

Literature Review: Family Violence Victim Support Services

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1. Introduction

This document captures the findings of a literature review of effective family violence victim support services. The review scanned evaluation reports, peer-reviewed studies and grey literature on victim support services operating in Australia, the United States of America, New Zealand, United Kingdom and Canada.

This literature review sought to identify and define victim support services and their key elements for addressing family violence. The findings of this review will frame the co-design process for Indigenous specific services to be delivered under the Third Action Plan of the National Plan to Reduce Violence against Women and their Children

2. Family violence victim support services defined

Programs for victims of domestic violence are an integral part of community approaches to prevention of violence.¹ In Australia, a range of mainstream supports are available to victims of family violence, however supports specifically for Indigenous victims are limited to those available through Family Violence Prevention Legal Services. Victims of family violence can be women, children and men. This literature review specifically examined the victim support services available for women who have experienced family violence.²

While mainstream victim support services have increased and evolved significantly overtime most share the common goals of:

- Justice, which involves ‘promoting legal, economic, and social justice’³.
- Autonomy, which involves ‘re-establishing survivors’ / victims’ right to self-determination’⁴.
- Restoration, which involves ‘restoring emotional well-being’⁵.
- Safety, which involves ‘enhancing physical and psychological safety’⁶.

Many domestic violence victim services are designed to ‘improve victims’ emotional status’⁷ in addition to ‘reducing or ceasing the violence they experience’⁸. The literature disputes whether goals such as women ending relationships that are violent or leaving the violent partner are appropriate.⁹

Victim support services ultimately aim to stop the recurrence of violence and can be broadly categorised as:

¹ Bennett, L. et al (2004), p 815.

² The supports available to child victims has been addressed in the literature review that considers trauma-informed therapeutic interventions for children. Support services for male victims are out of scope of this research.

³ Sullivan, C. (2011), p 355.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Bennett, L. et al (2004), p 815.

⁹ Ibid.

- early intervention programs as they intervene immediately after violence occurs
- crisis management programs as they offer short-term solutions to immediately cease violence, and
- long term management programs as they are designed to permanently cease violence.¹⁰

The specific supports available to victims of family violence include:

- Advice including helplines and websites.¹¹
- Accommodation including women’s refuges, emergency accommodation, “safe at home” programs.¹²
- Counselling including group-work, individual sessions and therapies from a range of approaches e.g. psychoeducational, cognitive behavioural therapy, reinforcement therapy. Common across most domestic violence counselling programs is the exploration of violent and controlling behaviours from the perspective of power, control, and gender inequality.¹³
- Advocacy including case managers, social workers or family violence workers that refer women to a range of services based on her needs.¹⁴ Advocacy in this context is distinct from and different to legal and political advocacy.
- Legal including advice and representation.¹⁵
- Compensatory including statutory victims compensation schemes.¹⁶
- Social and emotional wellbeing including connection with other women victims, mentoring and confidence-building activities.¹⁷
- Skills-based including education, training and employment.¹⁸
- Financial including financial support to find new accommodation, buy clothes and food, emergency payments, and budgeting.¹⁹

While noting that their efficacy is still to be rigorously assessed, programs that ‘strengthen identity’²⁰ and provide Indigenous women to connect with each other by sharing stories through cultural activities and group work are a particular feature of support services which target Indigenous Australian women who have experienced violence.

Advocate-Social Worker interventions

Advocacy or advocate-social worker interventions were first developed in response to the ‘limited options to address the complexities’²¹ of womens’ situations. Traditional options to support victims of family violence were limited to justice (i.e. police intervention) and housing / safety (i.e. refuges). As noted above, distinct from legal and political advocacy, advocate-social worker services in the family violence context assist women along their whole journey in a one-on-one supportive manner by:

¹⁰ Loxton et al (2008), p 22.

¹¹ Ibid, p 11.

¹² Breckenridge, J. et al (2016).

¹³ Bennett, L et al. (2004), p 815 and Karahasan (2014).

¹⁴ Breckenridge, J. et al (2016); and Howarth, E. et al (2015).

¹⁵ Loxton et al (2008), p 22.

¹⁶ State of Victoria (2014–16).

¹⁷ Taft, A.J et al. (2011) and Karahasan (2014).

¹⁸ Sullivan, C. (2011), p 355.

¹⁹ Breckenridge, J. et al (2016).

²⁰ Olsen, A and Lovett, R. (2016), p 24 and Day et al (2014).

²¹ Howarth, E. and Robinson, A. (2015).

- providing referrals to refuges and other accommodation so women can flee violence in the home, and
- working alongside women to help them navigate police, legal, forensic medical and other services.²²

Initially, advocacy services were delivered by family violence workers or social workers through refuges. They have now evolved to advocate-social workers being located with statutory agencies (i.e. legal services, specialist courts and police stations) as well as in one-stop-shop family violence service models.

Teams of service providers assessing the risk of a woman's situation rely heavily on the input of advocate-social workers. Specifically, advocate-social workers provide care teams with vital information on a woman's current living situation, level and types of contact with her partner and other needs. An advocate-social worker also plays an important role in supporting women to engage directly with care teams as well as to cooperate with police and lawyers.²³

3. Key components of victim support services

The literature highlights a number of common features, which make victim support services effective. These are: dynamic risk assessment; care planning and management; service integration; shared understanding of family violence; and trauma-informed approach. Each of these is described in more detail below.

Dynamic risk assessment

Risk assessment in family violence context requires providers to:

- understand what family violence is
- understand what risk factors increase a family's exposure to family violence – this includes pregnancy, and
- seek input from victims of family violence as to their level of risk.²⁴

Literature which examines family violence services in the United Kingdom suggest that providers use a dynamic risk assessment process. Rather than being once-off and static, dynamic risk assessment 'captures changes to women's circumstances'²⁵ and in doing so advocates and care teams have better visibility of any heightening risk allowing 'additional routes to safety' being offered.²⁶

Care planning and management

Usually led by a woman's advocate, case manager or case worker, care planning, safety planning or case planning is a common feature of highly effective victim support services.²⁷ Following the assessment of need and risk, a care plan is developed. Developed with the woman, the plan identifies the goals of the intervention and the actions the woman and other services must take to achieve them.

A critical component of care planning is the care team or "wraparound" support. This refers to the support services (and their representatives) who assist in assessing the

²² Howarth, E. and Robinson, A. (2015).

²³ Ibid.

²⁴ Family Violence Risk Assessment and Management Framework, http://www.dhs.vic.gov.au/__data/assets/pdf_file/0006/581757/risk-assessment-risk-management-framework-2007.pdf, date accessed 13 April 2017.

²⁵ Breckenridge, J. et al (2016), page 1.

²⁶ Ibid.

²⁷ Howarth, E. and Robinson, A. (2015).

risk and need, developing the plan, providing services to the woman and monitoring the plan as it is implemented. For example, the Croydon Family Justice Centre in United Kingdom (one of the few evaluated victim support services) is a one-stop-shop for victims of family violence to access the services they need. Services including police, legal, social work, advocates, counsellors are located in the same building. Co-location opens up access to a suite of appropriate supports for women. These providers also participate in care teams, which work with women to develop care plans.

Service integration

Integration includes facilitating collaborations among existing services, and also building domestic violence services into existing structures.²⁸

As described above, offering wraparound support to women by way of care teams requires local services to be integrated. For this integration to occur, providers must:

- work from a common risk assessment framework (for example, NSW's Domestic Violence Safety Assessment Tool²⁹),
- have a shared understanding of family violence (see below),
- have clear communication and information sharing protocols, and
- operate with similar philosophies (i.e. ensuring the woman's safety rather than advocating for the perpetrator).³⁰

Shared understanding of family violence

The literature reinforces the notion that all services that participate in an integrated approach must have a shared understanding of family violence. This includes understanding:

- its causes and impacts,
- violence in all of its forms including controlling behaviours, and
- risk factors.³¹

Trauma-informed

Trauma-Informed Care is an approach to service organisation and provision which recognises trauma's impact on people's lives and is sensitive to its dynamics.³² This means that those involved at every aspect of a service are aware of possible triggers and vulnerabilities of trauma survivors and seek to support these individuals and actively avoid re-traumatisation.³³

Family violence in Indigenous communities often exists within a context of intergenerational trauma. When providing victim support services for Indigenous women in this context, requires trauma-informed services, providers and advocates to recognise and understand the ongoing impacts of intergenerational trauma resulting from colonisation and dispossession.³⁴ These impacts often manifest themselves in:

- social and economic disadvantage

²⁸ Loxton et al (2008), p 11.

²⁹ http://www.domesticviolence.nsw.gov.au/_data/assets/file/0020/301178/DVSAT.pdf, date accessed 30 April 2017.

³⁰ Loxton et al (2008), p 11.

³¹ Ibid, p 22.

³² Bateman, Henderson, & Kezelman, 2013:9

³³ Ferencik & Ramirez-Hammond, 2011:6

³⁴ Closing the Gap (2016).

- disconnection from one’s cultural and spiritual identity, and
- challenges in parenting.

Enriching practice with culture is another way in which providers and practitioners can operate within a trauma-informed care framework. This involves understanding the dynamics of Indigenous family and kinship relationships as well as incorporating relevant aspects of a woman’s cultural and spiritual identity into the intervention.

Duration and intensity

As with studies into other family violence interventions, the evidence is inconclusive about the “right” dosage of support for victims for the intervention to be effective. Accepted practice by family violence providers – be they advocates, case managers or counsellors – is to work intensively with a woman for a period of time.

A common practice of advocates is to work with a woman for up to six hours per week during a crisis phase then dialling the intensity down as the needs become less acute.³⁵

On the other hand, a highly successful counselling program for women refugees called HOPE: Helping to Overcome PTSD through Empowerment, offers 60-90 minute sessions twice weekly over six weeks.³⁶

4. What victim support services can achieve

A number of domestic and international studies of varying rigour have examined the effectiveness of different victim support services. The key findings of these studies are summarised below.

Only a few victim support services have been evaluated worldwide and even fewer reliably evaluated in Australia. Drawing on the experience in the United Kingdom, an outcome evaluation of the Croydon Family Justice Centre found that the integrated family violence service which included advocacy support helped women meet their ‘short and longer term practical, legal and emotional needs’³⁷. The specific needs women were able to address through this service were:

- immediate short-term housing
- immigration, and
- personal security.³⁸

Through the counselling services they were able to access, women also started addressing the trauma they had experienced.

The evaluation suggests that the above activities combined to increase women’s choice, to think for themselves and to ‘begin to imagine a different life’³⁹.

Two key mechanisms which enable this were:

- The women worked with an advocate.
- The advocate was co-located in the Family Justice Centre alongside other key agencies including police, solicitors, housing, counsellors, crisis helpline workers, probation and social work.⁴⁰

Other studies of advocate services indicate that women who work with advocates:

³⁵ Howarth, E. and Robinson, A. (2015), p43.

³⁶ Warshaw, C. et al (2013), page 7.

³⁷ Hoyle, C. and Palmer, N. (2014), page 204.

³⁸ Ibid, page 193.

³⁹ Ibid, page 204.

⁴⁰ Ibid, page 193.

- ‘learn about the criminal justice system within a supportive context’.⁴¹
- are more likely to seek and follow through with legal remedies and report greater success in obtaining resources and support than women who did not receive advocacy.⁴²
- are less likely to experience recurring physical abuse by the original assailant or a new partner, compared to women who had not received advocacy services.⁴³
- had ‘fewer depressive symptoms, and were more effective at acquiring social support than those in the control group’.⁴⁴
- adopt more safety-promoting behaviours, and experience less physical violence in the medium term and higher quality of life in the longer term, relative to controls.⁴⁵

General evaluations of shelter services suggest that a shelter stay can reduce the frequency and intensity of new violence.⁴⁶ Further after two weeks of living at a shelter, women were less depressed and more hopeful.⁴⁷

In a randomised controlled study of the HOPE counselling intervention, ‘compared to women in the control condition, those in the HOPE condition were less likely to experience abuse six months after leaving shelter’.⁴⁸

5. Examples of effective victim support services

Described below are three family violence victim support programs that have achieved success at either a participant and / or family and community level. Each model explored describes the program, the outcomes achieved and how it achieved those outcomes.

Support for Maori women: Whānau Ora Wellbeing Service of Te Whakaruruhau, New Zealand

Te Whakaruruhau is a Maori women’s Refuge based in Aotearoa.⁴⁹ Te Whakaruruhau offers a safe haven for women and children by providing emergency housing and advocacy.⁵⁰ The focus of the Whānau Ora Wellbeing Service is to help empower women in their transition from emergency accommodation back into the community.⁵¹ One key element of this is through engagement with male partners (where appropriate), who may have been the perpetrator of violence.⁵²

Empowerment of women within the service stems from the ‘wrap-around’ approach taken which is tailored to the needs of the individual.⁵³ This includes:

- looking after a women’s physical needs, such as housing, furniture, budgeting issues
- restoring mental and emotional health through therapy, anger management programmes, and addiction counselling

⁴¹ Bennett, L. et al (2004), p 815.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Howarth, E. and Robinson, A. (2015), p43.

⁴⁶ Bennett, L. et al (2004), p 815.

⁴⁷ Ibid.

⁴⁸ Warshaw, C. et al (2013), page 7.

⁴⁹ Robertson et al., 2013:4

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid. p.4-5

⁵³ Ibid. p.i

- building and supporting relationships with the wider community, family, and children
- helping women to regain care of children who have been taken from their custody
- supporting clients through legal and court proceedings
- advocating for clients relating to ‘crown’ services such as police, housing, and health services, and
- addressing health issues which may have arisen from abuse.⁵⁴ When women leave the Refuge, they were also given ongoing support by the program if needed.⁵⁵

Many of the above services (e.g. regaining custody of children and rebuilding relationships with their family and community) may be particularly relevant to the design of similar services for Indigenous Australian women.

Notably, the women helped by Whānau Ora had very little support by their wider community before they entered the program.⁵⁶ Thus, a major focus of the service is restoring and building healthy and safe relationships.

On the individual level, outcomes for women include feeling safe, obtaining suitable housing, financial independence, overcoming addictions, improved health, and feelings of parental competence.⁵⁷ Regarding relationships, outcomes varied depending on the wishes and needs of the clients. These include:

- reuniting children with parents
- women leaving abusive relationships and being comfortable in dealing with perpetrators in arrangements regarding their children, or
- resuming of the intimate relationship.⁵⁸

On the systems-level, the main outcome was enhanced interagency collaboration.⁵⁹ Central to achieving these outcomes was the physical and emotional safety provided by the Refuge and its staff, and the fulfilment of needs of the clients through ‘wrap around’ support.⁶⁰ The element of physical safety includes secure housing, quick response times to those in need, and providing a safe space in which women can negotiate with abusive partners.⁶¹ Emotional safety relied upon staff promoting positive attitudes and perceptions of capabilities, building relationships between staff and client, supporting and fostering family relationships, and creating a future-focus such as facilitating study, work, and housing opportunities.⁶²

Supporting women through mentoring: MoSAIC, Victoria

‘MOtherS’ Advocates In the Community’ (MOSAIC) was a non-professional mentoring trial to combat intimate partner violence in pregnant women or women with a child under five years old, based out of primary care clinics in Melbourne.⁶³

The cluster, randomised trial was aimed at culturally and linguistically diverse women.⁶⁴ The study sought to test the benefits of social support, advocacy, and

⁵⁴ Ibid. p.60-61, 22, 38

⁵⁵ Ibid. p. 14

⁵⁶ Ibid. p.59

⁵⁷ Ibid. p. ii

⁵⁸ Ibid.

⁵⁹ Ibid. p.ii-iii

⁶⁰ Ibid. p. 6, 9-10

⁶¹ Ibid. p.9,11,14

⁶² Ibid. p. 35, 10, 12, 50

⁶³ Taft et al., 2011:2

⁶⁴ Ibid. p. 1

antenatal mentoring in reducing domestic violence and improving women's health.⁶⁵ Mentors were recruited from the community who had "good listening skills and an open, compassionate and non-judgmental approach" and were trained by the program in "befriending, domestic violence advocacy, working with depression, parenting support, safety and self-care".⁶⁶

Over two years, 133 women were recruited who would complete the study.⁶⁷ The 133 who completed the study, were broken into two groups; 90 women completed the program and 43 women did not receive a mentor for comparison.⁶⁸ Both groups had high levels of disadvantage and had similar measures of abuse.⁶⁹ Before the program began, the group receiving the mentorship had higher measures of depression and parenting stress, and lower social support.⁷⁰

The trial found that mentoring reduced partner violence (when compared to those not mentored in the study).⁷¹ A weak link was also found which suggested that mentoring reduced depression and improved general health.⁷² However, the study did not reach "conventional statistical significance" regarding the reduction in depression.⁷³ Also, parenting stress was not affected by the study.

Of the women that participated in the study 76 per cent received 12 months of mentoring, with 58 per cent meeting weekly and 18 per cent fortnightly with their mentor.⁷⁴

Women were given information on legal, self-care, parenting, and educational services.⁷⁵ The support provided by the mentors helped reduce the strain experienced by mothers around birth and infancy.⁷⁶ Notably, the two-to-one ratio in the groups may create a bias. Thus, reflecting the need for more research.

6. Implications

The findings of the literature review highlight a number of implications for the design of victim support services for the purposes of the family violence service co-design project. Framed as possible design parameters for victim support services, the services designed should include the following:

- A trusted care advocate. Ideally this person is Indigenous, operates from a trauma-informed practice framework and is well networked within the local social and health service system.
- Wrap around supports by way of a multi-disciplinary team. Care for a woman is planned in concert with a team of clinicians and support workers including advocate-social workers. Referrals to services are enacted through this care team arrangement.

⁶⁵ Ibid. p.2

⁶⁶ Ibid. p. 3

⁶⁷ Ibid. p.4

⁶⁸ Ibid.

⁶⁹ Ibid. p. 4-5

⁷⁰ Ibid. p.5

⁷¹ Ibid. p.7

⁷² Ibid. p.6-7

⁷³ Ibid. p5

⁷⁴ Ibid. p.5

⁷⁵ Ibid.

⁷⁶ Ibid. p. 7

- Service integration. Local services are involved in a woman's care planning, delivery and monitoring. This helps build a net of support which includes identifying and managing risk faster and more appropriately.
- Dynamic intensity and duration. Intensity of the support provided by the care advocate is highest during periods of acute need then taper off as need and acuteness reduces.
- Peer support. As identified in the MoSAIC example, women mentoring women is an effective tool for engagement and support.

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