperscript{22}. Although the form and function of partnerships may differ among and within communities, depending on the problems to address and available resources, partnerships are formed to develop a safety net that ensures victims do not go unnoticed or unassisted (Rueland et al 2003: 4).

Several models of partnership that were evaluated in the study are described in the box below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
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<tbody>
<tr>
<td>Coordinated on-scene collaboration between the Arlington (Texas) Police Department and The Women’s Shelter.</td>
<td>The police department uses Victim Assistance staff paired with highly trained and specialized response team volunteers who are on duty during evenings and late nights and are dispatched at the request of patrol officers. The response team provides crisis intervention, informs victims of services available to them, and assists victims in requesting emergency protective orders.</td>
</tr>
<tr>
<td>First Responder program, a partnership between Crisis Services of North Alabama and the Huntsville Police Department</td>
<td>Volunteer advocates ride along with patrol officers to respond on scene to incidents involving domestic violence. Once the officer clears the advocate to go onto the property, the advocate works with the victim, provides crisis counselling, and offers information packets that let victims know what options they have and how they can make safety plans. The advocates also arrange shelter admittance and transportation, and children of victims also receive information packets.</td>
</tr>
<tr>
<td>Indianapolis Police Department in partnership with The Julian Center (a women’s shelter) and the Family Advocacy Center</td>
<td>The Julian Center’s director invited and paid for the police department to house its Domestic Violence Unit at the Center. In each of the police department’s district headquarters, a district advocate from the Family Advocacy Center works at the department and responds to on-scene requests and provides court accompaniment to victims. Patrol officers radio for the Family Advocacy Centre advocate to come to the scene.</td>
</tr>
<tr>
<td>Westminster (California) Police Department is involved in partnerships with community domestic violence providers, mainly the Women’s Transitional Living Center and Interval House.</td>
<td>Responding officers can call the victim advocate who works in the department four days a week but is on call 24 hours a day, seven days a week to go to the scene of the domestic violence incident, or can refer the victim to services and a 24-hour hot line. If the victim needs immediate shelter, officers will transport her and her children to the Women’s Transitional Living Center. Because most cases happen at night, officers will visit the advocate the next morning to let her/him know what the situation is so he or she can talk to the victim and convince the victim to get help.</td>
</tr>
</tbody>
</table>


\begin{footnotesize}
\textsuperscript{21} Data for the study were gathered from police reports and intervention records, with a sample (N=512 cases) being drawn from the total, based on whether the victim was female with a male perpetrator identified as an intimate partner. The 512 victims were tracked for 12 months from their index incident, and repeat incidents of IPV were recorded (Stover et al 2009: 595).

\textsuperscript{22} Methods used in the study included a literature review, mailed survey (n=272), telephone interviews with participating organisations (n=41), and case studies based on two-day site visits (n=11) (Rueland et al 2008: 3-36).
\end{footnotesize}
A key finding of the study was that partnerships between police and community-based organisations have made substantial improvements to the ways agencies communicate and channel their energies toward improving safety for the victims of domestic violence (Rueland et al 2003: 41). Findings showed that police believe that the partnerships helped them to overcome some of their limitations in addressing domestic violence effectively.

The study provided evidence that it was important to select appropriate law enforcement or advocacy staff to work on the partnership team. For example, agencies should steer away from selecting individuals who do not have personality characteristics suitable for sharing responsibility for the scene and/or providing care for victims (Rueland et al 2003).

In summary, the researchers conclude on the basis of the study:

*Through their focus on victim safety (rather than simply criminal justice system efficiency), these arrangements provide victims with access to services more frequently and efficiently; they provide officers with a more nuanced understanding of the situations they are encountering; and they enable officers to share their legitimate frustrations over domestic violence with advocates and service providers who respect their role as law enforcers.*

(Rueland et al 2003: 45)

A6.11 EVALUATION OF COLLABORATIVE PROJECTS IN THE UNITED KINGDOM (UK)

DOMESTIC VIOLENCE MATTERS IN ISLINGTON

*Domestic Violence Matters (DVM)* was a pilot program based in Islington, an inner London borough, and was based on a similar project that had been operated in London, Ontario, known as the Family Consultancy Project (Wangmann 2006: 57).

The pilot, in operation for 32 months, involved locating a team of skilled civilian crisis interveners within the police service. Four civilian support workers delivered the direct service and they were supported by an administrator. DVM was set up with three primary aims, namely to provide crisis intervention follow up to police responses to domestic violence calls; to develop stronger local commitment to a law enforcement response; and to encourage more consistent and co-ordinated responses amongst agencies in Islington, and identify gaps in provision (Kelly 1999: 111).

An evaluation was conducted of the pilot (Kelly 1999).23 Key outcomes of the evaluation include:

- DVM was successful in reducing repeat victimisation and increasing confidence in the police amongst victims.
- Most victims of domestic violence were contacted proactively within a short time frame – 90% within 24 hours of contact with the police. The closer the intervention was to the initial contact, the more difference it made.
- From the outset referral rates from police officers were variable, with some individuals being very committed to DVM and others not using it at all. Initial police hostility to the project changed to respectful cooperation by the end of the project. Within a few months some officers had made strong enough links to drop into DVM’s office to discuss cases.
- Project management went through a few changes during the course of the pilot, but the program was eventually managed by a single committee.

(Wangmann 2006: 58-59; Kelly 1999)

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23 The evaluation adopted an action research model and used a three phase multi-methodological strategy, including participant observation; in-depth interviewing; project database creation and maintenance; and questionnaires. Police officers, service users and local agencies were surveyed (Kelly 1999: 11-14).
CAMDEN SAFETY NET
The Camden Safety Net project aimed to increase the number of domestic violence incidents reported to the police. Its key initiative was to locate social workers in the Police Community Safety Unit. It provided support to women through the legal process and enabled referral to a wide range of support service. There was specialised advice and support for women from minority ethnic communities. The model was similar to that of the Islington project described above (Hester & Westmarland 2005: 50; Wangmann 2006: 53).

Results of an evaluation of the project are summarised next.

- The location of the team meant that most of the project’s referrals (74%) were from the police.
- There was evidence indicating that women were generally more likely to report incidents to the police as a result of the project and that women’s confidence in the police was increased.
- Qualitative findings suggested ‘patchiness’ of appropriate police responses to domestic violence which needed addressing.

(Hester & Westmarland 2005: 51-53)

In many respects, this project aimed to increase referrals the other way, ie from domestic violence services to the police, but succeeded in also increasing the referrals from the police to specialist services.

NORTHAMPTONSHIRE SUNFLOWER CENTRE
The Northamptonshire Sunflower Centre provides the Independent Domestic Violence Advisory Service, hosted by Northamptonshire Police (Northamptonshire Sunflower Centre 2012). It was started as a pilot project that aimed to increase the detection, conviction and sentencing related to domestic violence by supporting women to use criminal and civil law through ‘proactive incident investigation’ carried out by police officers seconded to the project (Hester & Westmarland 2005: 62).

The key mechanism was the establishment of a one-stop-shop providing victims with support and advocacy in reporting to the police and proceeding through the legal system. Each morning one of the police officers working at the Sunflower Centre would collect all the police files on domestic violence incidents from the day before and provide them to the project workers at the Centre. The workers would provide follow-up contact with the victims (Wangmann 2006: 55).

The pilot was evaluated, with a focus on measuring the rate of conviction for offenders. Findings showed that it had an impact on increasing conviction rates (Hester & Wesmarland 2005: 63). The women who used the centre emphasised the importance of intensive advocacy and support and the value of the one-stop shop approach (Wangmann 2006: 56).

Since then, the service has been nationally accredited by the Coordinated Action Against Domestic Abuse and ‘received Leading Lights status’ at the end of 2011 (Northamptonshire Sunflower Centre 2012). In 2011/12, 75% of victims who were offered the service engaged with the centre, which is in the upper range of the national figures, which range from 60-80% (Northamptonshire Sunflower Centre 2012).

A6.12 SUMMARY
Partnerships between police and community-based organisations can lead to improvements in the ways services communicate and channel their energies toward improving safety for the victims of domestic violence and can lead to increased public awareness of the issues. While police may be initially unsure of the value of a collaboration approach, there is evidence that training and sound management can contribute to the development of respectful cooperation. Within time, police members may believe that partnerships could help them to overcome some of their limitations in addressing domestic violence effectively.

An evaluation focusing specifically on the operation of DVPASS in a LAC found that the project was successful in in ensuring that families experiencing domestic violence are provided with choices and supported in accessing services that build their resilience and capacity to change their circumstances.
The evaluation suggested the need for more training and support for police officers to maximise the effectiveness of the project.

Other small-scale evaluations carried out in NSW have found that, as a consequence of police referral to support services, victims have improved access to emotional support, and their ability to make informed choices is enhanced. Results are more mixed in terms of the provision of practical support and in terms of police believing that the program can contribute to reducing the rate of repeat victimisation.

Evaluations of similar fax-back approaches in Queensland have suggested that it is not sufficient to require police to offer referrals to victims of domestic violence. A successful system also requires reinforcing and monitoring of the procedures for fax-back. Regular joint training of police and domestic and family violence service workers needs to occur to ensure a collaborative approach. The capacity of services to provide follow-up services after initial contact must be taken into account.

An instrument that builds on the referral system to enable police to collect evidence, carry out a risk assessment and obtain detailed referral information could be developed. Due to time constraints, police are only likely to respond well to this innovation if the instrument can function as an acceptable form of evidence documentation in its own right for both protection orders and criminal charges.

Police themselves need to be enabled to have follow-up with victims of domestic violence after the initial incident. Research in the ACT has shown that implementation of best practice in relation to victim follow up contributed to officers reporting a higher level of satisfaction in dealing with domestic violence incidents. Best practice could include telephone calls or calling whilst on patrol, leaving a card, asking the victim to call if they have any concerns and case management meetings in which officers keep in touch with other agencies, including domestic violence services.

The issue of trust is raised in several studies carried out in the USA and the UK. It is important to gain the consent of victims before introducing other service providers into the intervention. Not doing so may unintentionally generate conditions that can precipitate further violence.

In summary, evidence for best practice regarding the engagement of victims of domestic violence, with a focus on the referral pathways from police to domestic violence support services, suggests the need for:

- a high quality management environment, including having a single committee to oversee the program and having key staff in both the police and domestic violence services
- selecting appropriate staff to work on the partnership team
- reinforcing and monitoring of the procedures
- training, including joint training of police and domestic and family violence service workers
- a range of services to be offered to victims, whether these are conducted by a central agency or several agencies
- external evaluation of the effectiveness and quality of service delivery including assessing the capacity of services to provide follow-up services after initial contact.

There is at present no clear evidence as to which jurisdictional model of referral from police to domestic violence support services generates the best outcomes.
A7 Other studies focusing on engagement of victims

A7.1 REFERRAL SYSTEM AS PART OF A BROADER PROCESS OF INTEGRATION

INTEGRATED SERVICE PROVISION

A formal referral pathway between police and domestic violence service providers could be seen as part of a broader process of integration of service delivery, and much of the literature (see eg Mulroney 2003; Wangmann 2006; Australian Domestic and Family Violence Clearinghouse 2010) focuses on integration more broadly.\(^{24}\)

Integrated service provision aims to enhance victim safety, reduce secondary victimisation resulting from inadequate or discriminatory service delivery practices, and to make perpetrators accountable for their violence. Its effectiveness depends on the ongoing commitment of agencies involved and the development of a sustainable structure and adequate resourcing (Mulroney 2003: 2).

Key processes for achieving integration include:

- development of a shared vision, which may require a considerable investment of time
- clear shared performance indicators and cross agency agreements
- support from structures that ensure that the primary goals of intervention are not side-tracked by competing priorities
- active leadership
- relevance to the local context and appropriate in view of local resources, conditions and priorities.

(Australian Domestic and Family Violence Clearinghouse 2010: 12; Domestic Violence and Incest Resource Centre 2004: 19)

CONTINUUM OF INTEGRATION

Integration of service delivery in the human services area is recognised as occurring on a wide continuum. A continuum of integration relevant to domestic violence is described in the box below.

<table>
<thead>
<tr>
<th>Autonomy</th>
<th>Cooperative links</th>
<th>Coordination</th>
<th>Integration</th>
</tr>
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<tbody>
<tr>
<td>Parties act without reference to each other, although the actions of one may affect the other</td>
<td>Communication is emphasised. Parties establish ongoing ties, but no loss of independence</td>
<td>There is planned harmonisation of activities between separate parties. Duplication of activities and resources is minimised. May require protocols or appointment of external coordinator or case manager.</td>
<td>Parties are drawn into a single system. Boundaries between parties begin to dissolve as they effectively become work units within a single, larger organisation.</td>
</tr>
</tbody>
</table>

Source: Fine, Pancharatnam & Thomson, cited in Australian Domestic and Family Violence Clearinghouse (2010: 5)

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\(^{24}\) In NSW, coordinated responses have been put in place in targeted communities, based on clear referral pathways between service agencies, including the police. As of 2008, this was within the Integrated Domestic and Family Violence Services Program, operating in communities such as Mt Druitt, Canterbury-Bankstown and the Great Lakes (see NSW Department of Premier and Cabinet 2008: 22).
As can be seen from this schema, as integration increases, the autonomy for individual agencies is diminished. This has implications for any strategy moving towards integration (Australian Domestic and Family Violence Clearinghouse 2010: 5).

BEST PRACTICE PRINCIPLES

Based on a review of the literature (Success Works 2009: 21), the following key principles of best practice in integrated family violence policy frameworks in Australia have been identified:

- The system should acknowledge and treat family violence as a criminal act.
- The safety of victims and children must be the primary consideration of everyone concerned.
- Services should seek to empower the victim and be responsive to the experiences and needs of children.
- Services should demonstrate cultural competence when dealing with individuals from Indigenous and culturally and linguistically diverse backgrounds.
- Offenders should be held responsible for their violence.
- Prevention and early intervention strategies should be part of the response.
- Service providers should be committed to ongoing family violence training and education of their staff.

THE NEW ZEALAND EXAMPLE

Experiences in New Zealand are used as an example of the gradual development of an integrated approach across a national jurisdiction.

The Hamilton Abuse Intervention Project began as a pilot in 1991 and was based on the principles of the Duluth model, described in section 4 above. Following this pilot, there has been a strong emphasis in New Zealand on interagency cooperation (Ministry of Justice New Zealand 2006).

Police District Family Violence Coordinators were introduced in 1993 and, within the next few years, protocols and networking arrangements were developed locally between the police and available agencies in the area. Police referred victims to local advocacy and support groups such as women’s refuges, and to agencies such as Department of Child, Youth and Family (Ministry of Justice New Zealand 2006).

The coordinated approach was further developed with the implementation of the Family Safety Team pilot, a joint initiative between the police, the Ministry of Justice, Department of Child, Youth and Family, and the community sector (Ministry of Justice New Zealand 2008). Family Safety Teams consisted of a Police supervisor, three Police investigators, three adult advocates and three child advocates. Team members were expected to promote a holistic approach to family violence from the justice and social services sector, by ensuring that the full range of needs and issues being faced by families experiencing family violence were addressed.

The Family Safety Teams were evaluated to document the extent of collaboration, interagency coordination and consistency of practice within and between each pilot area (Ministry of Justice 2008)\(^26\). The formative evaluation found that the teams were engaging in proactive intervention and advocacy to ensure access and connection to ‘wrap-around services’, and that representation by policy services and advocacy groups is important for the functioning of the teams (Ministry of Justice 2008).

Following the success of the Family Safety Team pilot, the Family Violence Interagency Response System was rolled out national in New Zealand in 2006. The first evaluation carried out of this system

\(^25\) An earlier formulation of principles was put forward by urbis keys young (2003: 26), which included the principle that ‘interagency collaboration and information-sharing are essential to the enhancement of victim safety and perpetrator accountability’.

\(^26\) Evaluation methods included interviews with victims and perpetrators, interviews with staff and police at the pilot sites, literature and document review and case studies (Ministry of Justice 2008: 36-38).
(Centre for Social Research and Evaluation 2010) identified key elements of a successful response for interagency collaboration, namely:

- leadership and sound management of the collaborative process, particularly the interagency meeting processes
- effective communication amongst partners
- establishment of roles and boundaries
- learning and reflecting on practice.

(Centre for Social Research and Evaluation 2010: 14-18)

A7.2 RESEARCH INTO THE MULTI-AGENCY RISK ASSESSMENT CONFERENCES (MARACS) IN ENGLAND AND WALES

An evaluation was carried out on the MARACs in England and Wales, described in section 4 of this document27 (Cordis Bright Consultants 2011). Key findings from this study include the following:

- The research suggests that MARACs are mainly police led. Amongst other findings, respondents in all case study sites reported that over 80% of referrals to their MARAC were from the police and 99% of survey respondents reported that representatives from the police always attended MARACs.
- The majority of respondents reported that their MARAC uses the Risk Threshold Guidance (Richmond upon Thames Community Safety Partnership 2009) to determine which cases go to their MARAC.
- Around 70% of survey respondents reported discussing between six and 20 cases at their MARAC meetings. Over a quarter (27%) reported discussing 21 or more cases at their MARAC meetings. Nearly two thirds (65%) of respondents felt that their caseloads were ‘about right’ but 27% felt that the number of cases discussed at an average MARAC was too high.
- The majority of respondents in the case study research felt that attendance from core agencies was relatively consistent and this was seen as a key success factor to MARACs operating effectively.
- Case study respondents reported that Independent Domestic Violence Advisors or Domestic Abuse Specialist Support Providers, ie the case managers working directly with victims, are often the key to successful outcomes for victims. However, they are often overstretched which can limit their capacity to conduct their important education and prevention work.
- Areas for suggested improvement include increasing successful prosecutions for domestic abuse incidents and improving responses to dealing with perpetrators; increasing referrals for agencies other than the police; and giving increased attention to evaluating impacts of the work of MARACs in order to improve the effectiveness of working practices.

(Cordis Bright Consultants 2011)

The research also reported on respondents’ views about a debated issue concerning MARACs, namely whether they should be placed on a statutory footing28 (Cordis Bright Consultants 2011: 86-87). Respondents were overwhelmingly in favour of making MARACs statutory, with 83% reporting that the advantages of doing so outweigh the disadvantages). Key advantages were seen as ensuring that all agencies attend and participate in the meetings, that victims and their children are safeguarded, and that funding for MARACs would be made more accessible and secure.

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27 The methodology for the research included an online survey disturbed to key MARAC stakeholders (N=636); and detailed case studies of four MARAC sites (Cordin Bright Consultants 2011).

28 The UK Government’s Call to End All Violence Against Women and Girls Strategic Direction included a commitment to place MARACs on a statutory footing (Cordis Bright Consultants 2011: 86).
A7.3 EXPERIENCES OF VICTIMS WHO DO NOT USE THE POLICE OR CRISIS SERVICES

Urbis keys young (1998) carried out a study for the Office of the Status of Women on the needs of women experiencing domestic violence who do not use crisis services or the police\(^{29}\). The study aimed to ascertain reasons why the majority of women who experience domestic violence do not use services or contact the police, what actions they take in response to the violence, what their needs are and what would best meet their needs.

Key findings from the study include:

- Domestic violence was experienced by the women as a continuum to which they responded with different coping strategies (including seeking help from informal networks and pursuing self-improvement programs to increase their self-esteem).

- In not seeking help from domestic violence crisis services or the police in the first instance, they were not passively accepting or colluding in the violence perpetrated against them, but actively taking steps to try to deal with or solve the problem. This included approaching formal services for help, such as counsellors, general practitioners, drug and alcohol and mental health services.

- Many women were afraid of contacting crisis services since they believed that they would be advised to leave their partner. Many perceived such services to be ‘anti-men’. Women with special needs, including those from a non-English speaking background or in a lesbian relationship, voiced concern about the cultural inclusiveness of services.

- The needs of women who have not used crisis services or the police are similar to those who have – they face broadly similar obstacles to disclosure or help-seeking, and share similar coping and survival strategies.

(urbis keys young 1998: 23-66)

On the basis of the study, the researchers recommended, amongst others, that women be provided with more detailed information about what the police can and can’t do and what is likely to happen if the police are called, for the reality of the police responses to match the publicity in community education and information campaigns, and for domestic violence service options available to women to be expanded (urbis keys young 1998: 93-101).

A7.4 REFERRAL PATTERNS AND HELP-SEEKING BEHAVIOUR

Studies that have investigated aspects of referral patterns and help-seeking behaviour at the police-domestic violence service interface are briefly considered next.

EVIDENCE FOR POLICE WILLINGNESS TO ASSIST VICTIMS OF DOMESTIC VIOLENCE

Sun (2006) assessed whether police respond differently to victims of domestic and non-domestic interpersonal conflicts in police departments that had implemented community policing strategies\(^{30}\). Key findings were:

- Police officers were more active in assisting victims of domestic conflicts than victims of non-domestic conflicts and were more likely to provide information to victims of domestic violence.

- Police response to victim request is influenced more by officer and citizen characteristics than by type of conflict. However, they are more likely to file a report for victims of domestic violence, possibly

\(^{29}\) A qualitative methodology was used, focusing on interviews with women victims of abuse (n=122); friends or relatives of women who had experiences abuse (n=8); and key informants, including crisis, information and legal services, the police and women’s health services (n=20) (urbis keys young 1998: 2-7).

\(^{30}\) The data used in this study were collected in Indianapolis, Indiana, and St. Petersburg, Florida, in 1996 and 1997. Trained observers accompanied patrol officers during sampled eight-hour shifts and later recorded their observations in both narrative and quantitative form (Sun 2006: 152-153).
because they recognise the importance of documenting the violence for the victim who may want to seek further legal actions.

- Police were less responsive to victims with lower social status.

On the basis of the study, the researcher concludes that ‘although the findings do not show that police discriminate against domestic violence victims, more efforts are needed to ensure that officers understand the importance of providing effective intervention and protection for victims of domestic violence’ (Sun 2006: 164).

WHICH VICTIMS OF DOMESTIC VIOLENCE ARE POLICE MORE LIKELY TO REFER?
Kernic and Bonomi (2007) studied factors associated with the activation of a crisis intervention program for victims of police-reported intimate partner violence in order to determine which victims police are more likely to refer31. Study participants were classified according to whether the Victim Support Team, a crisis intervention program serving the needs of victims, had reported intimate partner violence and other forms of domestic violence and whether the victim subsequently received any Team services. The comparison group included otherwise eligible victims of police-reported intimate partner violence but for whom Team services were not activated (Kernic & Bonomi 2007: 465).

The study found that the Victim Support Team was activated in 19.8% of incidents and more frequently in cases where victims were married to their abusive partners; victims were pregnant; victims were of Asian or Latina race/ethnicity; and where incidents involved physical abuse, visible victim injury, and arrest of the abusive partner (Kernic and Bonomi 2007).

As summarised by the researchers, the activation of crisis intervention services was associated with factors related to need and the feasibility of service delivery. They conclude that, ‘in the absence of being able to provide services to all victims of intimate partner violence, it is encouraging that these factors appear to mostly be influencing which victims do receive these services’ (Kernic & Bonomi 2007: 472).

UTILISATION OF SOCIAL SERVICES BY VICTIMS OF DOMESTIC VIOLENCE
In a study which sought to identify and analyse victims’ choices of support32, Hollenshead et al (2006) found that there was strong underutilisation of social services by minority groups, in particular African American women. The researchers suggest that more research is needed into the factors and norms that result in a wide discrepancy between the existence of known beneficial resources and the use of services by those victims.

This finding should be considered in light of research showing that a coordinated community response system involving both social services and law enforcement has been demonstrated to be effective in empowering women victims (Hollenshead et al 2006: 278).

SHARING OF INFORMATION BETWEEN POLICE AND SERVICE PROVIDERS
Sully et al (2005) carried out a study, using a case study approach, to investigate sharing of information between police and service providers, specifically in the health sector33. The study found that there was a significant lack of information-sharing between medical personnel (hospital doctors and GPs) and the police. Patient confidentiality and consent were the major reasons given for withholding information.

Although not directly related to the current study, this study suggests that a range of possible professional barriers may need to be addressed in the quest for increased collaboration between the police and service providers (Sully et al 2005)34. This issue is further explored next.

31 Using a retrospective cohort study carried out in Seattle, USA, the researchers studied 2,092 adult female victims of male-perpetrated intimate partner violence (IPV) reported to the Seattle Police Department between 1st January 2000 and 31st December 2002 (Kernic & Bonomi 2007: 465).
32 For the purposes of this study, data were collected from a metropolitan police department and a regional family violence centre.
33 The study was carried out in London, focusing on the Domestic Violence Working Group of the Metropolitan Police Service (Sully et al 2005: 31).
34 In similar vein, there is the need for appropriate links between the adult victim and offender systems, with historical ideological arguments often positioning the systems ‘in opposition to one another’ (Urbis keys young 2004: 18).
A7.5 EXAMINATION OF PERCEPTIONS OF COLLABORATION

Buchbinder and Eisikovits (2008) examined perceptions of police and social work personnel involved in domestic violence in Israel\textsuperscript{35}. The key finding of the study was that while there was a strong sense of the need for personnel to collaborate, and recognition of the importance of collaboration, several issues hampered such collaboration:

- Disagreement over who owns the solution – representatives from each organisation believed that the actual power and social responsibility to intervene lay in the hands of the other organisation.
- Preservation of professional boundaries – both services displayed a great deal of difficulty in opening up their professional boundaries. Even when collaboration was absolutely necessary, there was a built-in doubt about its existence. Collaboration tended to be maintained at an interpersonal rather than at an institutional level, and occurred on an ad hoc basis.
- Estrangement from the other organisation – neither social service nor police organisations were knowledgeable about the professional culture, value system, and practice realities of the other agency.

(Buchbinder and Eisikovits 2008: 4)

According to the researchers, findings from the study confirm the view in the literature that if interprofessional collaboration is done properly, it can be an effective tool for intervention and prevention, but when not done properly, it can harm the intervention process. The key is to develop a shared philosophy amongst those involved with domestic violence, despite entrenched gaps in perception and differences in the understanding of the problem (Buchbinder & Eisikovits 2008: 9-10).

A7.6 ENABLING WOMEN TO STAY IN THE HOME

McFerran (2007: 21) writes that a great deal of progress has been made in Australia since the late 1990s towards development of integrated systems which can provide increased accommodation options to women leaving a violent relationship. Models have been developed to test the conditions necessary for the home to be made safer. More progress is needed in the study and comparison of these systems and models, since at present it is ‘difficult to assess their impact on the quality of life of women and children’ (McFerran 2007: 21). Policies that enable victims of violence to remain in the family home contribute to securing the economic wellbeing of women affected by violence (Braaf & Meyering 2011).

Edwards (2004) conducted research on the NSW south coast\textsuperscript{36} to explore how women leaving a domestic violence relationship could remain safely in their own homes with their children, with the violent partner being removed. The impetus for the study was the view that leaving a domestic violence relationship has often meant that women and children need to leave their own homes to escape violence, often precipitating homelessness and poverty: ‘women are rarely presented with any choices; leaving violence was synonymous with leaving home’ (Edwards 2004: 8).

The study found that women benefited from staying in their homes, but that this was dependent on removal of the violent partner from the home and keeping the violent partner out of the home over time. It also required that longer term support be provided for the woman and her children and the prevention of future violence (Edwards 2004: 52).

In terms of the role for the NSW Police, the study recommended that the police promote and adopt a proactive policing response to removing the violent partner from the home, where legal provisions make this possible; and that the service develops information for victims and perpetrators about their options, especially the option of women and their children remaining in their own home (Edwards 2004: 57).

\textsuperscript{35} The qualitative study was part of a wider study to evaluate police intervention regarding family violence in Israel. The study drew a purposive sample of 25 interviews with police and those within the social welfare system working with police (Buchbinder & Eisikovits 2008: 3).

\textsuperscript{36} The study was conducted by the Australian Domestic and Family Violence Clearinghouse, in partnership with the UNSW Centre for Gender-Related Violence. Conducted in 2002-03 in Sydney and the Far South Coast of NSW, in-depth interviews were conducted with women who had left a relationship involving domestic violence (N=29) (Edwards 2004: 13).
Of the models described earlier in this report, Safe at Home in Tasmania is conceptually possibly the closest to the program described above. Safe at Home is based on a belief that government intervention ought, as far as possible, to enable victims of domestic violence to remain safe and at home, and that it is the offender, rather than the victim, who should bear the brunt of the disruption following incidents of violence. For this reason, Safe At Home is strongly pro-arrest and pro-prosecution (Wilcox 2006: 5).

A7.7 INTERVENTION BY A CRISIS TEAM

Corcoran and Allen (2005) evaluated a police/victim crisis intervention program in a city in south-western United States of America (USA). The program is described in the box below.

Police/Violence Crisis Intervention approach in a mid-sized south-western city

The Crisis Team consisted of one uniformed detective from the Family Violence Unit of the police department and a crisis intervention volunteer. Volunteers were recruited through the local domestic violence emergency shelter. Around one-third of the volunteers had previously been victims of domestic violence and many were working on advanced degrees in social work, counselling or psychology. The Crisis Team operated 32 hours per week and rode in a marked patrol unit.

Once the police officer had ensured the scene was safe, ie the perpetrator was in custody or had left the scene, the volunteers provided the victims with crisis intervention services, including educating them about the criminal justice system and giving referrals for social and legal services. Transportation to the emergency sheltered was provided if needed.

Source: Corcoran & Allen (2005: 41-42)

Police report data on crisis team cases (N=96) were compared to a random selection of violence cases (N=80) that were not served by the crisis team. The study found:

- Arrests were made in a significantly greater number of family violence cases when the crisis team was called, which may relate to why the crisis team was initially called.

- Victim cooperation was not higher in the crisis team cases, suggesting that when there was a greater likelihood that an arrest would be made, victims may not have wanted their partners taken to jail and may have been uncooperative as a result.

- Few women elected to go to the emergency shelter, but this could be due to the majority of cases being African-American, and the preference – demonstrated in other research – for people in these communities to rely on extended family and kin in times of crises, rather than on formal support systems.

(Corcoran & Allen 2005: 43-44)

In commenting on the study, the researchers note that more research is needed to determine how best to intervene at the point of crisis in order to break the pattern of domestic violence (Corcoran & Allen 2005: 45).

A7.8 SUMMARY

A formal referral pathway between police and domestic violence service providers, as occurs in DVPASS, could be seen as part of a broader process of integration of service delivery. A large proportion of the available literature focuses on integration as a broader process than referral from police to domestic violence support services. It includes the recognition that integration occurs on a continuum, which in some jurisdictions has led to highly integrated models of service delivery.

As integration increases, the autonomy for individual agencies is diminished, which has implications for any strategy moving towards enhanced integration.
Principles of best practice in integrated family violence policy frameworks include acknowledging and treating family violence as a criminal act, giving primary consideration to the safety of victims and children, empower the victim, demonstrating cultural competence when dealing with individuals from Indigenous and culturally and linguistically diverse backgrounds and incorporation of prevention and early intervention strategies.

Research suggests that effective integration depends on:

- leadership
- sound management of the collaborative process
- effective communication amongst partners
- the establishment of roles and boundaries
- a culture of learning and reflection.

Studies point to barriers that may need to be addressed, including professional differences in understanding of the issues; disagreement over who owns the solution; and reluctance on the part of victims themselves to engage with services.

While much progress has been made in Australia in developing integrated support systems that, amongst others, provide increased accommodation options to women leaving a violent relationship, more research is needed in exploring options that enable women to remain safely in their own homes with their children, with the violent partner being removed. Referral of victims by the police to support services should not create the expectation that victims would have to leave their homes.

More research is needed to determine how best to intervene at the point of crisis in order to break patterns of domestic violence. More research is also needed to better understand the factors and norms that inhibit the use of services that could be beneficial to victims.
A8 Conclusion

A8.1 CURRENT MODELS
Models of victim referral pathways from police to domestic violence support services in Australian and comparative international jurisdictions are dynamic and could include one or more of the following:

- Police refer to an outside community organisation.
- Police refer to an organisation working in partnership with the police.
- Services can be provided by police department staff, which may involve:
  - the addition of social work staff to the police department
  - specific domestic violence training for officers
  - the development of a specialised domestic violence unit.
- Services can be provided through a ‘one stop shop’ for family violence services, through the co-location of refuge, legal, family support, police and counselling services in a single ‘hub’.

While there is at present no clear evidence as to which jurisdictional model of referral from police to domestic violence support services generates the best outcomes, developments in other jurisdictions suggest that effective coordinated or integrated responses benefit from factors such as:

- shared assumptions and theories about the source of violence and the effective means to deter it
- police involvement in local multi-agency committees and meetings focusing on domestic violence
- the ability of victims of domestic violence to access support through any of the three key service groups, namely specialist family violence services, mainstream services and legal and statutory services, including the police
- police use of a risk assessment tool that is also used by family and violence services and mainstream services
- agreement on the lead agency to undertake follow-up actions
- the adoption of a case management approach, particularly for victims with complex needs and high risk of re-victimisation.

A8.2 EVIDENCE

BENEFITS
A system such as DVPASS can lead to improvements in the ways services communicate and channel their energies toward improving safety for the victims of domestic violence and can lead to increased public awareness of family violence.

Formal referral systems between police and domestic violence services provide victims with access to services more frequently and efficiently. Services can help victims to have access to emotional support, to build their resilience and capacity to change their circumstances, and to make informed choices.

Results are more mixed in terms of the provision of practical support to victims; and in terms of police believing that initiatives can assist in reducing the rate of repeat victimisation.

In assessing benefits, the capacity of services to provide follow-up services after initial contact must be taken into account.
BEST PRACTICE

Evidence for best practice regarding the engagement of victims of domestic violence, with a focus on the referral pathways from police to domestic violence support services, suggests the need for:

- a high quality management environment, including key staff in both the police and domestic violence services
- selecting appropriate staff to work on the partnership team
- reinforcing and monitoring of the procedures
- training, including joint training of police and domestic and family violence service workers
- a range of services to be offered to victims, whether these are conducted by a central agency or several agencies
- external evaluation of the effectiveness and quality of service delivery including assessing the capacity of services to provide follow-up services after initial contact.

REFERRAL AS PART OF BROADER INTEGRATION OF SERVICES

Few studies focus specifically on evaluating the referral mechanisms between police and domestic violence support services. Instead, studies are more likely to focus on integration or collaboration between systems involved in domestic violence at a broader level, and the outcomes of such collaboration. A key principle underlying many of the models that have been developed and evaluated is that victims of domestic violence should be able to access support through any of the three key service groups, namely specialist family violence services, mainstream services and legal and statutory services, including the police.

Studies also point to the need to focus on perpetrators. This may include early intervention and recognition that many women wish to remain in their intimate relationships at the same time as holding their partners accountable for the abuse they suffer.

Some jurisdictions have trialled enhancements to the referral system, in which police and other services also engage in shared risk assessment. While there is some evidence for the effectiveness of shared risk assessment, due to time constraints, police are only likely to respond well to this (possibly time-consuming) innovation if the instrument can function as an acceptable form of evidence documentation in its own right for both protection orders and criminal charges.

Several studies also point to the need for police staff themselves to follow up the victims they have assisted. This could enhance their understanding of the value of service involvement, and of the phenomenon of domestic violence itself. Best practice could include:

- telephone calls or calling whilst on patrol
- leaving a card and asking the victim to call if they have any concerns
- case management meetings in which officers keep in touch with other agencies, including domestic violence services.

A8.3 IMPROVEMENTS

CLARITY ON HOPED-FOR OUTCOMES

If interprofessional collaboration is done properly, it can be an effective tool for intervention and prevention, but when not done properly, it can harm the intervention process. Effective coordinated or integrated responses depend on shared assumptions and theories about the source of violence and the effective means to deter it.

At the outset of a collaborative approach, there is a need for clarity on the hoped-for outcomes of adopting a specific referral and collaboration approach. A key principle underlying DVPASS is that referral
to the appropriate support service can assist the victim to break the cycle of violence and obtain advice and support to assist them in the future. Based on the initiatives and programs described earlier in this report, consideration could be given to objectives that include:

- providing victims with access to services more frequently and efficiently
- intervening at the point of crisis in order to break the pattern of domestic violence
- empowering victims of domestic violence
- increasing victims’ engagement in court and legal services and treatment for their children
- reducing repeat victimisation or recidivism
- reducing secondary victimisation
- increasing offender accountability.

Irrespective of the formulation of objectives, it may be useful for the NSW Police Force to develop a program logic for DVPASS, giving consideration to inputs, outputs and short-term and longer-term outcomes.

RECOGNISING AND ADDRESSING BARRIERS TO COLLABORATION

Barriers to enhanced collaboration in addressing domestic violence include professional differences in understanding of the issues; disagreement over who owns the solution; and reluctance on the part of victims themselves to engage with services. Involvement of outside agencies may increase stress in the relationship between victim and perpetrator, which could provoke the perpetrator to effect revenge on the victim. These barriers need to be understood and addressed.

The issue of trust is raised in several studies accessed in the review of the literature. It is important to gain the consent of victims before introducing other service providers into the intervention. Not doing so may unintentionally generate conditions that can precipitate further violence.

While police may be initially unsure of the value of a collaborative approach, there is evidence that respectful cooperation can develop with the support of training and sound management. Within time, police members may believe that partnerships could help them to overcome some of their limitations in addressing domestic violence effectively.

AREAS REQUIRING FURTHER RESEARCH

More research is needed:

- to determine how best to intervene at the point of crisis in order to break patterns of domestic violence
- to better understand professional perceptions, referral patterns and victim help-seeking behaviour at the police-domestic violence service interface
- to better understand the factors and norms that inhibit the use of possibly beneficial services by victims
- to understand the mechanisms that will enable victims of domestic violence to remain in their own homes.
A9 References


Laing L (2010). *No way to live: Women’s experiences of negotiating the family law system in the context of domestic violence.* University of Sydney & Benevolent Society, Sydney.


Appendix B  Summary of qualitative findings
B Summary of qualitative finding

B1 INTRODUCTION

Discussions with stakeholders identified several key strengths of the current model. Discussions also identified several key areas for improvement or focal points where stakeholders felt the model needed to be adjusted to provide better service for clients and better integration between police and support services.

The following section provides a summary of the key findings from the qualitative discussions. This includes insight from:

- 62 telephone interviews with stakeholders, including DVLOs, WDVCAS workers, support service staff and LAC Commanders
- 5 site based consultations, which included face-to-face consultation with various stakeholders in DVPASS funded LACs.

In line with the Terms of Reference for this evaluation, this summary focuses on aspects relevant to an assessment of appropriateness and effectiveness of the current model, with the aim of providing the NSW Police Force and Women NSW recommendations for a revised model of service. More specifically, these findings provide support and evidence for the recommendations made in Section 5 of this report.

B2 STRENGTHS OF THE CURRENT MODEL

The key strengths of the current system identified by stakeholders can be divided into:

- **Victim-specific**: benefits to victims of domestic violence, with a focus on female victims within the current model
- **Profile and awareness-raising**: benefits associated with an increased profile for domestic violence issues as a result of high-profile senior management support.

Each of these areas is discussed in more detail in the following section.

B2.1 VICTIM-SPECIFIC BENEFITS

All stakeholders included in discussions felt that the current DVPASS model provided demonstrable benefits to victims and their families, when compared to an approach where proactive servicing was not undertaken.

While the benefits themselves are important, most were underpinned by the processes adopted by the current DVPASS approach. As such, these processes need to be considered as strength of the current model and taken into consideration when reviewing and refining a new model for any pro-active support process.

The following section outlines the facilitators of benefits for victims and their families, followed by a summary of the key benefits identified by stakeholders.

B2.2 FACILITATORS OF VICTIM-SPECIFIC BENEFITS

The processes adopted in the current DVPASS model enables the provision of assistance to victims when required. These processes represent key inherent strengths that should be retained on any future model.

The table below provides a summary of key processes.
### TABLE 8 – DVPASS PROCESSES UNDERPINNING BENEFITS FOR VICTIMS

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<th>FACTOR</th>
<th>SPECIFICS</th>
<th>BENEFICIAL IMPACT</th>
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| Speed and proactivity| Contact with a victim within 48 hours of an incident was felt to underpin many of the benefits for victims and their families. Most stakeholders felt that the speed of contact which the current DVPASS process facilitated, when working well, enabled the provision of services at a time of need and reduced the likelihood that the victim would decline further assistance:  
  “It is all about early support – this was missing prior to the DVPASS process.” (Service Provider)  
  “Early connection between the victim and support is critical – a delay leads to intimidation and withdrawal and therefore, a reduction in the level of safety.” (Service Provider) | § The ability to provide assistance as soon as it was required  
§ The ability to provide assistance which was tailored to a recent incident, rather than generic assistance  
§ The use of the recent incident as leverage for a broader discussion of the issues surrounding domestic violence  
§ A reduced likelihood that the victim would decline the offer of further assistance (a more receptive contact)  
§ A reduction in harm as a result of service being provided close to point of crisis |
| De-normalisation     | Many felt that the current DVPASS system enabled domestic violence to be ‘de-normalised’. Many felt that the current proactive approach enabled support services to begin the process of reframing the victim’s perspective in relation to violence – to challenge views and provide an alternative framework from which to operate:  
  “We start to open up that conversation and demystify some of the issues surrounding domestic violence. Many of them have been putting up with the violence for years…we are able to let them know that they don’t have to put up with this.” (Service Provider)  
  “The process allows us to get over the shame, to get over the threat – to tell them that it is ok to feel safe.” (Service Provider) | § The start of the conversation from which all benefits flow – this was seen as a particular benefit for victims who may have experienced longer term domestic violence (where the situation becomes all they know)  
§ A changed perspective and a greater willingness to seek help and participate in court proceedings  
§ If not an immediate impact, the beginning of the process of breaking down the cycle of violence as a result of the situation being seen as ‘normal’ |
| Independence (non-uniform) | One of the key benefits of the system was that the main point of contact was a ‘non-uniform’. Many stakeholders felt that victims responded better to someone who was not a member of the Police Force and that victims were more likely to accept offers of assistance from an independent third party than a police officer:  
  “They realise that we are not uniform and they know we are not threatening – we physically hear them relax over the telephone when they hear we are not the police.” (Service Provider)  
  “Victims are simply more open with someone who is not the police.” (DVLO) | § A reduction in the perceived threat associated with accessing assistance and support  
§ A greater likelihood that any offer of assistance would be accepted as a result of a greater sense of trust  
§ A greater chance that the victim would see assistance as designed to assist them and their family as opposed to punishing the perpetrator |
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| Expert provision               | Many police stakeholders recognised that police are not experts in the provision of domestic violence services and assistance. As such, having third-parties provide this assistance to victims in a timely manner was seen as a key benefit. Local providers are connected to community services, have a better understanding of the variety of local services available, understand support requirements and can facilitate referrals to align with those needs. Police stakeholders also indicated that the provision of support was not their core role and they had limited capacity to respond. Having third-party experts on hand via the Yellow Card system ensured that relevant assistance could be provided while allowing police to focus on their core role:  
  "It is wonderful – it takes the heat off us – to have someone available to call the victim and follow-up to provide assistance is really helpful for us. It’s a process that works in conjunction with the police, but it is not the core role of the police." (DVLO) | - A more connected, holistic service offering to assist the victim and family  
- Access to services which align with needs – particularly when dealing with subgroups such as Indigenous or male victims                                                                                                                                                                                                                                                     |
| Assistance with court needs    | Many stakeholders felt that the dedicated court assistance provided under the current model was a critical factor in its success. Stakeholders felt that the timely provision of court-based assistance enabled the victim to feel supported through the entire process of exiting from a violent situation (not just from a social support perspective) and ensured that the victim did not feel overwhelmed by the legal and administrative processes often enacted by police and victim during a time of crisis:  
  "Without assistance, she is too frightened to turn up." (WDVCAS)                                                                                                                                                                                                                     | - A greater number of completed AVOs and higher court attendance rates  
- A potential reduction in harm, as a result of the removal of the perpetrator from the family environment  
- A potential reduction in recidivism as a result of criminal proceedings                                                                                                                                                                                                                                               |
| Holistic assistance            | Some stakeholders felt that the provision of both court and non-court assistance was key in ensuring victims benefited from the DVPASS process. As the current model provided tailored support for those with court assistance needs and for those with broader domestic violence concerns (or related social issues such as housing, access to finance etc), stakeholders felt that the holistic approach assisted in breaking the cycle of violence to a greater degree than a more limited service focused on court assistance alone:  
  "It breaks down the isolation – it informs and empowers and results in a better outcome. We are able to give them back their voice and to act as an advocate on their behalf more broadly." (Service Provider) | - The ability to assist the victim and the family from a broad-based perspective, rather than from a court only perspective  
- The ability to assist the entire family unit and to address other social issues which are often interrelated with domestic violence  
- An increased ability to break the cycle of violence, by providing the victim and the family with broader support and assistance                                                                                                                                                                                                                   |
| Collaboration, networking and  | Many stakeholders indicated that the current model provided opportunities for networking, the development of collaborative relationships and the ability to share information across different sectors:  
  "It facilitates a seamless process…that’s what it should be when it is working properly. The victim is seen by police, we get the card, she gets help – it’s critical in regional areas that this collaboration is facilitated, because the distances we are dealing with are so great.” (WDVCAS) | - More timely assistance, as a result of greater cross-sector collaboration and familiarity with local resources  
- Greater trust between the police and service providers and a recognition of the unique role that each service provided in relation to overcoming the cycle of violence  
- The development of tailored referral processes and augmentation of the current Yellow Card model to better suit the local area, the profile of clients and the services available to victims                                                                                                                                 |
| interpersonal relationships     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |
B2.3 PROFILE AND AWARENESS-RAISING

Beyond the benefits for victims, many stakeholders indicated that the current model raised the profile of domestic violence and its impact on victims within the NSWPF. Many felt that this awareness raising was a critical factor in the success or otherwise of any domestic violence model, particularly one which was dependent on General Duties officers triggering the initial discussions and actively referring clients through to support services.

For many stakeholders (particularly service providers), domestic violence was felt to be an area which was often not seen as a priority area:

“No one really wants to deal with domestic violence…it’s messy, not sexy and most people just want to move on from it and deal with what they see as their core duties.” (Service Provider)

“Some of the DVLOs are brilliant – really passionate and dedicated…but the General Duties police have so much on their plate, they have so much to deal with and domestic violence can just become another thing on their list to tick off.” (Service Provider)

“Really…no one wants to be a DVLO.” (WDVCAS)

It was seen as a difficult area in which to operate, with systemic, structural and interpersonal barriers reducing the ability to obtain positive outcomes and, as a result, demotivating those who deal with the front-line concerns:

“The [GDs] all have other priorities – they have court, they have paperwork and all of this takes priority over domestic violence.” (DVLO)

“Some officers feel conflicted and frustrated – the cycle of violence continues and they get frustrated by the system and switch off.” (Service Provider)

Stakeholders felt that the current DVPASS model ‘helped to keep domestic violence front-of-mind’ and ensured that support options were a key consideration during all dealings with victims and their families. In many ways, DVPASS processes were seen as a prompt for General Duties officers, who were often inundated with other issues, facing stressful situations and having to deal with multiple vulnerabilities during the call-out:

“Look, I am sure the GDs think ‘that bloody Yellow Card!’ every time they have to go through the process of handing out the card and having the conversation. However, to me that is important – it keeps domestic violence front-of-mind; it acts as an aid memoir.” (DVLO)

For many stakeholders, this ‘stop and pause’ was of considerable benefit. It ensured that General Duties officers were thinking about victims and support in addition to focusing on the core role of reducing risk and identifying any criminal charges which may apply in the situation. In some ways, it was a circuit breaker that forced first responders to take the time to consider the issues and explain the Yellow Card to victims and have a conversation about the impacts of domestic violence.

Beyond General Duties officers, the support that the current DVPASS model received from senior Commanders in LACs was also seen as a positive, as this support was felt to drive greater engagement and participation by General Duties officers:

“It all starts at the top – when the Commander is on board with the Yellow Card and sees it as important GDs are more on board and see the process as important."

“The process raises awareness – if only though the motivation of senior staff in the police and the potential sanctions if things are not done right.”
This is not to say that stakeholders felt that engagement as a result of senior support and the circuit breaking nature of the Yellow Card process was all that was needed. These two aspects of the current model were simply seen to drive basic engagement by General Duties officers with the concepts of domestic violence. The training that police officers received to help them deal with the broader issues of domestic violence and overall engagement in the issues were often seen as areas for improvement and these are discussed in more detail below.

B3 AREAS FOR IMPROVEMENT

Discussions with stakeholders also identified several key areas where improvements were necessary to better meet the needs of victims or to increase the collaboration between the NSWPF and support service providers.

Across all interviews and site visits, there was a considerable degree of consistency in relation to areas identified for improvement. In most cases, stakeholders articulated similar concerns and issues related to the current Yellow Card model, regardless of their location, role or length of time involved in the process.

At its heart, almost all stakeholders felt that there was a need for the model to be:

- more uniform in its implementation
- MORE FOCUSED, ASSESSABLE AND TRANSPARENT
  - less variable in its administration
  - less dependent senior police discretion to engage.

To achieve these improvements, stakeholders generally suggested that any revisions to the model needed to be made in three key areas, as summarised in the figure below.

FIGURE 4: KEY AREAS FOR MODIFICATION
B3.1 INCREASED FORMALISATION

Many stakeholders, including DVLOs, WDVCAS staff and support service providers felt that there was a need to improve the formal governance and oversight arrangements of the current DVPASS model. This included reviewing and formalising the current service provision relationships and the implementation of MOUs to better clarify roles and responsibilities.

Two key areas for improvement consistently discussed include a need for:

- protocols that define roles and responsibilities
- increased formalisation of governance arrangements.

PROTOCOLS DEFINING ROLES AND RESPONSIBILITIES

One of the main criticisms of the current DVPASS model was that its success was often dependent on the goodwill and commitment of key individuals, particularly DVLOs:

"It is goodwill that is driving the Yellow Card – the systemic flaws are massive."

(Domestic Violence Coordinator)

For many, the system worked because relationships between DVLOs and services workers were well established, there was frequent verbal communication and there was an informal understanding of respective roles and responsibilities. Some were concerned however that the system lacked consistent standards or formalised arrangements:

"The system needs to be standardised...as well as the policies and procedures that drive it and the resources allocated...it is quite fragmented at the moment."

(Regional Domestic Violence Coordinator)

While a number of LACs, both funded and unfunded, said that they did have some form of protocol in place between Police and support services and/or the WDVCAS, there were many that did not — and many that expressed the desire for greater formalisation of roles.

In addition, in some LACs where MoUs had been established, these were rarely referred to or have not been reviewed since the inception of the Yellow Card system.

While some said that they would like to have a formal protocol, a number did not see the need for one. These stakeholders felt that the strength of working relationships between Police and support services was such that a ‘formal piece of paper’ was unlikely to improve the effectiveness or appropriateness of their referral system. Despite this view, most Domestic Violence Coordinators were very keen to see arrangements between Police and support services formalised, arguing that they saw this as essential to improving transparency and accountability.

Suggestions for formalisation included recommendations for MoUs or Service Level Agreements which defined key roles and responsibilities, including:

- **Aims and objectives of the process.**
- **Governance arrangements:** how Police and support services formally come together to monitor the implementation of any referral process, Terms of Reference for this group and membership.
- **How referrals are allocated to services:** including how court related and non-court related referrals and non-consents are dealt with as well as what sort of referrals will be allocated to which services.
- **How services deal with referrals:** for example, will services act as a clearinghouse for all referrals and refer on or will they also offer case management?
- **Data collection requirements:** minimum standards for data collection of referral events and referral outcomes by Police and support services plus additional data that Police and support services agree to at the local level.
**Information sharing:** What information will Police provide to support services and in what form? What information will services provide to Police following referral and in what form?

**Training and development requirements** and formalisation of the opportunities for service providers to assist Police in training and development.

### INCREASED FORMALISATION OF GOVERNANCE ARRANGEMENTS

Those who reflected most positively on the current model often emphasised the importance of stakeholder support for the referral model and formalised cooperation between Police and support services. Often, this cooperation and collaboration was seen as needing to go beyond the establishment of MoUs or Service Level Agreements and to include formal meeting opportunities for stakeholders to discuss issues at a strategic (not just a pragmatic) level.

Currently, many LACs had committees or teams comprised of relevant support services (Non-Government Agencies (NGOs) and Government agencies such as Community Services and Housing), WDVCAS, the DVLO and, in some cases, the domestic violence coordinator for the region. These groups generally meet monthly or quarterly and were seen as invaluable for exchanging key data on referrals and referral outcomes, monitoring the effectiveness of the referral system, discussing high risk cases, and addressing any emerging issues that relate to respective roles and responsibilities. Critically, few LACs had formalised processes for communication and governance of this nature – this was generally initiated and maintained through the efforts of dedicated individuals.

Many stakeholders felt that governance arrangements should be formalised as part of any revised or new model. Even with the presence of a MoU or Service Level Agreement, many Police were of the view that these documents were not able to operate in a vacuum and that there must also be formal opportunities for stakeholders to come together, discuss key issues and identify ways to improve the referral process.

Formalised governance arrangements were seen to act as a valuable mechanism for building positive relationships between services which may not currently exist. In addition, these forums were seen as particularly useful for resolving any issues or difficulties between services, such as disagreements about how or where referrals are allocated by Police.

### B3.2 AN IMPROVED DELIVERY AND CAPTURE MECHANISM

Many stakeholders felt that the processes for sharing Yellow Card data (ie referral information) needed to be improved. More specifically, many felt that there was a need to ensure the system was:

- more timely and ensured that a victim’s details were passed to support services as soon as possible given the clear benefits of contact within a 48 hour period
- was less reliant on the DVLO closing the loop and actioning the cards
- was more able to deal with the geographic distances involved in many regional LACs.

This is supported as a result of consultations and observations during the research, with clear evidence to show that LACs have adapted and improved the Yellow Card delivery process to more quickly and accurately share referral details with support services.

A number of Police said that having an electronic alternative to the Yellow Card would be beneficial, with the potential benefit being a reduction in the workload for General Duties officers and DVLOs in addition to an increase in speed of delivery to support services:

> "It would be better if it was electronic. It would be a lot easier for Police, particularly distance wise. It should be linked to the DV event on COPS."
> (DVLO)

> "The Yellow Card is just a piece of paper that could be easily misplaced or lost...there would be less risk associated with an electronic system." (Domestic Violence Coordinator)
Some services also said that they received Yellow Cards infrequently, particularly where the DVLO worked part-time. An electronic system was seen to make it easier for the DVLO (or other Police representative depending on the model adopted) to forward the details of the victim on following an incident. Urbis head several situations where Yellow Cards had “banked-up” which meant a service may not get the details of a victim until some time after the incident or even after the victims court date:

“As an example, some of the cards I get are two weeks old by the time I receive them.” (Support Service)

“There is sometimes a pile of cards in the pigeon hole.” (DVLO - describing what happens when she comes on shift for her three days a week)

Several LACs have already implemented their own electronic referral process, whereby the General Duties officer seeks verbal consent from the victim at the scene of the incident and then completes an electronic form containing information similar to the Yellow Card. This is then forwarded to the DVLO who then enters it into a database and sends the information to the support service. This system was implemented across 13 inland Police Stations covering 60,000 square Kilometres located in the Southern Region:

“I introduced an electronic system two months into my role…we met with service providers straight away and identified the problems with the existing system and designed a system that worked for us.” (Domestic Violence Coordinator)

This was found to be more effective in ensuring timely referrals and better accountability:

“It created a clearer paper trail…distance is still an issue for us but now there is no paper shuffling”. (Domestic Violence Coordinator)

B3.3 BETTER DATA DRIVEN INSIGHT

Many stakeholders also felt that there was a need for stronger data sharing leading to better data driven insight and evidence-based decision making. In some ways this area for improvement was related to the issues discussed in relation to governance and oversight, with many feeling that systems and processes (including information exchange) between Police and service providers should be standardised and included as a key action item within any MoU or Service Level Agreement. Again, a desire for a model which incorporated systems and processes that facilitated information exchange was consistent across stakeholders regardless of region, role or length of time engaged in domestic violence service provision.

The two most common areas for improvement within a proactive referral model included:

- uniformity in the collection and dissemination of data
- clear information exchange protocols.

B3.4 UNIFORMITY IN THE COLLECTION AND DISSEMINATION OF DATA

While it was clear that LACs and support services all collected some form of data relating to the implementation of the current proactive referral system, there was great variation in the type of information collected, how this is collected and stored and the extent to which this is disseminated or shared with Police or other services.

Although there appears to be significant data collection occurring, this was largely sporadic and did not generally form part of a coordinated State-wide effort to monitor implementation of the system or track impacts and outcomes for victims. A number of LACs and services have built their own database to their own specifications which means there is little consistency across the State. This was the case even within the DVPASS-funded services.
What this does suggest is that, while there is significant collective effort from both Police and support services to collect data, much of this effort may be misdirected as the data is only accessible to some and cannot be aggregated at a regional and State level to monitor impacts and outcomes.

Some Domestic Violence Coordinators spoke of their efforts to support LACs in their region to collect data in a consistent Excel spread sheets so that this information could be merged into one central database for the Region. Other service providers indicated they had been working for many months or years to develop a database to record and store information at a cost that had to be covered by the service where services were not funded under DVPASS.

While databases of this type may be useful for internal monitoring, a number of Police said that in an ideal world there should be a system where both support services and Police could access data related to referrals, success in contacts etc:

"Ideally this sort of information should be kept in one database and it can all be linked back to the event number…there needs to be a loop back…this victim was referred to X. X referred them to Y and Z who subsequently referred them back to X with this outcome etc." (Domestic Violence Coordinator)

The absence of data at a State-wide level was acknowledged by a number of Police who said that without this data, it was difficult to be certain what the impacts and outcomes of a proactive referral system had been for victims. Police said the main way they measure success of their referral system is police compliance and victim consent rates – as this information was readily available.

B3.5 CLEAR INFORMATION EXCHANGE PROTOCOLS

Both Police and support services said they would prefer to receive additional information as part of the referral process, beyond the basic data currently provided under the Yellow Card model. Importantly, both Police and support services also expressed a desire for model of service that standardised collection protocols, data sharing protocols and information requirements under a proactive model.

Currently, there is great variation in the amount of information services receive from Police. While most Yellow Cards currently being used contain the same type of information, there is some variation across the LACs on the amount of information being provided. For example, while some services would only receive the information contained on the Yellow Card, others would receive additional information verbally or via email on an ad hoc basis. Some support service providers indicated that Police often provided a summary of the incident and additional context which assisted them when contacting the victim (such as details of the relationship, specifics related to the AVO etc). For those with a close working relationship, DVLOs would speak to support services about specific incidents or clients daily in some cases, while some services would rarely speak to DVLOs, if at all.

Most services said they found the information contained on the Yellow Card too limited for them to make a fully informed call to the victim. In addition, some said that this meant that victims would have to retell their story once contact was made. Services suggested a number of additions to the information they receive from Police on the YC, these included:

- basic details about the incident
- an indication of the level of risk – many services said that they rely on Police to proactively contact the Service to give them the ‘heads-up’ on an urgent case or high-risk victim
- whether there is an AVO attached (not all current Yellow Cards currently include this), the conditions attached to the AVO and the court date
- the name of the perpetrator (particularly for legal centres that may already be providing assistance to this person)
- if the incident has involved family violence
- whether the victim is comfortable with the service to leave a message on their phone if there is not answer
whether there has been a previous incident involving the victim.

Obviously, for any proactive service to be effective, it needs to be pragmatic and take into account the sensitivities and stressors associated with the issue. As such, while Urbis recommends some of the above items in our suggested model (see Section 5), many of these elements were considered beyond the ability (or appropriateness) of Police to collect during an incident.

Many services also currently contact DVLOs to get additional information verbally or via email about a victim so that the service has adequate background before they make a call to a victim:

“In most cases I will query the context of the incident to ascertain how at risk the victim is. The Yellow Card is not enough. The willingness of Police to share this information varies; some are more forthcoming than others.” (DVPASS staff member)

Similarly, there was great variation in the level and nature of information services would share with Police following referral. While some services would provide regular written updates to Police, there were some services (particularly unfunded ones or a WDVCAS) that provided no feedback. A typical profile of information provided by a service includes:

- the number of Yellow Cards received
- the number of consents and non-consents
- details of when and where a referral was made.

Of those who did receive feedback, a number of Police said they were satisfied with the level of information they received from funded services. However, the main frustration for Police was that they don’t know what happened to victims once they were referred to a service, particularly when that service may refer them onto another service:

“It would be nice to know what happens to on-referrals – did they use the service? We have no way of knowing that a referral was a successful one…we need to know how many victims are falling out of the system.” (Domestic Violence Coordinator)

“Police want to know what kind of services victims are getting and how long they are receiving this service…this is a major issue as Police are coming into contact with the same people and they don’t know what services they have used.” (Domestic Violence Coordinator)

“I don’t get any feedback from services…I call the victim myself for feedback. I want to know if they have been linked in with a service and what the outcomes have been.” (DVLO)

“In some ways it is about provided GDs with the evidence that their efforts are making a difference and that the system is having positive outcomes. We need to demonstrate that the effort actually has an impact on their daily roles – that is how you get buy-in.” (DVLO).

A particular issue that was raised by some Police was the lack of feedback from a WDVCAS if it was located within a legal centre. In this situation, the service was unable to share any information with Police due to client legal privilege. This was made even more problematic if that WDVCAS service is the single point of referral for all Yellow Cards, non-court and court related, which was the case in some LACs.

While feedback on referral pathways and outcomes was a common area noted for improvement by Police, given the complexity involved in tracking an individual’s movement through the pathway and the additional effort that this places on non-funded services (which comprise the vast majority of DVPASS support services as the model currently stands), Urbis suggests that the information would be able to be provided at a cohort level rather than individual. Provision of this cohort level information would still meet
the needs of Police in this instance and this is reflected in our recommendations related to a preferred model for proactive support (see Section 5).

B3.6 IMPROVED ACCURACY OF COLLECTION/REDUCTION IN ERRORS

Several support services noted that often the information currently being collected using the Yellow Card approach is not always correct. This was particular an issue with phone numbers being incorrect or incomplete and this caused considerable issues for support services and had an impact on their capacity to respond to victims.

Missing data was also a concern with some support services indicating that Yellow Cards did not always contain all of the information required (for example, missing surnames, missing information as to whether or not the victim was Aboriginal etc). One support service also indicated that they sometimes received Yellow Cards without the appropriate permission indicator identified.

Many of these omissions and errors were attributed to the stressful situations that Police face while completing the Yellow Card and potentially as a result of client refusal to provide information. That said, many also felt that a system which ensured better data capture and more consistent receipt of information would be a key step forward from the current DVPASS model.
Appendix C  Survey of women victims of domestic violence
C Survey of women victims of domestic violence

C1 INTRODUCTION

This report presents the findings of a short survey of women domestic violence victims who have been referred to a support service via the yellow card system or associated processes. The survey was conducted to ensure that the evaluation included perspectives from victims of domestic violence. The survey provides some insight into victims’:

- experience of, and attitudes to, being contacted by a support service
- perceptions of the outcomes of being contacted
- views on what they liked and didn’t like about the process.

C2 KEY FINDINGS

This section has provided an overview of the findings of a brief survey of women domestic violence victims. The survey results provide some insight into victims’ experiences and perceptions of the referral process and its outcomes. Key findings include:

- The vast majority of women would have preferred to contact the support service themselves, suggesting there is some disempowerment associated with being contacted. Despite this however, women indicated they were pleased to have been contacted and assisted by the support service.
- The majority of women were clearly able to identify benefits for themselves as a result of having been involved in the referral process. Women generally felt more supported, more aware of support services, more willing to contact Police and more willing to follow through with an ADVO.
- Some women were not clear whether or not their consent was sought to pass their contact details on to a support service.
- Most women were contacted within one week of the domestic violence incident, usually within two or three days.

C3 SURVEY DESIGN AND CONDUCT

C3.1 SURVEY DESIGN

The paper-based, self-complete survey comprised nine questions. The survey was deliberately short given it was being administered at court and the need to avoid overburdening respondents and the services assisting them.

Questions sought information about the referral process, attitudes to the referral process and the perceived outcomes of having been referred to a support service. The majority of questions were closed, however two optional, open ended questions invited women to provide feedback in their own words.

C3.2 SURVEY ADMINISTRATION

The survey was distributed in November 2012, with the assistance of NSW Legal Aid to 28 Women’s Domestic Violence Court Advocacy Services (WDVCAS) which service approximately 108 courts around NSW. The survey was also promoted through a brief presentation at the WDVCAS Forum, attended by representatives of all services, in Sydney on 15 November 2012.

The survey was administered by WDVCAS support workers with domestic violence victims who presented at court during the survey period. The majority of services administered the survey in the week...
from 19 – 23 November 2012, however two services administered the survey in the week of 26 – 30 November 2012, as no clients were seen in the week before.

Urbis acknowledges the support and assistance received from Legal Aid and WDVCAP in the conduct of this aspect of the research.

C3.3 THE RESPONDENTS

A total of 92 women completed the survey. While not representative, respondents present a range of demographic characteristics, including a mix of Aboriginality, region of residence and ethnicity. Tables 9 - 12 below show that of the 92 women who completed the survey:

- 14% identified as Aboriginal or Torres Strait Islander
- Over one-third lived in Sydney (38%). The remaining respondents lived regional cities (27%), regional towns (18%) and rural/remote areas (14%)
- A large proportion (66%) had children under 18 years of age living with them at the time of completing the survey
- Most were English speaking (86%), with 14% speaking a language other than English at home. Of these, a diverse range of languages were reported, including Hungarian, Hindi, Turkish, Indian, Greek, Cantonese/Mandarin, Italian, Japanese, Mandarin, Swedish, Punjabi and Tagalog.

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney</td>
<td>35</td>
<td>38%</td>
</tr>
<tr>
<td>Regional city</td>
<td>25</td>
<td>27%</td>
</tr>
<tr>
<td>Regional town</td>
<td>17</td>
<td>18%</td>
</tr>
<tr>
<td>Rural / remote</td>
<td>13</td>
<td>14%</td>
</tr>
<tr>
<td>Not answered</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILDREN UNDER 18 YEARS</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>61</td>
<td>66%</td>
</tr>
<tr>
<td>No</td>
<td>30</td>
<td>33%</td>
</tr>
<tr>
<td>Not answered</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LANGUAGE OTHER THAN ENGLISH AT HOME</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>14%</td>
</tr>
<tr>
<td>No</td>
<td>77</td>
<td>84%</td>
</tr>
<tr>
<td>Not answered</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td>12</td>
<td>13%</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>No</td>
<td>76</td>
<td>83%</td>
</tr>
<tr>
<td>Not answered</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100%</td>
</tr>
</tbody>
</table>
C3.4 VIEWS ON THE PROCESS

Women were asked about the referral process that they had experienced, including whether Police asked for their consent to pass their contact details on to a support service, and how soon after the domestic violence incident they were contacted.

Table 13 below demonstrates that just over half of the women (57%) could recall being asked by Police for their consent, while around a quarter (23%) said their consent had not been sought. The remaining 20% of women said they were unsure whether or not their consent had been sought.

**TABLE 13 – CAN YOU REMEMBER WHETHER THE POLICE ASKED YOU FOR YOUR WRITTEN CONSENT TO PASS YOUR CONTACT DETAILS TO A DOMESTIC VIOLENCE SUPPORT SERVICE?**

<table>
<thead>
<tr>
<th>ASKED FOR CONSENT</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>52</td>
<td>57%</td>
</tr>
<tr>
<td>No</td>
<td>21</td>
<td>23%</td>
</tr>
<tr>
<td>Not sure</td>
<td>18</td>
<td>20%</td>
</tr>
<tr>
<td>Not answered</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100%</td>
</tr>
</tbody>
</table>

As shown in Table 14 below, the majority of women (66%) said they had been contacted by a support service within one week of having contact with the Police and most had been contacted within 2 – 3 days (41%). A small number of women (10%) said they were contacted over a week after the domestic violence event, while 16% said they had not been contacted at all.

**TABLE 14 – HOW SOON AFTER YOU HAD THIS CONTACT WITH THE POLICE DID SOMEONE FROM A DOMESTIC VIOLENCE SUPPORT SERVICE CONTACT YOU TO OFFER INFORMATION OR SUPPORT?**

<table>
<thead>
<tr>
<th>TIME CONTACTED WITHIN</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 24 hours</td>
<td>7</td>
<td>8%</td>
</tr>
<tr>
<td>2-3 days</td>
<td>30</td>
<td>33%</td>
</tr>
<tr>
<td>4-5 days</td>
<td>18</td>
<td>20%</td>
</tr>
<tr>
<td>6-7 days</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>Over 1 week</td>
<td>9</td>
<td>10%</td>
</tr>
<tr>
<td>Not sure</td>
<td>6</td>
<td>7%</td>
</tr>
<tr>
<td>No-one contacted me</td>
<td>15</td>
<td>16%</td>
</tr>
<tr>
<td>Not answered</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100%</td>
</tr>
</tbody>
</table>
C3.5 ATTITUDES TO BEING CONTACTED BY THE SUPPORT SERVICE

Respondents were asked how they felt about being contacted by a support service to gauge attitudes to the proactive aspect of the referral process.

Table 15 below shows that the majority of women, nearly three-quarters, would have preferred to have contacted the support service themselves.

TABLE 15 – HOW DID YOU FEEL ABOUT BEING CONTACTED BY THE DOMESTIC VIOLENCE SUPPORT SERVICE?

<table>
<thead>
<tr>
<th>HOW FELT BEING CONTACTED</th>
<th>NUMBER OF RESPONSES</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was pleased that they took the initiative and contacted me to offer support</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>I would have preferred to have contacted them myself</td>
<td>67</td>
<td>73%</td>
</tr>
<tr>
<td>I was unhappy that they contacted me – I didn’t want to be contacted by a domestic violence support service</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>I didn’t mind one way or another that they contacted me</td>
<td>8</td>
<td>9%</td>
</tr>
<tr>
<td>Not answered</td>
<td>15</td>
<td>16%</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100%</td>
</tr>
</tbody>
</table>

Despite this preference to make contact themselves, women’s responses to the open ended questions indicate that they felt happy that contact had been made and that support had been offered. Comments included:

“I was very pleased that the domestic violence officer took immediate action to contact me after the issue happened.”

“I am happy that they received my contact details.”

“This is a great idea.”
C3.6 OUTCOMES OF THE PROCESS

Women were asked to comment on a number of statements that reflect the objectives of the referral process. The findings are presented in Table 16 below.

TABLE 16 – TO WHAT EXTENT HAS THE CONTACT WITH THE POLICE AND/OR THE DOMESTIC VIOLENCE SUPPORT SERVICE ACHIEVED THE FOLLOWING OUTCOMES?

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>A LOT</th>
<th>A LITTLE</th>
<th>NOT MUCH</th>
<th>NOT AT ALL</th>
<th>HARD TO SAY</th>
<th>NOT RELEVANT</th>
<th>BLANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Made you feel more supported</td>
<td>71%</td>
<td>12%</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Made you more aware of the support services available</td>
<td>68%</td>
<td>13%</td>
<td>3%</td>
<td>7%</td>
<td>1%</td>
<td>0%</td>
<td>8%</td>
</tr>
<tr>
<td>Helped you decide to follow through with an Apprehended Domestic Violence Order (ADVO)</td>
<td>64%</td>
<td>12%</td>
<td>4%</td>
<td>10%</td>
<td>2%</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Increased your willingness to contact the Police in future regarding any domestic violence incident</td>
<td>59%</td>
<td>17%</td>
<td>5%</td>
<td>10%</td>
<td>1%</td>
<td>0%</td>
<td>8%</td>
</tr>
</tbody>
</table>

It can be seen that the majority of respondents reported positive outcomes resulting from contact with the Police and domestic violence support services, suggesting that the process is achieving its desired objectives within the group surveyed. For instance, over 80% of respondents felt that the process made them feel more supported (83%) and more aware of the support services that exist (81%). Comments included:

“*It made me feel more supported and validated.*”

“I was very pleased that the domestic violence officer took immediate action to contact me after the issue happened. [Name] and [Name] helped me and supported me a great deal including counselling, advice, introducing me to other local supports.*”

“The lady who called me was really nice and supportive and offered me a lot of different support services.*”

Over three-quarters of respondents (76%) indicated that involvement with the process had helped them decide to follow through with an Apprehended Domestic Violence Order, and just over half the respondents reported that they would be a lot more willing to report a domestic violence incident in future (59%). Comments included:

“The worker who contacted me was very helpful with the information provided and helped me to understand more about domestic violence.*”

“It gave me the confidence to follow through.*”
C3.7 OTHER COMMENTS

Women were asked about what they liked and did not like about the referral process through two optional, open ended questions; 46% of respondents answered the optional questions.

Responses indicate a range of views about the process. Generally, however, women spoke positively about the referral process, in particular of the way support had been provided. Favourable comments related to:

- Having the court process clearly explained:
  
  “I was really happy with the DVLO at court and the support service – they explained the whole process and offered follow-up phone calls – it was excellent.”

  “I’m glad that they did [make contact]. I was happy to speak to someone who knew the system and could go into court knowing exactly what would happen.”

  “If the DV support service didn’t contact me and support me I wouldn’t have known what to do re court.”

- The provision of assistance and emotional support during a difficult time:
  
  “Passing my information on has helped me feel that there is support for victims of violence, which helps ease the emotional pain.”

  “The… excellent support. Everything was explained so clearly and really helped to ease my nervousness.”

When asked about what they did not like, many women criticised Police for their perceived failure to promote services, insensitivity and inaction, and a lack of clarity / misinformation about the process. Comments included:

  “The police didn’t tell me about all the support that is there.”

  “The police lack understanding of domestic violence.”

  “I was happy for police to pass on my contact details for support because the police treated me really badly and only the support service helped me.”

  “Very unhappy with police who misinformed me about court and AVO.”
Appendix D  Stakeholder online survey
D Stakeholder online survey

D1 INTRODUCTION AND METHODOLOGY

An online survey questionnaire was developed as part of the evaluation of the Domestic Violence Proactive Support Service (DVPASS) referral system. DVPASS operates as part of the New South Wales Police Force (NSWPFP) domestic violence support services in NSW. In most areas of NSW the DVPASS referral system is known as the “Yellow Card” system.

The DVPASS referral system has not been implemented throughout NSW. In some areas there is no referral system and in other areas the referral system is a variation of the “Yellow Card” system. This evaluation is partly designed to identify successful elements of the various DVPASS referral systems operating.

The survey included a range of questions and was designed to capture data in relation to five key elements of the DVPASS referral system. These include the:

- Number and location of target groups using the DVPASS referral system (Q1 to Q4)
- Operational elements of the DVPASS referral system (Q5 and Q6)
- Satisfaction with the DVPASS referral system (Q7)
- Impact of the DVPASS referral system (Q8)
- Areas where DVPASS funded workers are engaged (Q9 and Q10).

The online survey was sent to agencies that implement the DVPASS referral system. A high rate of response was achieved, with a total of 149 completed questionnaires being received across the following sub-groups:

Due to the small sample size, all responses to all questions have been analysed and reported on where collected. Responses rates by target group were:

- NSWPF DVLOs 64 out of 65 LACs complete (98%)
- WDVCAS Coordinators 58 from 65 LACs complete (89%)
- DVPASS funded services 16 from 16 (approx.) (100%)
- Local domestic violence support services 24 from 49 (49%).
D2 KEY CHARACTERISTICS OF RESPONDENTS

The survey was completed by representatives from each of the target groups. The proportion of each target group within the universe of responses received is shown in Figure 5 below.

The highest proportion of responses was received by NSWPFP (40%) and the WDVCAS Coordinators (36%). Other agencies contributed less responses overall but still provided high rates of responses within target group.

FIGURE 5 – PROPORTION OF SURVEY RESPONSES BY ROLE WITHIN DVPASS REFERRAL MODEL (N=162)

Respondents were distributed evenly throughout NSW (n=162). Just under half of all respondents worked in the Sydney Metropolitan area (45%) with the remaining respondents reporting as working in a regional city (14%), a regional town (26%) or a rural and remote area (15%).

When comparing the location of respondents within each target group some interesting findings emerge. NSWPFP respondents are more likely to be located in Sydney Metropolitan area (55%) and regional towns (23%), and the same is true for WDVCAS Coordinators (41% and 26%, respectively) and DVPASS funded services (69% and 19% respectively).

This trend is not representative of local domestic violence support services. The majority of respondents in this target group were located in rural and remote areas (46%) and regional towns (38%). This difference may be a result of population and location of DVPASS funded services. A large proportion of the NSW population live in metropolitan areas and the requirement for more LACs in these areas reflects the prevalent pattern of population geography in NSW. Further, the DVPASS funded services are located predominantly in metropolitan rather than rural and regional locations.
D3 USE OF THE YELLOW CARD SYSTEM

Respondents reported the Yellow Card system (65%) to be in place in almost two thirds of NSW, 19% of respondents reported using a different system altogether, with a variation of the system being used by 12% of respondents.

The Yellow Card system is reported to be used by 88% of DVPASS funded services, 78% of NSW Police Force DVLOs, and 58% of local domestic violence support services. Less than half the WDVCAS Coordinators (48%) reported using the Yellow Card system.

The Yellow Card system is in widely use in:

- Sydney (88%)
- Rural and remote areas (68%).

But less so in:

- Regional towns (43%)
- Regional cities (32%).

A variation of the Yellow Card system or a different system altogether was reported to be more commonly in use in regional cities (36% and 32%) and regional towns (10% and 40%) (See Figure 7).
Respondents were asked to report which potential elements of the DVPASS referral system were in place in their LAC (See Table 17). The referral system components most commonly in place were:

- monitoring and recording of police referrals (74%)
- an established formal Memorandum of Understanding (MOU) between key agencies (67%)
- specific services and strategies for children who witness or experience domestic violence (56%)
- specific services and strategies for Aboriginal victims of domestic violence (53%)
- specific services and strategies for victims of domestic violence from CALD backgrounds (53%).

Areas where key elements are not in place nor planned for the future include:

- a mechanism for referring male perpetrators of domestic violence to services (57%)
- any arrangements for services to receive referrals from police out of normal business hours (ie after 6pm or on weekends) (57%).
### Key Elements of DVPASS Referral System (N=157)

<table>
<thead>
<tr>
<th>Q5. TO YOUR KNOWLEDGE, WHICH OF THE FOLLOWING POTENTIAL ELEMENTS OF A REFERRAL MODEL ARE CURRENTLY IN PLACE IN YOUR AREA?</th>
<th>IN PLACE NOW</th>
<th>PLANNED FOR FUTURE</th>
<th>NOT IN PLACE</th>
<th>NOT SURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A formal process for monitoring and recording police referrals and support service responses</td>
<td>74%</td>
<td>8%</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>A formal Memorandum of Understanding or other protocol setting out key agencies’ roles and responsibilities</td>
<td>67%</td>
<td>10%</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Specific services/strategies for victims of domestic violence from CALD backgrounds</td>
<td>57%</td>
<td>4%</td>
<td>24%</td>
<td>15%</td>
</tr>
<tr>
<td>Specific services/strategies for children who witness or experience domestic violence</td>
<td>56%</td>
<td>6%</td>
<td>27%</td>
<td>11%</td>
</tr>
<tr>
<td>Specific services/strategies for Aboriginal victims of domestic violence</td>
<td>53%</td>
<td>10%</td>
<td>29%</td>
<td>8%</td>
</tr>
<tr>
<td>Co-location of some services/supports</td>
<td>49%</td>
<td>4%</td>
<td>26%</td>
<td>20%</td>
</tr>
<tr>
<td>A mechanism for referring male victims of domestic violence to support services</td>
<td>46%</td>
<td>8%</td>
<td>28%</td>
<td>18%</td>
</tr>
<tr>
<td>Specific services/strategies for sexually and gender diverse clients</td>
<td>32%</td>
<td>12%</td>
<td>39%</td>
<td>17%</td>
</tr>
<tr>
<td>Any arrangements for services to receive referrals from police out of normal business hours (ie after 6pm or on weekends)</td>
<td>24%</td>
<td>3%</td>
<td>57%</td>
<td>17%</td>
</tr>
<tr>
<td>A mechanism for referring male perpetrators of domestic violence to services</td>
<td>13%</td>
<td>10%</td>
<td>57%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Key components of the system identified by NSW Police Force as important to analyse include:

- a formal MOU between key agencies
- co-location of some services and supports.

Figure 8 and Figure 9 below indicate how these elements of referral system have been implemented by different agencies. Four in five DVPASS funded services reported implementation of a MOU (80%) and co-located some support services (80%) with other key service delivery agencies. MOUs are in place in almost three in four local domestic violence support services (74%) and two in three WDVCAS services (645) and NSW Police Force LACs (64%).

Co-location of services is not widely reported by agencies other than DVPASS funded services. Only 31% of NSW Police Force LACs reported co-location with other services providers within the system, this figure is higher for local domestic violence support services (57%) and WDVCAS services (58%).
FIGURE 8 – COMPARISON OF WHICH AGENCIES HAVE IMPLEMENTED A MEMORANDUM OF UNDERSTANDING BETWEEN KEY AGENCIES (N=157)

FIGURE 9 – COMPARISON OF WHICH AGENCIES HAVE CO-LOCATED SOME SERVICES AND SUPPORT MECHANISMS (N=157)
MOUs between key agencies are more likely to be in place in:

- regional cities (91%)
- regional towns (75%)
- rural and remote areas (72%)

But not as likely in:

- Sydney Metropolitan area (53%).

Co-location of services shows a more even distribution across regions. Around half of all services in different regions have co-located services, with Sydney Metropolitan area (51%) and regional cities (50%) reporting the highest rates of co-location, with rural and remote areas (48%) and regional towns (45%) not far behind.

**D4 TIMING OF PROACTIVE CONTACT AND SATISFACTION WITH DVPASS REFERRAL MODEL**

Overall, a majority of respondents thought that a police referral to a domestic violence support service should happen with two days (45%) or even 24 hours (18%). A quarter of respondents thought referral within three to four days was also acceptable (25%) (See Figure 10).

**FIGURE 10 – TIME-FRAME WITHIN WHICH IT IS THOUGHT APPROPRIATE TO CONTACT A VICTIM AFTER A REFERRAL FROM NSW POLICE (N=157)**
More than half the DVPASS funded services (60%) expressed the view a referral should take place within three to seven days, whereas a majority of all other agencies thought the appropriate time frame should be within two days. Local domestic violence support services (78%) reported this shorter referral time most frequently followed by NSWPF DVLOs (71%) and WDVCAS Coordinators (55%).

However, location of a DVPASS funded services was important when measuring the attitude towards the appropriate referral time frame. Rural and remote, and regional city services thought that within two days was the appropriate time frame to receive a referral from NSWPF, whereas higher proportions of respondents in Sydney Metropolitan area and regional towns reported within three to seven days to be usually more appropriate.

The type of referral system currently in place may influence the amount of time agencies wait before making contact after a referral is received from NSWPF. Agencies using the standard “Yellow Card” system (72%) are more likely to make contact within two days, whereas agencies using a variation of the “Yellow Card” system (58%) or a different system altogether (54%) are more likely to make contact within three to seven days.

Agencies are generally satisfied with the overall DVPASS referral model in their area (65%, net satisfied). Figure 11 shows how respondents report different levels of satisfaction with the DVPASS referral system depending on which part of the system they are asked about.

Respondents are more satisfied that the DVPASS model meets the needs of victims (73%) and that domestic violence support services respond to referrals in a timely manner (73%) than they are with the training NSW Police Force receive to implement the referral model (39%). More than half the respondents are generally satisfied with all other aspects of the DVPASS referral model.

**FIGURE 11 – LEVELS OF SATISFACTION WITH ASPECTS OF DVPASS REFERRAL MODEL (N=155)**

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>The appropriateness of the approach/model taking into account the needs of victims</td>
<td>30%</td>
<td>43%</td>
<td>12%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>The timeliness of the response by domestic violence support services after receiving a referral from police</td>
<td>25%</td>
<td>48%</td>
<td>16%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>The type/level of information provided by support services to police</td>
<td>23%</td>
<td>47%</td>
<td>19%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>The type/level of information provided by police to support services</td>
<td>21%</td>
<td>48%</td>
<td>14%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>The way that the approach/model is being implemented by all agencies</td>
<td>19%</td>
<td>45%</td>
<td>19%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>The training police receive in implementing the referral model</td>
<td>6%</td>
<td>33%</td>
<td>25%</td>
<td>21%</td>
<td></td>
</tr>
</tbody>
</table>

Very satisfied | Satisfied | Neutral | Dissatisfied | Very dissatisfied
The level of satisfaction with the DVPASS referral system reported is different depending on the type of referral system currently in place. Agencies using a variation of the standard “Yellow Card” system are far more satisfied with all aspects of the referral model than those using the standard “Yellow Card” system or a different system altogether.

Key differences in satisfaction emerge in:

- appropriateness of the model to meet victim’s needs (variation, 100%; standard, 73%; different system, 57%)
- implementation of the model (variation, 100%; standard, 62%; different system, 47%)
- level of information provided by domestic violence support services to police (variation, 95%; standard, 70%; different system, 60%)
- response times by domestic violence support services after a referral from police (variation, 95%; standard, 73%; different system, 60%).

Different agencies involved in the DVPASS referral system model report levels of satisfaction. Key findings to emerge include:

- Generally all service providers are more satisfied than not with the DVPASS referral system in place in their location.
- All agencies other than NSWPF are generally not satisfied with the level of training received by police in relation to the DVPASS referral system.
- The exchange of information provided by NSWPF to local domestic violence support services and vice versa is viewed as less satisfactory by the receiving agency.

Survey respondents also reported greater levels of satisfaction where a DVPASS funded worker was engaged as part of the DVPASS referral system. In all measures of satisfaction respondents who reported a funded DVPASS support worker engaged within the referral system noted higher levels of satisfaction except for the response times to referrals by domestic violence support services. On this measure the levels of very satisfied were equivalent, regardless of whether a funded DVPASS support worker was engaged or not.

Overall, respondents who had an established memorandum of understanding in place (25%) or services which show some level of co-location (28%) were more likely to be very satisfied with the DVPASS referral system. This pattern of high levels of satisfaction was evident across all measures.

D5 IMPACT OF DVPASS REFERRAL MODEL

Overall, three out of four survey respondents reported the DVPASS referral model as having a significant positive impact (36%) or some positive impact (39%). However, the level of impact reported was different for each component of the DVPASS referral model. Key findings include:

- More than half of respondents reported the current DVPASS referral model working in their area had a significant positive impact on the relationship between police and domestic violence support services (53%)
- More than two out of every five respondents reported a significant positive impact on increasing victims’ awareness of available support services (47%) and knowledge and understanding of domestic violence (43%)
- Half the respondents reported the DVPASS referral system as having some positive impact on police response to domestic violence incidents (50%) but only 14% reported a significant positive impact for this component
Some positive impact was also reported on victims’ willingness to follow through with ADVO proceedings (43%) but less significant positive impact (28%).

Overall level of significant positive impact reported is different for each location. Higher levels of significant positive impact are reported in Sydney Metropolitan area and regional city areas than in regional towns and rural and remote areas.

The level of positive impact reported by respondents is largely dependent on the type of DVPASS referral system operating. Respondents using the standard “Yellow Card” system (14%) and a different system altogether (13%) are reporting greater significant positive impact overall. Respondents using a variation of the “Yellow Card” system are reporting slightly lower proportions of significant positive impact (11%). However, these differences are minimal and when data for significant and some positive impact are taken together a different system altogether (70%) and the variation of the yellow card system (68%) are reported as having greater overall positive impact than the standard “Yellow Card” system (62%).

This suggests the experience of workers within the DVPASS referral system is more positively impacted overall when a system other than the standard “Yellow Card” system is in place.
Respondents reporting high levels of significant positive impact with all aspects of the DVPASS referral system are more likely to have a memorandum of understanding in place (78%) or work in within a referral system where there is co-location of services (61%).

Further, significant levels of positive impact are more likely to be reported in a DVPASS referral system where a funded DVPASS worker is engaged. Overall, respondents who report significant positive improvements are more likely to also report working with a funded DVPASS worker (56%) than not (44%).

D6 IMPACT OF DVPASS-FUNDED SERVICES

A large proportion of survey respondents reported that a DVPASS funded support worker was operating in their area (45%) with around one in five respondents unsure if this was the case (19%), indicating some confusion within the system in relation to what represents a DVPASS funded worker (See Figure 14).

The DVPASS funded support workers are most frequently reported in Sydney Metropolitan areas (56%) and regional towns (24%), with the remaining funded services split between regional cities (13%) and rural and remote areas (7%).

The highest proportion of DVPASS funded support workers operate the standard “Yellow Card” referral system (71%).

Agencies report different levels of contact with funded DVPASS support workers. Not surprisingly, the highest proportion of DVPASS funded support workers was reported within DVPASS funded services (93%). Almost half NSW Police Force DVLOs (44%) and WDVCAS Coordinators (42%) reported the presence of a funded DVPASS support worker in their area but only 26% of local domestic violence support services reported having similar access.
FIGURE 15 overleaf illustrates the extent to which improvements are reported in different elements of the DVPASS referral system since the engagement of a funded DVPASS support worker. The key findings include:

- While significant improvement has not been widely reported overall, just over one fifth indicated significant improvement in evidence gathering by police during domestic violence incidents (21%)

- Some improvement in all measures is most frequently reported by respondents with police attitudes to domestic violence (49%), the quality of statements taken by police during domestic violence incidents (36%) and evidence gathering (31%) all improving

- Around one fifth of respondents were unable to say if the quality of statements taken by police for ADVOs and criminal charges had improved at all (23%) or reported no improvement (17%).
When the level of improvement is analysed by region, differences are observed. Most regions reported some improvement rather than significant improvement however one third of respondents in regional cities reported significant improvement in evidence gathering (33%), whereas respondents in other locations were more likely to indicate only some improvement in this activity (Sydney Metropolitan, 31%; regional towns, 41%).

The quality of statements was most likely to show signs of some improvement in regional towns (47%) and a little improvement in regional cities (44%) but in Sydney Metropolitan areas respondents reported either no improvement (26%) or found this question difficult to answer (26%).

Police attitudes towards domestic violence were most likely to be reported to have shown some improvement since the engagement of a DVPASS funded worker across all locations. Large proportions of respondents in all locations reported this trend, with more than two fifths of respondents in Sydney Metropolitan areas (49%), regional cities (44%) and regional towns (41%) observing this to be the case.

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37 The sample size for the rural and remote cohort was five and no data findings were represented in this part of the analysis due to there being five categories of improvement to choose from.
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