

# *Dimensions Project*

*A survey of agencies/services responding to people, in the City of Manningham, who experience family violence and of people seeking services to assist in their experiences with family violence.*

*2006/7*

**Auspiced by the Manningham Family Violence  
Reference Group**

**Funded by Manningham City Council, the Ross Trust  
and the Helen McPherson Smith Trust**

**Conducted by Doncare**

## ACKNOWLEDGEMENTS

Thanks go to the three organizations that funded this project. First, to Manningham City Council, whose generous Community Grant seeded this project and who have been extremely supportive throughout. Thanks to the other funding bodies, the Ross Trust and the Helen MacPherson Smith Trust, for their foresight and for continuing the work done with women at Doncare, as part of the project.

Thank you to the Steering Committee, for their support and insights along the way, and to the Manningham Family Violence Reference Group, who initiated and encouraged the project throughout.

Thank you to all the staff from agencies and services who took the time to complete the survey and to share their experiences amid their already busy working lives, especially those who were individually interviewed.

Thank you to the clients who took part in the project, for their contribution was perhaps the most valuable of all.

Special thanks to Andrea Pelletier, who conducted the research on behalf of the Reference Group, and who is responsible for much of this report. Her sensitivity to clients, her expertise in the field and her attention to detail have been indispensable.

Thank you to the Doncare staff, for your contribution, interest and knowledge, especially to the C.E.O., Doreen Stoves, whose passion and vision for this area of work has led to the establishment of new services for Manningham, and whose ability to see what needs to be done and to advocate for those in need has been the principal ingredient in the inception not only of this project, but of new services and programs in Manningham for those struggling with family violence issues.

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## **1. Executive Summary**

The Dimensions Project surveyed a range of community service agencies in Manningham, and women users of a family violence service for women in Manningham. This report details the background, findings, conclusions and recommendations of that project. The definition of family violence used was: “family violence/intimate partner abuse is a pattern of behaviour of one person in a relationship that is dominating and controlling of the other through physical and sexual violence; threats and intimidation; emotional and social abuse; or financial deprivation.”

The Project surveyed 230 agencies, schools, doctors and individuals in the municipality of Manningham, as well as doing individual interviews with some agency personnel. Fifty-four responses were received. A focus group and individual interview was also conducted with women who had used local services.

The project focussed on non-specialist family violence agencies and services. The only specialised service for people who have experienced family violence that is based in Manningham, is the Women’s Support Program at Doncare, which offers two levels of group support as well as limited individual assessment, support and referral. Some other local agencies have a limited capacity to provide low cost counselling for people who have experienced family violence.

Eighty-five percent of respondents reported that they had encountered family violence among the community population with which they worked. The findings indicate overwhelmingly that local services want more information about how to respond to family violence appropriately, and that information and services are often lacking or hard to access.

Both service staff and clients made a number of specific suggestions about service gaps and how to address them. Clients want services that are free, competent, empathic and easy to access (local). Professionals and other agency staff are requesting training in how to respond, and up to date information about services they can confidently refer people to, in the area.

## **2. Background:**

The Manningham Family Violence Reference Group was convened by Doncare in 2005, to foster collaboration between agencies in Manningham that work with those affected by family violence. The Reference Group meets bi-monthly. Its members include representatives from

- the Doncaster police
- police liaison for family violence, Eastern Region,
- School Focussed Youth Service
- Y.M.C.A.
- Women's Health East,
- Manningham Community Health services
- Relationships Australia (provider of men's behaviour change groups in Manningham)
- Doncare
- D.H.S.
- Manningham Council Community Services Department.

Doncare's Women's Support Program had begun in 2004, and quickly became very well utilised. The first Men's Behaviour Change Group had been conducted in Manningham in late 2005. In October, 2005, Doncare held a Family Violence Forum, attended by 96 professionals from 48 agencies. Speakers included representatives from government and opposition political figures, police and welfare services, survivors, and the Magistrate's Court.

It was noted by the Reference Group that there was a growing political recognition of the importance of providing services for families affected by family violence, and a clear need for these. However, there was very little research to indicate where users of these services might present and what the service system was now able to provide, and what more may be needed in the municipality. The Reference Group decided to apply for funding to answer these questions.

It was known that a similar project has been undertaken in the Knox municipality in 2004-5, and this was used as an initial model for the project. The Steering Committee was drawn from the Reference Group.

The commencement of the Project was delayed for some months due to the call for submissions, early in 2006, for State Government funding for the Integrated Family Violence Service redevelopment. Not only was this a time-consuming process, but decisions made about the distribution of this funding inevitably influenced the system of service delivery, and therefore the distribution of questionnaires, choice of interview targets and the membership of the reference group. An unusual obstacle arose when the local Division of General Practice decided, after much discussion, not to distribute the questionnaire to its members. A decision was made by the Project Manager to survey GPs individually, which resulted in the return of fourteen responses from GPs.

## **Project Brief and Development**

The project was initiated by the Manningham Family Violence Reference group and conducted by Doncare. Funding for the project was received from the Manningham City Council Community Grants Program, and from both the R.E. Ross Trust and the Helen McPherson Smith Trust. A Project Steering Group was formed from the Manningham Family Violence Reference Group to oversee the development of the project. Dimensions was launched during a period when specialist family violence service development was receiving a lot of attention through the State Government's new approach to family violence via the Integrated Family Violence Service redevelopment.

The Steering Committee framed the objectives as follows:

- 1 To review available statistics regarding the incidence of family violence generally, and in the municipality.
2. Identify how agencies and service providers in the City of Manningham manage their response to clients who indicate they have been or are affected by family violence;
3. Identify gaps in responses to people affected by family violence as perceived by agencies, service providers and recipients of services; and
4. Identify gaps in support to agencies and service providers who might assist people affected by family violence.
5. Recommend practical local solutions to meet those needs identified as unmet.
6. To contribute to community safety for residents of the City of Manningham through knowledge gained from the project.

## **4 Methodology**

### **4.1 Questionnaire:**

Many people who experience family violence do not present specifically for family violence but disclose the experience of it in other circumstances, for example to their doctor, maternal and child health nurse, during counselling for other issues, or to their child's school counsellor. One of the effective ways to support women to deal effectively with family violence is to respond proactively when it is first disclosed. Dimensions therefore framed the questionnaire for completion by non-specialist community services and agencies to ask how they respond to disclosures of family violence and what they needed to make their response more effective.

Dimensions also asked about the existence of a family violence protocol in services and agencies. It is difficult for practitioners to respond effectively when they are not trained

in this area. One way to provide support and training is through the development of a service protocol for responding to family violence disclosure.

Appendix 1 contains a copy of the questionnaire as distributed.

Appendix 2 contains a complete summary of the responses to each question.

The questionnaires were designed to identify only the service category defined by Dimensions, not the identity of the specific service. Questionnaires went to all services in each of the categories defined by the project that could be located through the Manningham City Council Community Directory. In relation to General Practitioners a cross referencing of White Pages and the Whitehorse Division of General Practice Website Directory was used.

A pre-notification letter was sent to all questionnaire targets. The purpose of the letter was to inform about the project, request support for the questionnaire, and invite further inquiry or involvement.

The questionnaire was trialled with three agencies similar to those targeted in our project but outside the project municipality.

A brief cover letter and a stamped, addressed return envelope accompanied each questionnaire.

No follow-up reminders were sent due to the anonymity of the questionnaire.

A total of 230 questionnaires were sent and 54 were returned – a 23.5% return rate.

### **Interviews and focus group.**

Interviews with a small number of specific services sought to more fully understand the issues faced by these services.

Dimensions also conducted a focus group with women who had accessed the Doncare Women's Support Program and one interview with a past client of that program. At the time of this project this was the only program in Manningham that provided a specific service to women affected by family violence. It had been planned that the project would also conduct a focus group with men who had engaged with the then new men's behaviour change program, MEND, in Manningham. However as no men's group was conducted in Manningham during the research period, and difficulties in making contact with suitable participants, this did not eventuate.

## **5. Results and Findings:**

### **5.1 Agencies and Populations targeted through the questionnaire:**

Manningham is unusual in that there are few services in the municipality directed to supporting people who have experienced family violence. Doncare's Women's Support Program has been in existence only since 2004, and a men's group was run early in 2006.

The table shows the number of questionnaires sent and the number returned. A wide range of services was covered and a broad cross section of the population targeted. The target populations noted by respondents indicated a wide range of the Manningham population including the special category areas of ‘Culturally and Linguistically Diverse Backgrounds’, ‘People with a Disability’ and ‘Aboriginal and Torres Strait Islanders’.

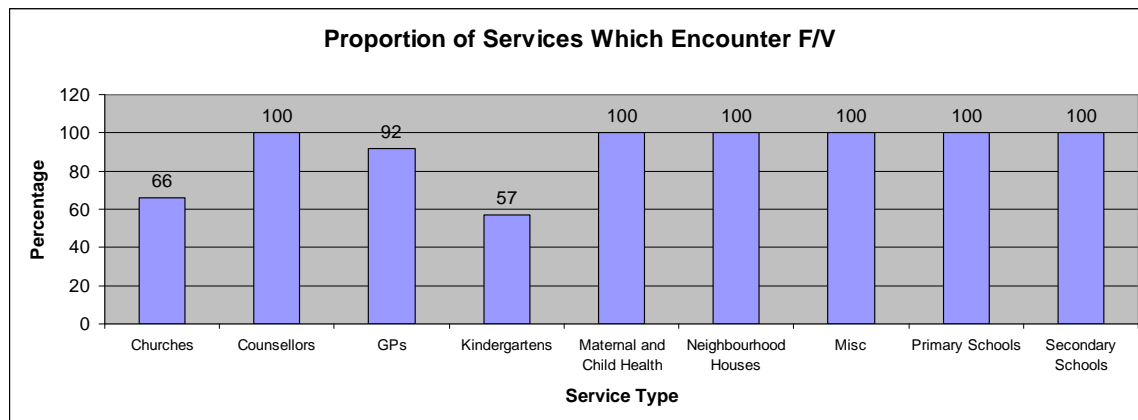
**TABLE 1:**

Service/Agency	Sent	Returned	% Returned
Maternal & Child Health Services	8	2	25%
Primary Schools	24	7	30%
Secondary Schools	8	3	37%
Preschool	24	7	30%
Child Care Centre	25	4	16%
Churches	59	7	11%
Neighbourhood/Community Houses	7	3	43%
Counsellors (private)	11	5	45%
Miscellaneous: Community Health, YMCA, Police	3	2	66%
General Medical Practitioners	61	14	23%

## 5.2 Which agencies/services see clients experiencing family violence? (Q3)

All types of agencies surveyed reported at least sometimes encountering people who have been affected by family violence. The following table indicates the prevalence of such encounters. (See Appendix 2, Q10)

Table 1: Prevalence of Family Violence as a Presenting Issue



Comment: 85% of respondents overall indicated that they do encounter people affected by family violence, confirming that concerns about family violence do impact a wide variety of generalist service areas in the community. Agencies reporting the highest rate of encounter with family violence were counsellors, Maternal and Child Health Centres, Neighbourhood Houses and schools (100% reporting that they encounter family violence/intimate partner abuse), followed by doctors (92%)

Only 8 respondents (15%) indicated that their service did not encounter people affected by family violence. The service types that responded this way were: 3 of 7 preschools, 2 of 4 child care centres, 2 of 6 churches and 1 of 14 general practitioners.

These responses indicate a wide incidence of family violence, and give an indication of how much impact family violence has on the lives of family members showing up in a variety of community settings.

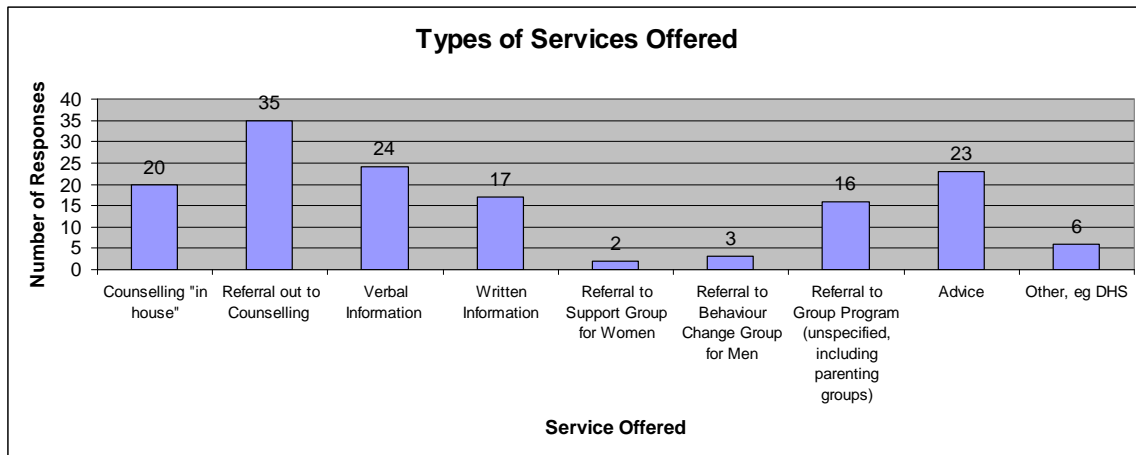
It may not be surprising that preschools and child care centres do not encounter family violence in their client group as much as schools and other service areas. Given the developmental level (under 5 years of age) of children using early childhood services it is less likely that they would divulge their experience as overtly as an older child. In addition, the level of relationship between parent and service provider may be less developed due to the shorter period of time the family use early child hood services compared with schools and general practitioners.

### 5.3 How do agencies/ services respond to disclosure of family violence? (Q4)

With an 80% response rate to this question, answers showed a tendency to provide counselling where possible or to refer people to other services. A number of respondents in the secondary school area, one pre-school service and one community house indicated a high level of knowledge about appropriate referral sources.

The table below demonstrates the most common responses offered.

TABLE 2 Responses Offered



Only 2 types of agencies (a Neighbourhood House and a Counsellor) mentioned making referrals specifically to a Men's or Women's Group Program related to Family Violence. The Neighbourhood House happened to host a Group for Women. Some who made referrals to groups mentioned other types of groups such as parenting groups, and some said they would refer to a group at their own service, including a primary school and a general practitioner. These are unlikely to be groups directly concerned with family violence, and are often parenting groups (at schools). One secondary school said they

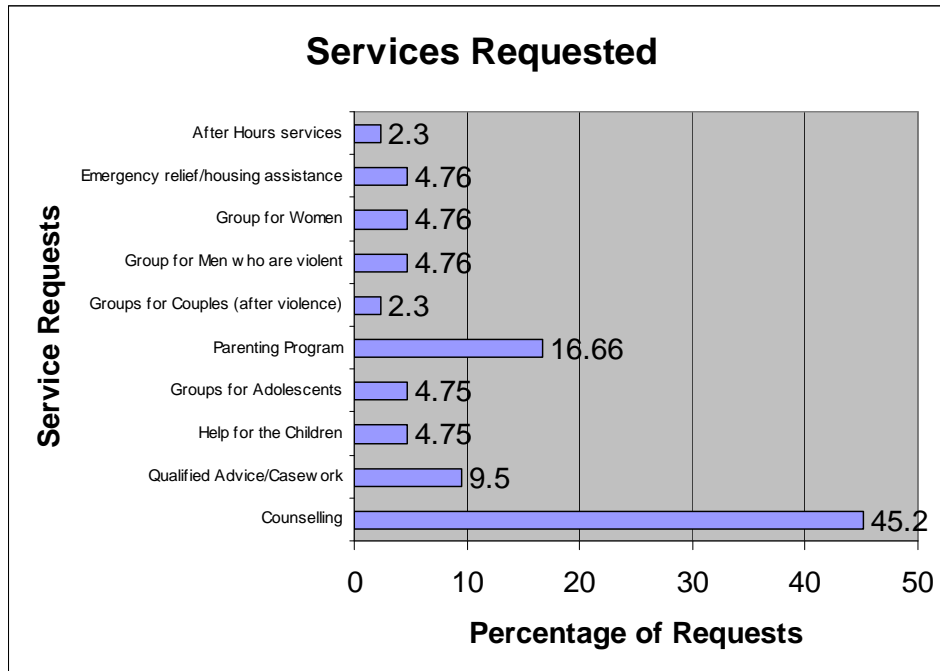
would refer to Anglicare’s Breaking The Cycle Group (a group for parents who have been abused by an adolescent).

Most responses, including responses from all types of agencies, reported that they gave advice and verbal information, and examples given showed that this covered a wide range of responses, including telling people abuse is not OK, suggesting people get professional help and referring people to appropriate agencies. Verbal advice is usually elicited by a disclosure of family violence. This means that if a woman is unwilling or afraid to disclose her situation, she will not be offered information, advice or referral. Many of the women who attended the focus group related how difficult it was to find written information about services. The wide availability of pertinent written information seems to be extremely important.

Generally, agencies and services said they refer people out to other services and/or provide whatever ‘in-house’ support they can, dependent on their knowledge and capacity. Questionnaires and interviews indicated that agencies/services believe there is room for improvement in their capacity to respond to people affected by family violence. They particularly would like more knowledge about services to which to refer clients and more confidence in the usefulness of that referral. Questionnaires indicated that secondary schools are generally more informed about referral sources than other services surveyed.

**5.4 How do agencies and recipients of family violence services perceive gaps in response to people affected by family violence? (Q5)**

Table 3. Service Gaps



Agencies/services overwhelmingly identified counselling as a major gap in their capacity to respond effectively to disclosure of family violence. Agencies/services that showed some capacity to provide some level of counselling 'in-house', generally indicated frustration in their inability to provide on-going specialist counselling support and to find an adequate counselling services to which they could refer clients. They stated that cost and accessibility were often obstacles even where appropriate counselling was available. The one response to this question from a Church group noted that lack of information about referral sources was an obstacle to being able to assist.

A number of services noted that parenting programs were much needed but indicated that cost and lack of availability were obstacles. A few respondents indicated that lack of expertise 'in house' was also an obstacle. Respondents from eight out of the ten agency types reported that they either lacked the in-house expertise to respond to clients, or did not know where to refer them.

### **5.5 What are the gaps in support to agencies/services to assist people affected by family violence? (Q5 contd)**

Questionnaire responses and interviews clearly showed that agencies/services need training in how to respond to people affected by family violence. They want support and training in developing a family violence protocol and up to date information about referral sources for people affected by family violence. Some agencies/services indicated they would provide specialist advice and support if they had funding to employ staff for this purpose.

Many early childhood services expressed a need for more information about family violence as an issue and about services available to their clients who might experience family violence (questions 8 & 10). Included in this set of services were preschool services, child care services and maternal and child health services. Given that one of the highest risk periods for a woman to experience family violence is during pregnancy or after the birth of a new baby, it would seem important to ensure that early childhood services have a good understanding of their role in relation to concerns about family violence.

### **How would agencies/service like to enhance their response to family violence? (Q8)**

Approximately 55% of respondents answered this question. Responses indicated that there is a strong need for information about referral sources across the agencies and services.

8 responses indicated a desire for training and a similar number for support in developing guidelines or protocols.

### **What do agencies/services need to assist in their ability to enhance their response to family violence disclosure? (Q9)**

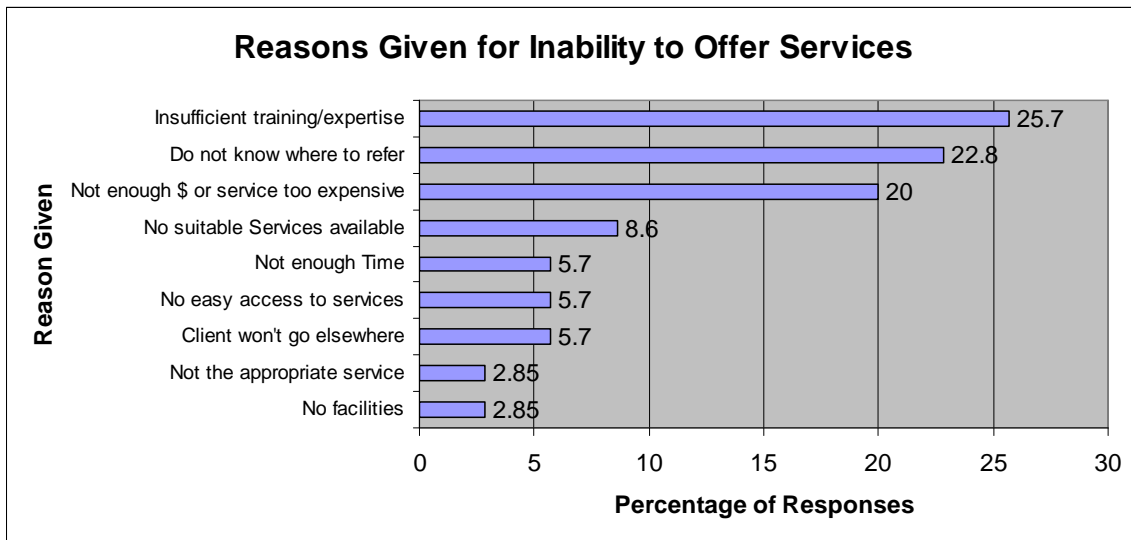
There was a very strong response to this question with a 95% response rate. All services and agencies indicated a definite desire for up to date information about referral sources including accessibility and cost. Training and Networking were responded to equally

indicating a need to connect with other service providers and to up-grade skills and knowledge for staff. There were a few requests for funding to assist in providing groups to families or to provide financial support to families.

When the responses to these two questions are considered with the response to the question asking agencies what services they would like to offer, it is clear that agency staff

- lack knowledge about services available,
- need and are requesting more training in how to respond to family violence
- would like suitable written information available about family violence issues, and the services available to assist, particularly low cost accessible services.

Comments by respondents indicated uncertainty as to the best way to respond to issues of family violence to ensure a positive outcome. The need for information, training and resources came through strongly in this section of the questionnaire.



**5.6 Do agencies/services have a family violence protocol? (Q6 & 7)**

There was a 64% response rate to this question from all returns. Of that 64% just over half answered YES to having a “protocol, practice guidelines or similar for responding to family violence” and about half of those who answered YES actually described a protocol or practice for family violence. The other half described adherence to child protection guidelines or mandatory reporting of child abuse. Put another way, about 19% of all respondents to the questionnaire responded in a way that indicated that they had a concrete policy guiding their response to disclosure of family violence. Primary Schools, Secondary Schools, Counsellors and Police were strongest in this area. There was only one affirmative response from Preschool Services. Child Care Services focussed their responses on mandatory reporting of child abuse.

Thus, many of the early childhood service questionnaire responses indicated possible confusion in response to the question about a family violence protocol. Given their focus on children it is clear that they would have in place a sound policy in relation to child

abuse. To confuse this with disclosure of family violence, which may or may not occur alongside child abuse, potentially misses an opportunity to provide a woman with effective support.

Additional Comments from agencies and practitioners included

- Concerns that interventions that try to address family violence can lead to violence re-occurring, worsening or changing into another form of violent or controlling behaviour.
- A sense that abuse may be occurring, but that the family member is unwilling to disclose for a number of reasons.
- Concerns for children living with a violent or abusive parent, and an awareness of the vulnerability of children in this situation.
- A belief that family violence is under-reported. Some factors suggested for this include fear, shame, or cultural and social isolation.

### **5.7 Women's Focus Group & Individual Interview:**

(See Appendix 3 for a description of the brief for the focus group,

- Appendix 4 for notes from two different note takers from the focus group and
- Appendix 5 for a summary of the main issues arising from the focus group.)

A focus group was held with women who had participated in the only program for women located in the City of Manningham, that is, the Doncare's Women's Support Program. One individual interview was conducted with a past client of the Women's Support Program with a woman who had been unable to attend the focus group but wanted to make a contribution to the project.

The Doncare Women's Support Program includes 2 types of group experiences, one to one short term support and referral into individual counselling and other services. The group program involves two stages of group experience. The first group is a structured psycho-educational format with between 5 – 10 participants and two qualified facilitators. The group runs for 2 hours a session over 8 – 10 sessions. Childcare is provided. The second group is open to women who have completed the first group or a similar type of group in another location. Two qualified facilitators provide both emotional support and a psycho-educational experience, and topics are defined in collaboration with the participants according to their needs. It also provides for more casual interactive support amongst the women than the first group. Women attend the second group for as long as they wish, some having attended over an 18 month period. Childcare is provided free for women attending these groups.

Seven women attended the focus group. Many did not know each other as they had attended different groups over the 2 years the Women's Program had been running. The group was facilitated by an experienced counsellor and facilitator who had many years experience in family violence prevention. One woman was interviewed separately.

Themes arising from the focus group and the interview are described below under headings defined in the brief for the focus group.

- a. *What had it been like for service users to **find and connect with** domestic violence services? This might include their pathway to the service they ended up using and how they experienced that.*

Women reported finding it quite difficult to locate services. This difficulty arises for a number of reasons:

- Services are not well advertised in places where women might see them easily.
  - Other ‘helpers’ such as maternal and child health, doctors, Centrelink and others that women might access for a range of issues that may or may not intersect with their experience of domestic violence, do not seem to regularly look for indicators of family violence and if they notice it they do not seem, on the whole, to know how to respond to it. When they do respond they are often not sure of where to refer women or how to talk to them about it in a helpful way.
  - Women feel embarrassed and reticent about divulging their experience of family violence and therefore do not readily approach ‘helpers’ for assistance.
  - Women are often unaware that the distress and unhappiness they experience is called ‘family violence’. Unable to identify themselves as experiencing family violence they do not turn to the most appropriate services as a first call for help.
- b. *What gaps are perceived by women in the way they were responded to on their way to finding a service, while using the service and after they finished using the service (if applicable)?*
- When women do make a phone call or an approach regarding family violence they want to be ‘heard’ as fully as possible by a skilled person on the first contact.
  - Services for children need to be more geographically and financially accessible.
  - All family violence services for women need to be free of charge.
  - Some group programs for women and other support services need to be available after hours and in geographically accessible locations for working women.
- c. *Do women have any ideas about what other services are needed in the municipality?*
- Women want after-hours services and services for children in Manningham.
- d. *What ideas did women have as to what the current services might need to make the experience of the service user better?*
- Women want to speak directly to a person who knows how to negotiate ‘the system’ on their first attempt to seek help.

- Women want information about family violence and family violence services accessible in public places like the local newspaper, notice boards, shop-a-dockets, through ‘women only’ mail-out reminders such as breast screen and pap smear reminders and in places where women are likely to see the information.
- Women want services available after hours.
- Women want all family violence services to women to be free.
- Women want all types of ‘helpers’ (police, lawyers, court support people, church support people, local council, doctors, counsellors) to be more up to date with information about services and issues pertaining to women’s experience of family violence.
- Women want their group experience to be empowering rather than exhausting. They want the group to provide them with education and information not just a chance to ‘vent’ about their experience.

#### OTHER COMMENTS:

Women greatly value their attendance at the groups. They spoke of the value of information and the educative role, and of the support from other women. They spoke of the importance of the group being free and of support in some form or another being available soon after contact.

Some women noted that their partners continued to be abusive, even after having had ‘graduated’ from a behaviour change program.

#### **5.8 Interviews with Agencies:**

(Appendix 6 contains a summary of each of the agency interviews)

As noted earlier, interviews were conducted with several agencies with a focus on the early childhood area. Agencies interviewed included: maternal and child health, occasional child care, long day care and a supported accommodation funded program that provides housing and case management to young people aged 16 – 25 years and their children.

The brief for these interviews was to follow the questions on the questionnaire allowing for amplification around particular questions relevant to the interviewee.

Themes:

Themes that arose through the interviews were similar to noticed in the questionnaires. The interviews reinforced

- ‘Helpers’ feel unable to provide the expertise and time required to fully assist a person experiencing family violence and therefore some feel reluctant to acknowledge their awareness of the issue,
- Interviewees expressed a need for training about family violence and how to respond most effectively when it is identified,

- Interviewees expressed a strong need for up to date information about local services and a personal knowledge of the person to whom the ‘helper’ would refer their client. ‘Helpers’ were aware that their client might back off from seeking help unless they received ‘expert’ help on their first contact,
- Interviewees wanted family violence information in languages other than English.
- Services that do not have a family violence protocol would be interested in developing one if training was available.

## **6 Discussion:**

While the Dimensions Project has revealed much more about the experiences of women and the effects of family violence, this does not imply that the needs of children, men and extended family are any less important. Family violence affects all family members and spreads its affect to the broader social network and the general community. Women’s help seeking most often opens the door for support to children and frequently heralds a step closer to help for men who use violence

### **National Statistics:**

Family violence touches a very large number of people in the community. The most recent national Australian data came from The Personal Safety Survey conducted by the Australian Bureau of Statistics in 2005 which surveyed 16,500 adults<sup>1</sup>. It found that 40 per cent of all women (over 15) have experienced violence. Close to one in three women (29 per cent) have experienced physical assault, and close to one in five women (17 per cent) have experienced sexual assault. The Personal Safety Survey also revealed that there are still unacceptably high levels of violence against women. In the previous 12 months, one in 20 women was the victim of some form of violence. Over 440,000 women experienced physical or sexual violence in the previous year. Whereas men are most at risk of assault in public places, women are most at risk in the home, and from men they know. Sixteen percent of women surveyed had experienced violence by a current or previous partner since the age of 15. This survey also revealed that particular categories of women are at greater risk. For example, young women face a much greater risk of sexual assault than older women. Over one-quarter (28 per cent) of women aged 18 to 24 had experienced an incident of sexual assault in the last 12 months.

The Vic Health Study – Health Costs of Violence<sup>2</sup> (2004) found family violence to be “responsible for more ill-health and premature death among Victorian women under the age of 45 than any other well known risk factor including high blood pressure, obesity and smoking”. Also in 2004 Deborah Walsh and Wendy Weeks published “What a smile can hide:” a report on the study of violence against women during pregnancy.<sup>3</sup> This survey of pregnant women at the Royal Women’s Hospital in Melbourne found that 20 per cent of women had experienced violence during their pregnancy.

### **Local Incidence:**

In our local community the Manningham Police indicate that about 400 incidents of family violence are processed each year. The rate per 100,000 of population is compared below to that of neighbouring municipalities.

Nilimbik	217.9	<b>Manningham</b>	<b>298.2</b>	Whitehorse	416.1
Booroondarah	232.4	Monash	333.3	Maroondah	595.4

### **The impact:**

If family violence touches this many women we can imagine the number of men and children directly affected. Beyond those with direct experience of family violence, there are impacts on extended family, schools, workplaces and further to service providers and the judiciary. Family violence is a feminist issue, a cultural issue, a men's issue, a children's issue, a social issue, a legal issue, an educational issue, a workplace issue, and historical issue; it is personal; it is systemic; it is complex. As stated in the World Health Organisations Report on Violence and Health<sup>4</sup> (pg 10) "no single factor explains why one person and not another behaves in a violent manner. Violence is rooted in the interaction of many factors – biological, social, cultural, economic and political." In their discussion on the impact of intimate partner abuse and physical and mental health and how it might be better recognised in health settings, Campbell, Laughon and Woods<sup>5</sup> state that "there is no risk factor that is particularly strong or any combination that is consistent" (page 45). However, the World Health Organisation<sup>6</sup> also noted the particular vulnerability of women "in societies where there are marked inequalities between men and women".

### **Mapping Difficulties and Working towards Solutions:**

To note the complexity of the problem does not however infer that it is an unsolvable problem. The Victorian Government has taken a particular 'whole-of-government' approach through the Women's Safety Strategy<sup>7</sup> which acknowledges that addressing intimate partner violence is a priority to achieving better well-being outcomes for women. The Women's Safety Strategy is one of a number of policy initiatives of the State Government that provide a backdrop to their current family violence service reform described in the Report of the Statewide Steering Committee to Reduce Family Violence, 2005 and called "Reforming the Family Violence System in Victoria"<sup>8</sup>. The program of service integration described in this reform is focussed in local communities to develop a service system that provides a smooth pathway for women, men and children seeking support for the affects of family violence. Prior to the roll out of the service integration reforms, Victoria saw a number of other reforms including the Police Code of Practice for Police Response and Investigation of Family Violence<sup>9</sup>, reform of the court system with the implementation of the Family Violence Court Division of the Magistrates Court<sup>10</sup> and the Review of Family Violence Laws<sup>11</sup>.

The service integration reforms currently being rolled out in Victoria are a secondary prevention strategy that targets policies and programs that directly affect families experiencing family violence and that have capacity to reduce the impact of family violence and its incidence. Such policies and programmes include the justice system which has undergone considerable reform in Victoria. Alongside the justice reforms there is a concerted policy direction to develop integration of all services for people

affected by family violence. This includes all forms of programmes aimed at victim support, counselling for women, children and men, including housing and legal support.

The Statewide Steering Committee to Reduce Family Violence<sup>12</sup> identified a number of weaknesses in the way in which the service system has previously functioned (pg 21). Dimensions found some of those weaknesses were also identified by women and by service providers in the Manningham area.

They were:

1. *A lack of clear and accessible information available to individuals affected by violence and service providers about the services system:*

Dimensions Project found that service providers want up to date and clear information about services to which they can refer women affected by family violence. Women who are affected by family violence also expressed a need for up to date and easily accessible information. There was more to this discussion than just picking up a flier. Their discussion included the need to make this information accessible in a “women friendly” way, using strategies that enable women to receive information privately but through public means. For example, women in the Dimensions Project brainstormed a number of ideas that could fit their criteria for ‘private but public’. They wondered if information about family violence and about services responsive to family violence could be advertised on the back of supermarket receipt dockets. They thought it would be helpful have such information provided to them on their regular pap smear and breast screen reminder letters. They described these strategies as meeting the need to make the information public and accessible but also provided in a way that protected the privacy of the individual reading the information. In the same focus group women discussed the importance of making family violence a public issue by bringing it to the notice of the community in different ways. They were supportive of the public campaigns such as television info-ads because they saw that they make family violence a public issue in a way that can bridge the silence that often engulfs women who experience family violence.

2. *No common understanding of early intervention and prevention and an inconsistent approach to responding to family violence:*

When seeking help from service providers women expressed a need to speak directly to workers who know how to help in this very specialised area. They discussed the difficulty of identifying their situation as family violence, many only being able to name it as such after talking over their circumstances with a professional. People who live with a partner who is verbally abusive, domineering or psychologically cruel, frequently become not only accustomed to being treated badly, but convinced they are at fault. This may then manifest as depression, anxiety or a somatic disorder.

The 2004 report – “Women’s Journey Away from Family Violence”<sup>13</sup> echoes the voice of the women we spoke to in Dimensions (pg 9). Availability and visibility of service,

appropriateness and quality of service provision and linkages are key supports to women moving forward from family violence.

Service providers expressed their concern that they did not always know how to help, or know the 'right' thing to say when they suspected that a woman may be experiencing family violence or when she might directly divulge her experience. As we know from a number of sources<sup>14 15 16</sup>, including anecdotally from our discussions with women who participated in the Dimensions Project, women rarely present family violence as their main complaint when seeking help from health care professionals and other allied health and community services. They may present other health issues, parenting issues, other relationship issues or financial concerns. There are a vast number of reasons why women may not present family violence as the number one concern when seeking support. Just a few of the possible reasons are: not having identified themselves as living in a violent relationship, being embarrassed or ashamed of their circumstance, believing that no-one will take them seriously, being frightened that they may not be helped unless they take a particular course of action, and being frightened that their partner may find out they have talked about it.

For the 'helper' this can make it very difficult to identify a woman's need for support with family violence. Even when the 'helper' may guess that the person seeking help could be experiencing abuse it is very difficult to broach the subject. Dimensions Project found that many 'helpers' are uncertain as to how to communicate their 'guess' that a woman may be experiencing family violence for fear of embarrassing the woman, fear of opening up an area of vast need unable to be met by the 'helper' due to lack of skill and/or lack of time, fear of saying 'the wrong thing', or frustration at having nowhere to refer the woman for help. Roberts, Hegarty and Feder<sup>17</sup> (pg82) found similar difficulties occurred with health professionals. Further to these 'external' barriers, 'helpers' may experience their own attitudes and feelings as blockages to their ability to offer help. All 'helpers' are members of the general community. Since family violence is quite wide spread it is quite likely that some 'helpers' will have been touched by personal experience of family violence. If they have not been fortunate enough to have come to some understanding of their own experience they might find it difficult, either consciously or unconsciously, to confront the issue in another person presenting for assistance.

The Dimensions Project questionnaire to agencies/services asked whether services had a family violence protocol. Answers to that question showed that most services did not have a clearly articulated protocol and that many confused a child protection protocol with a family violence protocol. If this uncertainty exists within individual agencies there can not be consistency of approach across agencies. Many service providers expressed a willingness to engage in training so that they would be skilled and confident in attending to needs related to family violence. When individual practitioners develop a better understanding of the issues pertaining to family violence service delivery, this will facilitate the wider service system to develop more effective policies and protocols. For example, it is not surprising that agencies that provide services to children, such as schools and child care centres suggested referral to parenting groups as an intervention where they suspect or identify that family violence is occurring. While this can be of

benefit, this suggestion probably arises from their focus on children and child-focussed interventions. Training in parenting often has no impact on the incidence of family violence. Training of staff about family violence and information about services may result in interventions that provide a more pertinent and protective opportunity for change.

Training is a significant consideration in ensuring common understanding of early intervention and prevention and a consistent approach to responding to family violence across the service system. While there are a growing number of opportunities for allied health and community service providers to access extra training through the Domestic Violence Incest Resource Centre and Tertiary and Further Education institutions, the core professional training of most allied health and community service professionals does not include family violence in the curriculum. Understanding the complexity of forces and issues that lead to family violence and the consequences for all involved requires specialised training for all who work in the ‘helping’ professions.

### 3. *Lack of capacity in the system to meet current demand.*

Women noted that it was difficult to find a service that could respond to the particular needs arising as a result of family violence whether that was counselling, women’s support groups, services for children, housing etc. Women expressed a particular need for out-of-hours support groups and services that were geographically accessible. Service providers expressed their desire to provide more services for people affected by family violence if they could access appropriate levels of funding.

Any effective strategy for responding to family violence requires a clear understanding of the total context in which family violence occurs as well as the breadth and limitations of the service system. A number of sources<sup>18 19 20</sup> use an ecological model as a way of understanding this context. This model was articulated by Urie Bronfenbrenner in “The Ecology of Human Development”<sup>21</sup> where he described his framework for understanding child development. Over the years since it was first articulated it has been used as a model for developing effective responses to child abuse and to other forms of violence. In this ecological model the individual is seen as the centre of a series of concentric circles. The elements of each circle influence the circles inside it. A woman who experiences family violence is most directly influenced by the immediate environment of her home. That environment is influenced by the next circle representing the social and economic or community environment and that is influenced by a further circle representing the cultural and societal context. This is an exciting model for understanding how people’s behaviour is influenced by the impact of various environments, providing a way of picturing the varied influences on each individual in a relationship that is violent and the ways in which they are impacted as a family. In this model there is interaction between the person and the system – the person acts on the system and the system acts on the person. The model suggests that to prevent and to heal violence we must develop strategies that impact across contexts. For example, the women in the Dimensions Project focus group wanted information about services available to them in a way that changed their personal knowledge and provided education

and expansion of awareness to the general community. When women, changed by their increased knowledge, move into the community and use that knowledge they will interact with a community also changed through increased awareness and knowledge. If only one context is changed the interaction between the two will be far less productive and constructive. This is one specific example of how an appreciation of the ecological model can impact the way primary prevention strategies are developed.

Public health interventions are often framed in the hierarchical structure of primary, secondary and tertiary interventions. Primary prevention strategies are the universal policies and programmes aimed at preventing violence and at enhancing well-being. This would include community awareness programs, education, information and other strategies that work to provide an environment that is not conducive to violence. Secondary prevention strategies are those that target the immediate response to violence and abuse, such as legal interventions, health interventions, and emergency responses to people experiencing violence. Tertiary prevention strategies are longer term programs aimed at stopping a recurrence of violence and at rehabilitating or reintegrating people who have offended. There can be some overlap within this hierarchy. The WHO<sup>22</sup> report notes that priority is often given to the secondary prevention strategies with support to victims and punishment of offenders. While the report acknowledges the need to provide and strengthen secondary interventions it finds the need to give greater investment to primary prevention so that less violence occurs in the first place.

A local response to family violence should acknowledge the need to invest in primary prevention strategies without withdrawing focus on secondary prevention strategies. It must be an integral part of the reform strategy of the State Government. At the same time it must ensure that local programs, strategies and services are responsive to the expressed needs of local women, men, children and local service providers. The Dimensions Project has started a dialogue between recipients and providers of services that could provide a dynamic vehicle for the on-going development and evaluation of family violence service provision in the City of Manningham.

## **7. Men's experiences:**

It is unfortunate that it was not possible to interview any male participants of family violence services. During the second half of 2006, no men's behaviour change group was conducted in Manningham.

### **Perpetrators**

A National Crime Prevention report<sup>23</sup>, Ending Domestic Violence: Programs for Perpetrators, provided a comprehensive overview of perpetrator programs in Australian states and territories. The study found that up to that time, there has been little policy development with a focus on men as perpetrators. A key unresolved policy issue is whether these programs should be mandatory for offenders, as they are in the United States, or voluntary, based on self referral as they tend to be in Australian jurisdictions. The recent Manningham experience has been that it is difficult to persuade men to attend such programs. As there has been no history of these programs being available in Manningham, much needs to be done to promote such services in Manningham. Another

factor is that the agency funded to conduct these groups is in a neighbouring municipality, and this makes it less likely that local services know about the service, and more difficult for local networks to become familiar with it. Another problem that has come to our attention is that these groups are often tailored for, or associated with men who are physically abusive, and may not meet the needs of men with less violent behaviour. Best practice models have an integrated approach where individual as well as group support is offered.

Individual counselling for men with these difficult behaviour patterns is not only very specialised, it can be difficult to persuade men to seek help. Much harm can be done to all family members if family violence interventions are mishandled. For example, working with couples where there is oppression of one partner by the other can lead to escalating behaviours and a reluctance, or refusal, to seek further help. Lundy Bancroft<sup>24</sup> (ref) points out that sympathetic counselling of a perpetrator can result in sympathy for his world view and behaviour rather than challenge. Doncare, the largest funded provider of generalist counselling in Manningham does not have counsellors trained in this area of expertise. Referrals for perpetrators are hampered by this, as well as by the reluctance to change behaviours that are associated with anger and shame.

### **Victims**

The Personal Safety Survey, 2006<sup>25</sup> gives the most recent figures on the male experience of violence. Men are usually assaulted by other men, not by women. If assaulted in the home, they are more likely to be assaulted by a member of their own family or origin than a partner. Of all assaults on men, 4% were by a current or former female partner. Of all assaults on women, 31% were by a current or former male partner. That is, women are 8 times more likely to be assaulted by a partner (of the opposite sex) than men.

Services for male victims of family violence are difficult to find. However, they can access and respond well to professional counselling and, if the police or courts have been involved they are eligible for victims services. These services are available through the Victims services in Ringwood.

### **Men's Services**

It is regrettable that no male users of services were interviewed for this project. There is no doubt that there are men in Manningham in need of sensitive and expert services to help them learn non-violent and/or non-controlling behaviours in their relationships. Figures supplied by the Victoria Police show that at June 30<sup>th</sup> 2006, there were 232 'active' Intervention Orders relevant to addresses in the City of Manningham. Where police have been called to an incident, charges had been laid in 19.6% of cases. The breakdown of relationships due to abusive and controlling behaviours can lead to tragic consequences for men as well as women. The courageous men who take responsibility for learning more equitable and respectful ways of operating in relationships can not only enjoy greatly enhanced lives, they can also initiate changes in generational patterns, and reduce intergenerational effects of domestic violence such as the development of life cycles of abuse from one generation to another.

## **8. Recommendations:**

### **8.1 General Recommendations**

The Manningham Family Violence Reference Group is ideally suited as a conduit for the development and delivery of new strategies for enhancing the provision of family violence prevention services in Manningham. It includes a good representation of key stakeholders in the family violence issue in Manningham and has the capacity to co-opt other appropriate members as required. New strategies and programs developed as a partnership between all stakeholders including recipients of services generally provide the best long term outcome for the work and resources invested.

1. With local service providers initiate a strategy that will enable service providers to develop complimentary protocols to respond to family violence. This may include a number of preliminary strategies such as training and education for service providers.
2. Develop strategies that provide information to families and the community about family violence and about services responsive to family violence in a way that acknowledges the need for privacy while making information publicly accessible.
3. In consultation with local service providers develop
  - a. a strategy that ensures that information about services is available to service providers in such a way that the information is current and easily accessible, and
  - b. that training for those assisting people who have experienced family violence is accessible and available..

### **8.2. Practical Suggestions for Future Directions:**

Drawing together the feedback from questionnaires, the focus group and interviews there appear to be a few key strategies that if implemented could make a positive difference to the experience of services/agencies and people seeking services when impacted by family violence.

#### **Information:**

Up do date and clear information about services was a need strongly expressed need by both recipients of services and agencies/services.

All types of agencies mentioned the need for information of two types

- How to respond appropriately where family violence is either suspected or disclosed,
- Information that is up to date, and in written form, about appropriate services that can be given to clients.
- Clients requested that this information, where possible, be publicly disseminated and available, but able to be privately digested.

**Training:**

Training for services/agencies that are likely to come into contact with people affected by family violence was a need expressed by services/agencies and indicated through the anecdotes of the experiences of women affected by family violence. This training should be targeted at helping services/agencies develop positive and effective ways of communicating with people who might be affected by experiences of family violence. Such training would take into account the different situations of interacting with a person who openly divulges family violence experiences and of a person who shows indicators of being affected by family violence but does not openly state that experience. Some training could also be targeted directly at helping agencies develop a family violence protocol.

**Provision of Services:**

Agencies/services expressed a need for more low cost, accessible counselling services to which they could refer their clients or for funding to provide counselling 'in-house' if appropriate. Clients also expressed a need for counselling that is geographically and financially accessible.

A need for children's services was not strongly expressed from agencies/services however it was mentioned by some women in the focus group. The need for children's counselling may not be identified until the child's parent has fully engaged with a service and the range of family needs identified. Not every adult seeking support for family violence related experiences will have children, nor will all children of people seeking such services need counselling. If a need is identified, there are few specialist services available, and the closest to Manningham is The Australian Childhood Foundation in Mitcham, which has a waiting list extending to many months.

Recipients of family violence support services noted cost and accessibility of all services as a major obstacle. For women affected by family violence even low cost counselling and support can be an obstacle. They require 'no cost' services for themselves and their children.

Women also stated that they are disappointed in the lack of availability of after-hours services. Many women are in the workforce when they decide to seek support for the effects of family violence and many women return to the workforce after making a change in their circumstances due to their experience of family violence. Women noted that nearly all services for men affected by family violence are available after hours and were perplexed as to the lack of the same opportunities for women.

Women discussed their difficulty and frustration in finding out about services. They described this as a major gap in the provision of services to them. Women wanted to have information about services more widely available and more easily identified.

Women described their need to have a skilled person answer their first inquiry. To encounter an answering machine or a 'message taker' on a first call of inquiry about a service for family violence acts as a significant obstacle to pursuing a service. Children's

counselling services can best meet the needs of the child and family by being geographically and financially accessible, as well as providing specialised service.

After Hours Services: This was a need identified by women who had already accessed the Doncare Women's Support Program. A number of women who had used that program and returned to work partly through the support of that program were disappointed that their return to work meant they could no longer use that support. Women spoke quite frankly about their wish for women's support services available after hours.

## **8.2 Suggestions from Clients**

These suggestions were made by the women who have sought help after experiencing an abusive relationship. They were asked what would make the experience of the service user better.

- All services need to be free.
- Services for children need to be more readily available.
- Services need to be provided locally so women do not need to travel far.
- Services for women need to be provided after-hours too.
- Information about services needs to be much more widely disseminated.
- All types of 'helpers' (police, lawyers, court support people, church support people, local council, doctors, counsellors) need to be more up to date with information about services for women.
- Women have found information about the women's group from counsellors, the local paper and church newsletters. It is good to find information in common places as women don't know where to look and unless it is under their nose they won't see it – like in the local newspaper and church newsletters.
- Suggestions were made about how services could be advertised: shop-a-docket, newsletters, local paper, bus shelters, public notice boards in all sorts of places, women's gyms, doctors and other waiting rooms, in a newsletter that comes with the PAP smear and Breast Screen reminder, TV, through CALD communities, anywhere where women are is a place that could be used to disseminate information and especially places that are 'women only'.
- Leaving a message either on an answering machine or with a receptionist makes women back away from seeking help. They want the person they speak to first to be able to reassure them immediately.

## **Conclusion**

Due to the small number of questionnaires circulated in each service category and the relatively low return rate from some types of agencies, it is not possible to know the extent to which the results can be confidently generalised. However, it seems not unreasonable to infer that if this project was repeated in other municipalities, the findings would be similar. It may be that those who responded to the questionnaire may have a particular openness to the issue. The content of the report certainly represents the view

and experience of some service providers and points to areas worthy of further investigation and response.

The Manningham Family Violence Reference Group is committed to furthering the growth and enhancement of services in our area, and of informing the wider parts of the sector where appropriate. We will continue to try to attract funding for this purpose. Some innovative initiatives are being discussed, including a mentoring program for women and children recovering from the effects of family violence. We would also like to be involved in more community education. Like all municipalities, there are some factors more relevant to our local population. In Manningham, one example of this is that because this is seen as a leafy, affluent area, the first hurdle faced in attracting funding is the belief that family violence is not a problem in this area. This report has shed light on some of the dimensions of the issue of family violence in Manningham, and especially the service needs and gaps that need to be addressed. It is hoped that it will be a springboard for the enhancement of responses to those in need, and to agencies grappling to assist people with this difficulty.

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## **5. Appendices**

- 5.1 Appendix 1: Questionnaire
- 5.2 Appendix 2: Summary of Questionnaire Responses
- 5.3 Appendix 3: Brief for Women's Focus Group
- 5.4 Appendix 4: Notes from Women's Focus Group – Note Takers 1 & 2  
And Notes from Individual Client Interview
- 5.5 Appendix 5: Main Issues from Women's Focus Group & Client Interview
- 5.6 Appendix 6: Summary from Agency Interviews

# **APPENDIX 1**

## **DIMENSIONS**

### **QUESTIONNAIRE**

**DONCARE  
&  
MANNINGHAM FAMILY VIOLENCE REFERENCE GROUP  
DIMENSIONS PROJECT**

Doncare is a significant provider of community services in the Manningham municipality and has received funds from local government and philanthropic trusts to undertake the 'Dimensions' project to identify gaps in service responses to people affected by family violence within the municipality. The 'Dimensions' project is supported by the Manningham Family Violence Reference Group who are a group of service providers with local government representatives committed to working to ensure that Manningham has an adequate service response to family violence.

This questionnaire is designed to provide information that will assist Doncare, local government and the Manningham Family Violence Reference Group to plan for increased excellence in the service response to family violence in the City of Manningham. It will take about 10 – 15 mins to complete.

A summary of the project's findings will be circulated to your agency/service at the completion of the project. If you would like more information please contact Andrea Pelletier at Doncare on 9848 4433 or at [andrea@doncare.org.au](mailto:andrea@doncare.org.au)

As a guide to what is meant by *family violence/intimate partner abuse* we are referring to the pattern of behaviour of one person in a relationship that is dominating and controlling of the other through physical and sexual violence; threats and intimidation; emotional and social abuse; and financial deprivation.

1. What are the main services offered through your agency/service?  
*e.g. education, counselling, podiatry, preschool, childcare.....*
2. What population group/s does your service/agency target?  
*Please tick all relevant.*

<input type="checkbox"/> Women	<input type="checkbox"/> Men
<input type="checkbox"/> Young people	<input type="checkbox"/> Children
<input type="checkbox"/> People from culturally & linguistically diverse backgrounds	<input type="checkbox"/> Aboriginal & Torres Strait Islander People
<input type="checkbox"/> Homeless	<input type="checkbox"/> Low income
<input type="checkbox"/> People with disability	<input type="checkbox"/> People living/working in Manningham

<input type="checkbox"/> Other ( <i>please specify</i> ):	<input type="checkbox"/> Other ( <i>please specify</i> ):
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3. Does your service/agency ever encounter people who are or have been affected by family violence/intimate partner abuse?

- YES (*Please continue with question 4*)
- NO (*Please continue at question 6 if applicable; otherwise thank you for your attention to this questionnaire. Please return it in the reply paid envelope.*)

4. When clients indicate that family violence/intimate partner abuse is a concern what type of response/s are you able to offer?

*(Please tick the relevant items & add a descriptor):*

<b>Response offered:</b>	<b>Description:</b>
<i>e.g. Counselling at your agency</i>	<i>For women and children</i>
<i>e.g. Referral to external counselling</i>	<i>For men who have used violence</i>
<input type="checkbox"/> None	.....
<input type="checkbox"/> Counselling at your agency	..... .....
<input type="checkbox"/> Referral to counselling at another provider	..... .....
<input type="checkbox"/> A group program at your agency	..... .....
<input type="checkbox"/> Referral to a group program at another provider	..... .....
<input type="checkbox"/> Verbal information	..... .....
<input type="checkbox"/> Written information	..... .....
<input type="checkbox"/> Advice	..... .....
<input type="checkbox"/> Other.....	.....

Any comment?

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5. Please list the types of service you would like to offer clients who disclose family violence/intimate partner abuse but find you are unable to offer and describe the reason you are unable to offer that service.  
*(Please list the unavailable service against your reason for not offering as per the examples below. List as many services and reasons as relevant.)*

<b>Response we would like to offer but are unable to offer ....</b>	<b>Because....</b>
<i>e.g. parenting program, low cost counselling</i>	<i>Geographically inaccessible</i>
<i>e.g. group program for couples after violence</i>	<i>Don't know where to refer</i>

6. Does your agency/service have a protocol, practice guidelines or similar for responding to family violence disclosure?
- YES *(go to question 7)*
  - NO *(go to question 8)*
7. What are the main elements of the protocol, guidelines or similar? *(Please add pages if you need more space, or attach a relevant document if appropriate.)*
8. What would your agency/service like to do next to enhance your response to disclosures of family violence?

9. What type of support would you seek from outside your agency/service to assist with enhancing your response to disclosure of family violence?

For example but not limited to (*tick, explain and/or add other types of support*):

- training  
\_\_\_\_\_  
\_\_\_\_\_
- networking with other services,  
\_\_\_\_\_  
\_\_\_\_\_
- information about services,  
\_\_\_\_\_  
\_\_\_\_\_
- funding for some aspect of enhancement in response (*please explain*),  
\_\_\_\_\_  
\_\_\_\_\_
- others (*please specify*)  
\_\_\_\_\_  
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\_\_\_\_\_

10. Is there anything else you would like to say about the experience of dealing with family violence issues in your agency/service?

\_\_\_\_\_  
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\_\_\_\_\_

*Thank you for your attention to this. It is very much appreciated.*

## **APPENDIX 2**

### **DIMENSIONS**

#### **SUMMARY OF QUESTIONNAIRE RESPONSES**

## DIMENSIONS PROJECT

### Collated detail of the responses to questionnaires

**8. What are the main services offered through your agency/service?**  
*e.g. education, counselling, podiatry, preschool, childcare.....*

Service Type	Specifics	Number Returned/ Number Surveyed
<b>100: Maternal &amp; Child Health</b>	<ul style="list-style-type: none"> <li>▪ “Maternal &amp; Child Health – surveillance, education, support”</li> <li>▪ “Maternal &amp; Child Health”</li> </ul>	2/8 (25%)
<b>200: Primary Schools</b>	Education: Primary School	7/24 (30%)
<b>300: Secondary Schools</b>	<ul style="list-style-type: none"> <li>▪ “Education with a limited counselling service, student age group 12 – 18 yrs”</li> <li>▪ “Education, counselling, referrals”</li> <li>▪ “Education – primary to VCE – counselling to students, staff &amp; parents.”</li> </ul>	3/8 (37%)
<b>400: Kindergartens</b>	<ul style="list-style-type: none"> <li>▪ Preschool Education x 7</li> <li>▪ Family Support x 1</li> </ul>	7/24 (30%)
<b>500: Child Care Centres</b>	<ul style="list-style-type: none"> <li>▪ Child Care and Kindergarten x 2</li> <li>▪ Child Care x 1</li> </ul>	4/25 (16%)
<b>600: Churches</b>	<ul style="list-style-type: none"> <li>• Emergency Relief x 1</li> <li>• Church x 1</li> <li>• Worship, Community-building, preschool music program x 1</li> <li>• Counselling x 1</li> <li>• Education, After School Care, General Community Support, St Vincent de Paul Society x 1</li> </ul>	7/59 (11%)
<b>700: Neighbourhood House</b>	<ul style="list-style-type: none"> <li>▪ “Education, Preschool, Health &amp; Wellbeing, Computers, Community English.”</li> <li>▪ “Education, Health &amp; Wellbeing courses, support groups.”</li> <li>▪ “Education &amp; Counselling for Women in Family Violence.”</li> </ul>	3/7 (43%)
<b>800: Counsellors</b>	<ul style="list-style-type: none"> <li>▪ ‘Counselling’</li> </ul>	5/11 (45%)

	<ul style="list-style-type: none"> <li>▪ “SASP (Housing and Support) service to young homeless (15-25) and families; life-skills programs; volunteer mentor program; children’s program – early years”</li> <li>▪ “Counselling, mediation/conciliation”</li> <li>▪ “Assessments &amp; Income Support, counselling, advocacy &amp; (delivery of)”</li> <li>▪ “Counselling Service”</li> </ul>	
<b>900: Misc</b>	<ul style="list-style-type: none"> <li>▪ Crisis Intervention</li> <li>▪ Youth</li> </ul>	2/3
<b>1000: GPs</b>	<p>General Practice including:</p> <ul style="list-style-type: none"> <li>▪ “women’s health” x 1</li> <li>▪ “counselling” x 3</li> <li>▪ “nutrition” x 2</li> <li>▪ “physiotherapy” x 1</li> <li>▪ “psychiatry” x 1</li> <li>▪ “psychologist” x 1</li> </ul>	14/61 (23%)

**9. What population group/s does your service/agency target?**  
*Please tick all relevant.*

<b>Service Type</b> (No. of Agencies surveyed)	<b>Specifics</b>	<b>No. responses/ No Returned *</b>
Maternal & Child Health (8)	<input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> People living/working in Manningham	2/2
Primary Schools (24)	<input checked="" type="checkbox"/> Women x 3 <input checked="" type="checkbox"/> Children x 7 <input checked="" type="checkbox"/> Men x 3 <input checked="" type="checkbox"/> Young people x 2 <input checked="" type="checkbox"/> People from culturally & linguistically diverse backgrounds x 1 <input checked="" type="checkbox"/> Aboriginal & Torres Strait Islander People x 1 <sup>1</sup> <input checked="" type="checkbox"/> Low income x 1 <input checked="" type="checkbox"/> People with disability x 2 <input checked="" type="checkbox"/> People living/working in M’ham x 2	7/7
Secondary Schools (8)	<input checked="" type="checkbox"/> Women x 2 <input checked="" type="checkbox"/> Children x 2 <input checked="" type="checkbox"/> Men x 2 <input checked="" type="checkbox"/> Young people x 3 <input checked="" type="checkbox"/> People from culturally & linguistically	3/3

<sup>1</sup> Number of Responses to this question/(out of) Number of Questionnaires returned.

	<ul style="list-style-type: none"> <li>diverse backgrounds x 2</li> <li><input checked="" type="checkbox"/> Aboriginal &amp; Torres Strait Islander People x 1</li> <li><input checked="" type="checkbox"/> Low income x 2</li> <li><input checked="" type="checkbox"/> People with disability x 1</li> <li><input checked="" type="checkbox"/> People living/working in M'ham x 2</li> </ul>	
Preschools (24)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Women x 5</li> <li><input checked="" type="checkbox"/> Children x 7</li> <li><input checked="" type="checkbox"/> Men x 5</li> <li><input checked="" type="checkbox"/> Homeless x 1</li> <li><input checked="" type="checkbox"/> People from culturally &amp; linguistically diverse backgrounds x 5</li> <li><input checked="" type="checkbox"/> Low income x 1- "some/mostly single income families"</li> <li><input checked="" type="checkbox"/> People with disability x 2</li> <li><input checked="" type="checkbox"/> People living/working in M'ham x 4</li> <li><input checked="" type="checkbox"/> Other x 2 – "families and their preschoolers are the main targets. This includes grandparents/extended family, etc", "Support (emotional) for single parents"</li> </ul>	7/7
Child Care Centres (25)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Women x 1</li> <li><input checked="" type="checkbox"/> Children x 4</li> <li><input checked="" type="checkbox"/> Men</li> <li><input type="checkbox"/> Homeless</li> <li><input checked="" type="checkbox"/> People from culturally &amp; linguistically diverse backgrounds x 1</li> <li><input checked="" type="checkbox"/> Low income x 1</li> <li><input checked="" type="checkbox"/> People with disability x 1</li> <li><input checked="" type="checkbox"/> People living/working in M'ham x 1</li> <li><input checked="" type="checkbox"/> Other x 2</li> </ul>	4/4
Churches (59)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Women x 4</li> <li><input checked="" type="checkbox"/> Children x 4</li> <li><input checked="" type="checkbox"/> Men x 4</li> <li><input checked="" type="checkbox"/> Young people x 4</li> <li><input checked="" type="checkbox"/> People from culturally &amp; linguistically diverse backgrounds x 2</li> <li><input checked="" type="checkbox"/> Aboriginal &amp; Torres Strait Islander People x 1</li> <li><input checked="" type="checkbox"/> Homeless x 1</li> <li><input checked="" type="checkbox"/> Low income x 4</li> <li><input checked="" type="checkbox"/> People with disability x 2</li> <li><input checked="" type="checkbox"/> People living/working in M'ham x 4</li> <li><input checked="" type="checkbox"/> Other: over 60</li> </ul>	6/7
Neighbourhood Houses (3)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Women x 3</li> <li><input checked="" type="checkbox"/> Children x 2</li> <li><input checked="" type="checkbox"/> Men x 2</li> <li><input checked="" type="checkbox"/> Young people x 1</li> <li><input checked="" type="checkbox"/> People from culturally &amp; linguistically diverse backgrounds x 2</li> </ul>	3/3

	<input type="checkbox"/> Aboriginal & Torres Strait Islander People <input type="checkbox"/> Homeless <input checked="" type="checkbox"/> Low income x 2 <input checked="" type="checkbox"/> People with disability x 2 <input checked="" type="checkbox"/> People living/working in M'ham x 2 <input type="checkbox"/> Other:	
Counsellors (11)	<input checked="" type="checkbox"/> Women x 5 <input checked="" type="checkbox"/> Children x 4 <input checked="" type="checkbox"/> Men x 5 <input checked="" type="checkbox"/> Young people x 5 <input checked="" type="checkbox"/> People from culturally & linguistically diverse backgrounds x 4 <input checked="" type="checkbox"/> Aboriginal & Torres Strait Islander People x 2 <input checked="" type="checkbox"/> Homeless x 3 <input checked="" type="checkbox"/> Low income x 4 <input checked="" type="checkbox"/> People with disability x 2 <input checked="" type="checkbox"/> People living/working in M'ham x 3 <input checked="" type="checkbox"/> Other: x 2 - “no geographic boundary”  “school refuses and separated parents”	5/5 )
Misc (3)	<input checked="" type="checkbox"/> Women x 1 <input checked="" type="checkbox"/> Children x 1 <input checked="" type="checkbox"/> Men x 1 <input checked="" type="checkbox"/> Young people x 2 <input checked="" type="checkbox"/> People from culturally & linguistically diverse backgrounds x 2 <input checked="" type="checkbox"/> Aboriginal & Torres Strait Islander People x 1 <input checked="" type="checkbox"/> Homeless x 2 <input checked="" type="checkbox"/> Low income x 2 <input checked="" type="checkbox"/> People with disability x 2 <input checked="" type="checkbox"/> People living/working in M'ham x 2 <input checked="" type="checkbox"/> Other: “We respond to any call” x 1	2/2
GP (61)	<input checked="" type="checkbox"/> No Particular Target Group x 10 <input checked="" type="checkbox"/> Women x 3 <input checked="" type="checkbox"/> Children x 3 <input checked="" type="checkbox"/> Men x 3 <input checked="" type="checkbox"/> Young people x 1 <input checked="" type="checkbox"/> People from culturally & linguistically diverse backgrounds x 4 <input type="checkbox"/> Aboriginal & Torres Strait Islander People <input type="checkbox"/> Homeless <input checked="" type="checkbox"/> Low income x 2 <input checked="" type="checkbox"/> People with disability x 1 <input checked="" type="checkbox"/> Other: x 2: “large Greek speaking population” “Chinese population”	14/14

**10. Does your service/agency ever encounter people who are or have been affected by family violence/intimate partner abuse?**

<b>Service Type (No. of Agencies surveyed)</b>	<b>Specifics</b>	<b>No. responses/ No Returned</b>
Maternal & Child Health (8)	YES x 2	2/2
Primary Schools (24)	YES x 7	7/7
Secondary Schools (8)	YES x 3	3/3
Kindergartens (24)	YES x 4 NO x 3 – “I have been with this preschool for 4 years; apparently there has been one known case over a 15 year period”  “Not as yet but very possible.”	7/7
Child Care Centres (25)	YES x 1 NO x 2	3/4
Churches (59)	YES x 4 NO x 2 – “None to date”	6/6
Neighbourhood Houses (7)	YES x 3 – “Very rarely”	3/3
Counsellors (11)	YES x 5	5/5
Misc (3)	YES x 2	2/2
GP (61)	YES x 12 NO x 1	13/14

**11. When clients indicate that family violence/intimate partner abuse is a concern what type of response/s are you able to offer?**

Service Type (No. of Agencies surveyed)	Specifics	No. responses/ No Returned
Maternal & Child Health (8)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Referral to counselling at another provider: “ for anyone affected in the family, father anger management” “The nurses give some advice but not counselling”</li> <li><input checked="" type="checkbox"/> Verbal information: “support that what they are having done to them is not okay”</li> <li><input checked="" type="checkbox"/> Written information: “pamphlets/counsellors”</li> <li><input checked="" type="checkbox"/> Advice: “that it is not acceptable”</li> <li><input checked="" type="checkbox"/> Other- “referral to DHS if child at risk”</li> </ul>	2/2
Primary Schools (24)	<ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input checked="" type="checkbox"/> Counselling at your agency x 2</li> <li><input checked="" type="checkbox"/> Referral to counselling at another provider x 5</li> <li><input checked="" type="checkbox"/> A group program at your agency x 1</li> <li><input checked="" type="checkbox"/> Referral to a group program at another provider x 4</li> <li><input checked="" type="checkbox"/> Verbal information x 4</li> <li><input checked="" type="checkbox"/> Written information x 3</li> <li><input checked="" type="checkbox"/> Advice x 3</li> <li><input checked="" type="checkbox"/> Other: DHS for child protection &amp; DET</li> </ul>	7/7
Secondary Schools (8)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Counselling at your agency x 1</li> <li><input checked="" type="checkbox"/> Referral to counselling at another provider x 3, “Centacare” Mitcham</li> <li><input checked="" type="checkbox"/> Referral to a group program at another provider x 2 : “To Anglicare ‘Breaking the Cycle’ group and to agencies who provide quick access” “Anglicare”</li> <li><input checked="" type="checkbox"/> Verbal information x 2 “Discussion of appropriate referral”</li> <li><input checked="" type="checkbox"/> Written information x 2 “ – ‘Bursting the Bubble’ booklet/website and other helpful websites.”</li> <li><input checked="" type="checkbox"/> Other: x 1 - “Counselling – depending on the nature of the issues”</li> </ul>	3/3
Kindergartens (24)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Counselling at your agency x 2 – “For women and children. For men re: child access, helping explain rights, giving</li> </ul>	4/7

	<p>information re: child's educational progress"</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Referral to counselling at another provider x 3 – "Wesley Mission, Family Law Court, DHS.", "I have not needed the service but would refer people to Doncare".</li> <li><input checked="" type="checkbox"/> Verbal information x 2 – "For women and chn suffering abuse"</li> <li><input checked="" type="checkbox"/> Written information x 2 – "reference books for parents and books appropriate for children".</li> <li><input checked="" type="checkbox"/> Advice x 1</li> </ul>	
Child Care Centres (8)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Counselling at your agency</li> <li><input checked="" type="checkbox"/> Referral to counselling at another provider x 1 – "For parents of children esp. women"</li> <li><input type="checkbox"/> Referral to a group program at another provider</li> <li><input checked="" type="checkbox"/> Verbal information x 1 – "Constant communication with parents"</li> <li><input type="checkbox"/> Written information</li> <li><input checked="" type="checkbox"/> Advice x 1 – "Seek help to solve problems"</li> <li><input checked="" type="checkbox"/> Other: x 1 – "We would generally involve/ask for assistance and advice from Human Services"</li> </ul> <p>Comments: "Focus will be given for the interest and welfare of children"</p> <p>"Not a common problem at our service."</p>	2/4
Churches (25)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Counselling at your agency x 2</li> <li><input checked="" type="checkbox"/> Referral to counselling at another provider x 3</li> <li><input checked="" type="checkbox"/> Referral to a group program at another provider x 1</li> <li><input checked="" type="checkbox"/> Verbal information x 1</li> <li><input checked="" type="checkbox"/> Written information x 1</li> <li><input checked="" type="checkbox"/> Advice x 2</li> <li><input type="checkbox"/> Other: "The abuse I observe is emotional abuse between partners, but the abuse is not named as such by the people affected. I would welcome training in helping people to recognise the abuse that is occurring."</li> </ul>	3/6
Neighbourhood Houses (59)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Counselling at your agency x 1</li> <li><input checked="" type="checkbox"/> Referral to counselling at another provider x 2</li> <li><input checked="" type="checkbox"/> A group program at your agency x 1</li> </ul>	3/3

	<input checked="" type="checkbox"/> Referral to a group program at another provider x 2 – “Living Free Program at Doncare” (2) , “Men’s Group at Box Hill Community Health” (1) <input checked="" type="checkbox"/> Verbal information x 2 <input checked="" type="checkbox"/> Written information x 3 – “if available” (2) <input checked="" type="checkbox"/> Advice x 1 <input type="checkbox"/> Other:	
Counsellors (11)	<input checked="" type="checkbox"/> Counselling at your agency x 4 – “For women” “Women, children, men” “Brief, short term counselling” “For both men and women” <input checked="" type="checkbox"/> Referral to counselling at another provider x 4 “Men referred to men’s group” <input checked="" type="checkbox"/> A group program at your agency x 1 “Have received funding for a group program” <input checked="" type="checkbox"/> Referral to a group program at another provider x3 – “Men’s group” <input checked="" type="checkbox"/> Verbal information x 3 <input checked="" type="checkbox"/> Written information x 3 <input checked="" type="checkbox"/> Advice x 2 <input checked="" type="checkbox"/> Other: x 1 – “Assistance with separating partners ie FTB, PPS/PPP – linking in with appropriate team in Centrelink”	5/5
Misc (3)	<input checked="" type="checkbox"/> Counselling at your agency x 1 <input checked="" type="checkbox"/> Referral to counselling at another provider x 2 <input type="checkbox"/> A group program at your agency <input checked="" type="checkbox"/> Referral to a group program at another provider x 2 <input checked="" type="checkbox"/> Verbal information x 2 <input checked="" type="checkbox"/> Written information x 2 <input checked="" type="checkbox"/> Advice x 2 <input checked="" type="checkbox"/> Other: x 1 “link with the courts re: civil process and criminal process”	2/2  (3 possible responses)
GP (61)	<input checked="" type="checkbox"/> Counselling at your practice x 11 “for simple cases” “for women and men” “for women and children” “for sufferers” <input checked="" type="checkbox"/> Referral to counselling at another provider x 12 “for complicated cases”	12/14

	<p>“for women, men and children”          “for all family members”          “for sufferers”</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A group program at your agency x 1</li> <li><input checked="" type="checkbox"/> Referral to a group program at another provider x 4</li> </ul> <p>“support group”          “parenting programs”</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Verbal information x 6</li> <li><input checked="" type="checkbox"/> Written information x 1</li> </ul> <p>“brochures”</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Advice x 7</li> <li><input checked="" type="checkbox"/> Other: x 1</li> </ul> <p>“telephone numbers for crisis services”</p> <p>Comments:</p> <p>“I would prefer to know of services for emergency support for women which are based in the area. Sometimes I find I have to ring a couple of services before I can find the appropriate one.”</p> <p>“The doctors consultation is confidential and so as an administrator I cannot fully answer to you what advice the doctor provides. We do not have services within the clinic for sufferers of domestic violence, but if the doctors were provided with information packs and a listing of suitable referral sources, this would certainly be useful.”</p>	
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**12. Please list the types of service you would like to offer clients who disclose family violence/intimate partner abuse but find you are unable to offer and describe the reason you are unable to offer that service.**

<b>Service Type (No. of Agencies surveyed)</b>	<b>Specifics</b>	<b>No. responses/ No Returned</b>
Maternal & Child Health (8)	<p>“Counselling that is timely, accessible, at a low cost”</p> <p>“MCH is an agency through which those affected can contact appropriate agencies – counselling etc is beyond the scope of our job whilst we can identify the need we do not have the time, money, facilities or role to do any more.”</p>	2/2

<p>Primary Schools (24)</p>	<p>“Counselling”</p> <p>“Full time social worker for intervention, role modelling, advice and support. Initial advice from a qualified counsellor because often when people speak with me it has taken a lot of effort or emotion...if we could offer something more instant people might seek counselling support. When they go away with pamphlets/phone numbers I’m not certain they follow through.”</p> <p>“Parent counselling to assist children deal with family situation.”</p> <p>“Parenting program and low cost counselling but these are too costly to offer in the school.”</p>	<p>4/7</p>
<p>Secondary Schools (8)</p>	<p>“Group program for families affected by teenage violence”  <b>but cannot</b> “due to limited counselling service facilities”  “parenting program, low cost counselling”  <b>but cannot</b> “ongoing programs not always available”  “counselling for family issues”  <b>but cannot</b> “clients and young people not always ready to share information”  “support/counselling”  <b>but cannot</b> “no easy access to local area programs and agencies”  “program for angry youth”  <b>but cannot</b> “ no local available, low cost programs”</p>	<p>2/3</p>
<p>Kindergartens (24)</p>	<p>“parenting &amp; staff training as to services available - must be free or low cost. Staff support/training when helping chn. through aggressive separation”  <b>but cannot</b> “don’t know where to go for advice to help families.”</p>	<p>1/7</p>
<p>Child Care Centres (25)</p>	<p>“Referral to counselling at another provider”  <b>but cannot</b> “client refuses to contact another provider.”  “Offering counselling service to parent”  <b>but cannot</b> “do not have formal professional training”.</p>	<p>1/4</p>
<p>Churches (59)</p>	<p>“Parenting program, low cost counselling”  <b>but cannot</b> “don’t where to refer”  “Group program for couples after violence”</p>	<p>1/6</p>

	<p><b>but cannot</b> “don’t know where to refer”  “Group for men who are violent”  <b>but cannot</b> “don’t know where to refer”  “Group for women living with violence”  <b>but cannot</b> “don’t know where to refer”  “Emergency relief”  <b>but cannot</b> “don’t know where to refer”</p>	
Neighbourhood Houses (7)	<p>“case work (ongoing)”  <b>but cannot</b> “lack of funding”  “after hour service”  <b>but cannot</b> “lack of funding”  “We would be happy to provide support to a number of different programs by providing the venue” <b>but cannot</b> “would require partnership with an experienced organisation/worker and access to funding as required.”</p>	2/3
Counsellors (11)	<p>“Counselling and support for children and adolescents”  <b>but cannot</b> “staffing”  “Intensive long term for women who have escaped violence and are placed in an area with no social network and very isolated ... also with no English”</p>	2/5
Misc (3)	<p>“Parenting programs”  <b>but cannot</b> only funded for 12 – 25 year olds  Professional Development  <b>but cannot</b> not qualified in special area”</p>	1/2
GP (61)	<p>“counselling for victims  <b>but cannot</b> unable to provide adequate counselling and time”  “Counselling – personal  <b>but cannot</b> cost can be big disincentive;  Counselling – group  <b>but cannot</b> knowledge of service available often change”  “More in depth support in-house  <b>but cannot</b> lack of expertise”  Psychological assistance  <b>but cannot</b> experience, question of charge;  emergency housing arrangements  <b>but cannot</b> can be difficult”  “comprehensive program for family violence”  <b>but cannot</b> “no knowledge in specific programs “</p>	5/14

**13. Does your agency/service have a protocol, practice guidelines or similar for responding to family violence disclosure?**

<b>Service Type (No. of Agencies surveyed)</b>	<b>Specifics</b>	<b>No. responses/ No Returned</b>
Maternal & Child Health (8)	YES x 1 NO x 1	2/2
Primary Schools (24)	YES x 4 NO x 2	6/7
Secondary Schools (8)	YES x 3	3/3
Kindergartens (24)	YES x 1 NO x 6	7/7
Child Care Centres (25)	YES x 3 NO x 1	4/4
Churches (59)	YES x 1 NO x 4	5/6
Neighbourhood Houses (7)	YES x 1 NO x 1	2/3
Counsellors (11)	YES x 3 NO x 3 – “although it is broadly covered in risk/safety policy”	5/5
Misc (3)	YES x 2	2/2
GP(61)	NO x 14	14/14

**14. What are the main elements of the protocol, guidelines or similar? (Please add pages if you need more space, or attach a relevant document if appropriate.)**

<b>Service Type (No. of Agencies surveyed)</b>	<b>Specifics</b>	<b>No. responses/ No Returned</b>
Maternal & Child Health (8)	“only as far as child abuse and reporting to DHS a child at risk”	2/2
Primary Schools (24)	<p>“If it is an adult we listen and then provide them with information from outside agencies. If it is a child and we deem the child is at risk or has been harmed we follow mandatory reporting protocols and If the child discloses information about their parents we approach a parent to follow up.”</p> <p>“Mandatory Reporting”</p> <p>“Support child, the parents, as appropriate. Suggest counselling – help to organise. Follow up support as needed. Protection of child as a 1<sup>st</sup>.”</p> <p>“We are obliged to report everything.”</p>	4/7
Secondary Schools (8)	<p>“Guidelines are based on 2 elements: a. APS Ethical Guidelines, and b. CEO policy for responding to violence”</p> <p>“Mandatory Reporting and access to assistance.”</p> <p>“According to law and support networks, appropriate to family this is cultural sensitive”</p>	3/3
Kindergartens (24)	“Maintaining confidentiality, offer financial assistance, keeping the welfare of children as number on priority:	1/7
Child Care Centres (25)	<p>“Mandatory reporting – therefore we would document problems and be in contact with Human Services.”</p> <p>“Child Abuse Policy (as attached)”</p> <p>“Discuss suspected case to Centre Director, provide close observation on children to see if</p>	3/4

	there is adverse effect arising from family violence. Report to Child Protection in case children are of at risk of child abuse or neglect.”	
Churches (59)	“Confidentiality, referral to appropriate Salvation Army Services”	1/6
Neighbourhood Houses (7)		0/3
Counsellors (11)	<p>“Based on training through DVIRC, workers have put together a “domestic violence’ checklist for workers to use as a guide when working with DV.”</p> <p>“An extensive assessment and counselling guidelines to ensure safety. Referral pathways developed. Supervision of staff to ensure best practice. Staff development.”</p> <p>“Specific protocols around crisis payments assessed on DV circumstances. Strict guidelines around confidentiality/disclosure info.”</p>	3/5
Misc (3)	<p>“call and make a report with DHS”</p> <p>“Police Code of Practice”</p>	2/2
GP (61)		0/14

8. **What would your agency/service like to do next to enhance your response to disclosures of family violence?**

<b>Service Type (No. of Agencies surveyed)</b>	<b>Specifics</b>	<b>No. responses/ No Returned</b>
Maternal & Child Health (8)	<p>“On-going education which is planned for the MCH nurses in November”</p> <p>“Have more resources to refer to”</p>	2/2
Primary Schools (24)	<p>“We refer them to other agencies.”</p> <p>“Put an action plan in place that is disseminated to those involved, eg student wellbeing co-ordinator, Principal”</p> <p>“The DE&amp;T has clear Mandatory Reporting Protocols.”</p> <p>“Have a professional who we can call on to attend a school. Have Professional Development for staff about issues and how to respond in initial stages.”</p> <p>“Maintain information regarding support programs offered by various agencies.”</p> <p>“Phone card to give a quick referral.”</p>	6/7
Secondary Schools (8)	<p>“Information where we as an organisation can obtain low cost support for individuals, families affected.”</p> <p>“Have readily available supports/counselling for the students and their families, and for these supports to be low cost and easily accessible.”</p>	2/3
Kindergartens (24)	<p>“formulate policy &amp; procedure”,</p> <p>“Training and knowledge of community support available, written information &amp; handouts, posters on noticeboard for clients to note information anonymously.”</p> <p>“I don’t know exactly. I expect that I would make inquiries via Doncare and/or Council or suggest to parent to do so if appropriate. We have some information on ‘broad’ services in the municipality and outside too, including Doncare.”</p> <p>“?”</p> <p>“Have flyers to go on noticeboard and for staff to refer to in case of a situation.”</p>	6/7

	“Be better informed/trained in dealing with disclosures.”	
Child Care Centres (25)	“Refer to parents where they should get help.”  “Have access to community resources.”	2/4
Churches (59)	“More information in written form”	1/6
Neighbourhood Houses (7)	“We don’t have a written ‘protocol’ but would refer person to ‘Living Free’ program (Doncare). We are currently working on a resource file that will include organisations that we can refer to.”	1/3
Counsellors (11)	“Would like to incorporate into policy and this is being reviewed, and would appreciate advice/suggestions on this”  ‘Continue to attend appropriate training on DV in the sector; continue to work closely with specific DV providers; strengthen relationships with DV services; and looking at providing on-site counselling to respond to the needs of all clients (including DV clients).’  “On-going professional development for staff and re-assessment of protocols to ensure best practice”  “Have more opportunities to liaise with Family Violence service providers. Service Providers making contact with Centrelink to advise of up to date programs and specific support available.”	4/5
Misc (3)	Most incidents are out of hours so require after hours service providers for males (offenders and victims) for female (offenders). System seems to be getting on top of female victims.	1/2
GP (61)	“It is not a common event. Will be difficult to draw guidelines especially in view of time frame” “Add to our database a referral list of appropriate counselling and appropriate programs” “Have set guidelines for age, sex, appropriate of where to refer patients” “Improvement in referrals to the most appropriate agencies/counsellors” “Gently address the issue, whether it exists, and if they are afraid to tell me.” “List of services available in local area” “Develop protocol or guideline”	7/14

10. What type of support would you seek from outside your agency/service to assist with enhancing your response to disclosure of family violence?

Service Type (No. of Agencies surveyed)	Specifics	No. responses/ No Returned
Maternal & Child Health (8)	<input checked="" type="checkbox"/> training “and education” <input checked="" type="checkbox"/> networking with other services, x 2 <input checked="" type="checkbox"/> information about services, x 2 <input checked="" type="checkbox"/> others ( <i>please specify</i> ): “awareness of available services and their costs”	2/2
Primary Schools (24)	<input checked="" type="checkbox"/> training x 2 <input checked="" type="checkbox"/> networking with other services, x 3 <input checked="" type="checkbox"/> information about services, x 7 <input checked="" type="checkbox"/> funding for some aspect of enhancement in response ( <i>please explain</i> ), x 3 - “we have previously run parenting programs, student self esteem workshops etc, similarly to run parent/child workshops”, “looking for the gold at the end of the rainbow”	7/7
Secondary Schools (8)	<input checked="" type="checkbox"/> networking with other services, x 2 <input checked="" type="checkbox"/> information about services, x 2	2/3
Kindergartens (24)	<input checked="" type="checkbox"/> training x 5 – “I did a seminar & reading at Australian Childhood Foundation regarding homelessness. This was extremely helpful.”  “For staff when dealing with children and these families for parents and children” <input checked="" type="checkbox"/> networking with other services, x 1 <input checked="" type="checkbox"/> information about services, x 7 – “Detailed information about services/help offered would be good.”  “From local services on parenting relationships, marriage.” <input checked="" type="checkbox"/> funding for some aspect of enhancement in response ( <i>please explain</i> ), x 1 <input checked="" type="checkbox"/> others ( <i>please specify</i> ) x 1	7/7
Child Care Centres (25)	<input checked="" type="checkbox"/> training x 2 – “How family violence could affect child welfare.” <input checked="" type="checkbox"/> networking with other services, x 1 – “Information on availability of service from other services.” <input checked="" type="checkbox"/> information about services, x 2 <input checked="" type="checkbox"/> funding for some aspect of enhancement in response ( <i>please explain</i> ), x 1 – “Funding for family at risk especially for the service fee of childcare.” <input type="checkbox"/> others ( <i>please specify</i> )	3/4 )

Churches (59)	<input checked="" type="checkbox"/> training <input checked="" type="checkbox"/> networking with other services x 1 <input checked="" type="checkbox"/> information about services x 4 <input checked="" type="checkbox"/> others ( <i>please specify</i> ): x 1 – “Referral protocol (along with information about services)”	4/6
Neighbourhood Houses (7)	<input checked="" type="checkbox"/> training x 1 <input checked="" type="checkbox"/> networking with other services x 2 <input checked="" type="checkbox"/> information about services x 2 <input checked="" type="checkbox"/> funding for some aspect of enhancement in response ( <i>please explain</i> ) x 1 <input checked="" type="checkbox"/> others ( <i>please specify</i> ): x 1 “case work and after hours service”	3/3
Counselling (11)	<input checked="" type="checkbox"/> training x 3 “Agency ensures appropriate training for staff” <input checked="" type="checkbox"/> networking with other services x 4 “More opportunities to discuss consistent service provisions/approach and put faces to names” “Referral pathways and places” <input checked="" type="checkbox"/> information about services x 4 “Updated info being provided on a regular basis to ensure we have up to date info to provide our???? clients”  “Available via networks Whitehorse Counselling Alliance Network.”  “it is always helpful to be aware of current DV related services and changes.” <input checked="" type="checkbox"/> funding for some aspect of enhancement in response ( <i>please explain</i> ) x 1 “counselling on site” <input checked="" type="checkbox"/> others ( <i>please specify</i> ): x 1 “Printed information and literature to keep updated.”	5/5
Misc (3)	<input checked="" type="checkbox"/> training x 1 <input checked="" type="checkbox"/> networking with other services x 1 <input checked="" type="checkbox"/> information about services x 2 <input type="checkbox"/> funding for some aspect of enhancement in response ( <i>please explain</i> ): <input checked="" type="checkbox"/> others ( <i>please specify</i> ): x 1: “prompt response from CATT services”	2/2
GP (61)	<input checked="" type="checkbox"/> training x 4 <input checked="" type="checkbox"/> networking with other services x 8 <input checked="" type="checkbox"/> information about services x 13 <input checked="" type="checkbox"/> funding for some aspect of enhancement in response ( <i>please explain</i> ): x 2 <input type="checkbox"/> others ( <i>please specify</i> ):	13/14

**11. Is there anything else you would like to say about the experience of dealing with family violence issues in your agency/service?**

<b>Service Type (No. of Agencies surveyed)</b>	<b>Specifics</b>	<b>No. responses/ No Returned</b>
Maternal & Child Health (8)	<p>“With support and counselling and sometimes forensic intervention the violence reoccurs. This is particularly sad when very young children are involved because the research tells us it is trans-generational”</p> <p>“Sometimes people cancel appointments as they may have been assaulted. Can’t tell over the phone if they don’t disclose.”</p>	2/2
Primary Schools (24)	<p>“It is not a common issue for us but I often wonder if some of the problems we face are not the real issue but as a result of something bigger happening in the children’s lives. As a staff we often talk about children who appear unhappy; we try to make their time at school happy and safe. We also try to follow up with Mum (or Dad) but I think often don’t get the full story ... How much should we push to get all the information? How do we encourage people to seek our support? Or should we be promoting existing community services?”</p> <p>“Any programs you can offer to assist with these situations would be most valuable.”</p>	2/7
Secondary Schools (8)	<p>“There is a reticence for youth to speak about what happens in the family (until it reaches crisis point) – they are often fearful of the repercussions if they tell - in the school setting students do not want anyone to know. Also young women often ‘accept’ the violence (as part of the culture or as a part of low self-esteem).”</p>	1/3
Kindergartens (24)	<p>“The level of discussion sustained by the family experiencing violence makes it challenging to approach.”</p> <p>“There is a strong tendency to keep the issues a secret and maintain an image the ‘we are the perfect family’, i.e. lovely children, home, financially ok, etc.”</p>	4/7

	<p>“I have been at this preschool for 4 years. Apparently, there has been on known case over a 15 year period.”</p> <p>“Mandatory reporting applies to children who it is suspected may be victims of abuse. It would be helpful to have training on the issue of family violence and outline our professional responsibilities, boundaries and supports we can offer.”</p>	
Child Care Centres (25)	<p>“Children are most vulnerable to adverse affect from family violence. Some families may not know that a funding subsidy is available to families to leave their children to a child care centre during the day so that the parents can resolve their conflicts without the presence of their children.”</p>	1/4
Churches (59)	<p>“Our experience to date is very rare disclosure of family violence. To date there has been no acceptance of offers of referral.”</p> <p>“We are not aware of any such issues but if they did arise within our membership the first point of contact would be with our Pastor and if further attention was required we would refer the matter to our Church’s services offered through the Victorian District Office.”</p> <p>“It is not a frequent occurrence, but it is not always reported.”</p>	3/6
Neighbourhood Houses (7)		0/3
Counsellors (11)	<p>‘It has been concerning to hear from women clients on occasion that Men’s Behaviour Change programs have made the violence worse or that men have learnt new ways of being violent and abusive.’</p> <p>“To date our response is limited to generalist workers on-site and referring/consulting with DV specific agencies. Workers here are on the lookout for appropriate training on DV and family violence issues – difficult to find training for workers older than 1 year (i.e.</p>	3/5

	<p>DVIRC run a DV workshop for workers less than a year in services, but where is the training for intermediate workers?"</p> <p>"We work with CALD communities. We often see women with very little English newly arrived to Australia placed in a THM in areas where they know no-one, and very few people around who speak their language. As a result they often return to their abusive husband."</p>	
Misc (3)	<p>"Most D/V incidents have some form of substance abuse, alcohol abuse, failure to take medicines, psych history, failure by AFM (aggrieved family member) to follow through with I/V orders, lack of response by support services or delay in response by support services."</p>	1/2
GP (61)	<p>"Often not disclosure by patients until problem well-entrenched"</p> <p>"Very difficult especially in 'cultures' where it is considered something that should not be discussed with external services."</p> <p>"People affected can be very reluctant to seek more than emergency help eg for injuries."</p> <p>"I suspect that a lot of violence/abuse is not revealed. It is difficult to treat if the victim is not keen for action."</p>	4/14

**APPENDIX 3**

**DIMENSIONS**

**BRIEF FOR THE WOMEN'S FOCUS GROUP**

## **‘Dimensions’ Project**

### **Focus Groups for Service Users**

Brief for the Service User Focus Groups:

The purpose of the focus groups is to include, into the findings of the project, feedback from people who have accessed domestic violence services in Manningham.

The ‘Dimensions’ project seeks to:

1. Identify how agencies and service providers manage their response to clients who indicate they have been or are affected by family violence;
2. Identify gaps in responses to people affected by family violence as perceived by agencies, service providers and recipients of services; and
3. Identify gaps in support to agencies and service providers who might assist people affected by family violence.

It is anticipated that information gathered through the project will:

1. Enable a focussed approach to providing support to agencies and service providers who seek to support people affected by family violence; and
2. Contribute to on-going planning for family violence services in Manningham.

To support the above outcomes discussion in the focus groups will be around the following issues:

1. What has it been like for service users **to find and connect with** domestic violence services? This might include their pathway to the service they ended up using and how they experienced that.
2. Do they perceive gaps in the way they were responded to on their way to finding a service, while using the service and after they finished using the service (if applicable)?
3. Do they have any ideas about what services are needed in the municipality?
4. Do they have ideas about what current services might need to make the experience of the service user better?

**APPENDIX 4**

**DIMENSIONS**

**NOTES FROM THE WOMEN'S FOCUS  
GROUP**

**Note takers 1 & 2**

**&**

**NOTES FROM INDIVIDUAL CLIENT  
INTERVIEW**

**Focus Group Feedback 130906**

**“Dimensions” Project  
Focus Group for Service Users**

*Notes on the focus group discussion with service users  
on 13 September 2006  
Doncare Conference Room,  
8<sup>th</sup> Floor, Doncaster Shoppingtown,  
Doncaster*

“When I got into the group I realized how important it was to be in a group with other women. The group is a place to share with others with similar problems. I felt alone until I came to this group. I felt isolated and lonely, so it is just wonderful [having the group], talking helps.”

“Finding a group that doesn’t cost anything was really important. If it cost even a small amount I would not be able to attend. Money is really tight and I wouldn’t be able to spend even a small amount on something that didn’t pay for essentials.”

**Experience of finding and connecting with domestic violence services:**

-Centrelink: the financial run around felt way too hard, forms were difficult; (I was not entitled to) child support or allowances, (subsidised) solicitor, everything takes such a long time. But what to do with the children in the meantime?

Just because we live under one roof, I was cut off. I had never dealt with Centrelink before. Centrelink was the only place I knew of, but then I found I had the wrong forms, and had to go back. With Centrelink, we are a number, we have no identity. But if the man won’t move out, what do you do?

-**Community Health Centres:** were experienced as unsympathetic and cumbersome, associated with health for babies. Did not think of approaching the CHCs for help.

-**Doncare:** I am still on a wait list (from an earlier inquiry at another agency for support), they never called back. I found Doncare’s service through an article in the Manningham newsletter. There was a small note saying to contact Axxxx. I wanted to be sure who I was ringing, turned out to be a most delightful voice so I came along to first meeting, and began to come to the group. Started to be able to label what’s happening to me.

Used to think Domestic Violence is not really me. Don’t really fit into that. My counsellor insisted I go. You can’t tell by looking at people which of us has experienced domestic violence, we have a mask. The scariest phone calls were to the lawyer, perhaps they should be the ones to tell us where to go for help.

I knew I was in a violent relationship. Called DV hotline, and they referred me to a house in Croydon (one I went to). It was a DV referral service, quite far away, took ages to get there, but I received a lot of support. They helped with my Intervention Order and came to court with me. I didn’t know about Doncare. I went to City of Manningham because I

wanted to volunteer. When I came to Doncare for an interview, they referred me to a counsellor for one-to-one counselling, then I started group counselling. I like the proximity, it's easy to come here.

**Local Council:** Used to go there only to pay rates, never saw any info re DV. I used to scan all the notices; I would have picked it up if I had seen it.

We could go to the Council to talk about problems. They could have a phone service, with one person who could direct you where to go.

I would not go to Council to talk about DV; the person could be a neighbour.

Going through the Intervention Order was a difficult experience. The police put it in, I didn't do it. It didn't keep him away. He came to a couple of sessions, but said he would not continue. The Intervention Order at this stage of life was shocking. There were ladies walking around (at Court), they didn't tell you anything. I didn't have help after, but I needed it after. They could tell (could have told me) you there are places that could help you. You don't know where to turn to because you feel quite stupid.

**Community Services directory:** I never thought to look up things like that; I've never used a lot of community services.

**Leaflets/brochures/information:**

Information should have been there 15 years ago. There was a huge need. The group has been wonderful. I've loved coming here, felt relaxed. When I saw the ad in the *Manningham* paper, I thought it was for people recently abused. Axxxx said 'no, it's for anybody who needs it, come along.'

Ladies gyms could be another place to put things, like the notice board. And bus shelters, signage, primary schools.

(Facilitator: Supermarket receipts are used by some centres.)

Information could be placed even in chemists. When you have children, you always need to go to the pharmacy. Leaflets could be placed in venues where women go.

Till you need it, you won't know even if the information is there, it doesn't catch your eye. A lot of women experience verbal abuse, but don't think it is abuse. They don't realize there's help for that.

**Verbal abuse:** I would love to sit in on a men's group. We women need to be educated. G and I went to school together and met many times over the years but neither of us would tell each other what we were going through. We do that in families too.

My husband just finished a behaviour program. He got a certificate at a ceremony. I went to it, all very caring, sharing their stories. People were saying they'd never do it again. I

felt very sorry for all of them. My husband stood up and spoke about how he had changed. What a load of bullshit. Why do I feel sorry for them, they get certificates! This was the Creative Living Centre. They still have a support group for the men, after the course ended. I work and cannot attend in the daytime. Men work and get sessions in the evening. Women don't count in that.

If you run women's groups during the day, I can't attend them.

A good place to advertise is the police stations. All the guys stuff is on the board, I know because I work there. We get pamphlets, but there's nothing on the notice board for women.

The Police took an Intervention Order on my behalf. I would not have done it if I'd known. I have an Intervention Order coming up again in November. The police have helped so much and so has the person I see, a psychologist.

TV is also good source of information. When the DV advertisement comes on, my husband is always there. I like to see his face. They have all other ads, fat people, thin people, but we need something for women. That ad is good "I'm not abusive, I just pushed her".

Violence in the community is allowed and accepted because courts allow it. Courts said my husband was stressed. They allowed it and that's only one form of abuse. They are so focused on giving men time with the children; it's about men getting access. But the big issue is safety.

When it comes to children, you cannot find anything in Manningham. I have a three and half year old boy, but have no intervention order yet. I pick him up from MacDonald's and get abused by my husband for 10 to 15 minutes every time. My son had been exposed to our arguments before when we married, but he came to accept this. He has been affected by all this, but I could not get help. I contacted Relationships Australia, Kew, they had a new person who works with children. I got an appointment with someone. They were quite helpful, because I do not have money to pay. I have child support problems and a single pension. They gave me two relief sessions without pay. I could not pay that money. I asked them to give me relief for two months more, but they refused. My grocery bill is \$50, I could not pay \$25 for the sessions. Someone in Manningham, helped me to get in touch with RA. I talked to them, asked for 2 to 3 months relief, but they left it to the counsellor. The counsellor called me and said that because of my qualification I am more than able to work and they could not give me the free sessions. But I told her, "I am not working at present".

Axxxx (the Doncare group) was the only one I approached who was free of cost.

Victims of Crime can help you get your payment. They do (the application) themselves, no court involved; husbands are not informed, you need to go to the lawyer, but they pay the lawyer. It does not cost a cent. I was apprehensive because I could not afford it. The

counsellor helps as well, they do a report. It goes through their system, they pay the lawyer. I won twelve weeks extra counselling.

My counsellor helps with the current situation. One other thing, the group is a place to share with others with similar problems. I felt alone until I came to this group. I felt isolated and lonely, so it is just wonderful, talking helps.

### **What services are needed?**

We're back on our own when the group finishes, back where we started. I have been having one-on-one counselling up here. I've been able to go places where I have not been before, explore things never verbalized. Axxxx (the group facilitator) put it to me. I expected it to be on while the group started and when group finished.

Maybe we could have one day and a night (group sessions). If we missed the day one, we could go at night. Box Hill has an after school drop in centre, but there's no such thing for women. Once you have confidence, you need some space to share and support. A drop-in centre would be good, if it provided a space to even read a book. It's so nice to be with someone we could share with. If as G shared, we could have a group just to talk, not feel judged. I was disappointed when it finished. It seems unfair, the perpetrators have a group ongoing, but we don't.

There is a centre for men, it's sexist that we don't have one. One counsellor said go to a women's group once a week. It is isolating if we work full time, to come home and back to the same situation. We need something easily accessible, like this (Doncare).

### **What current services might need to make the experience of the service user better?**

We need to find out information related to different needs. We are all not the same. For example, I have no children to worry about. Counsellors need to keep up to date with all the different services. My counsellor did not know about night sessions.

One counsellor could be tasked to sit and have one interview with us and advise us: you need financial help, etc and point us in that direction. We need one trained person who can do this for us. To tell us: you need this help, this and this is what you can do.

We need information to help find accommodation. I had a court order, my husband would pay for rent, but I couldn't get accommodation and they said I can't have the children. I can't get a loan, because they said that he could stop payments anytime, so these payments don't count.

### **Finding a counsellor**

I looked up the paper and found a counsellor. She was private and I pay for her but she helped me. She went through it all and said, "this is what was happening".

For European or Asian women, they have no idea that what they are going through is wrong. I know little clubs my mum goes to, but I do not go there. There must be somewhere we can put the information out.

Doctors, Shop-a-Doctor is a great idea, it should be in all areas.  
(At a ) Women's gym.

Why do certain areas have more services because they are low income? We need them in other areas. We can pay. Right after separation, there is a period that we can pay.

I was disappointed to read the men's group is held in the same space as the women's group. I was so angry. The location is private but they were meeting there. I didn't feel right about that.

Courses should be provided and should be ongoing. There is one in (an adjacent area) I attended but I came out distressed. I felt exhausted. But we need to feel empowered as in Axxxx (Doncare's Women's Group) program. There is an education component which is the main component. We need skills, identifying these helps in every aspect of life. We should not feel ashamed to feel the way we do. I have more confidence with saying "I am pissed off and I'm okay to feel that way". I have permission to feel that way. I learned to say 'no', I've never said no before.

Men's groups : He got graduated without going through the third term. I didn't wish to speak to them when they called to ask me how he was doing. From what he told me, it sounds like he took over the whole class. They contacted me, but I did not wish to speak to them. (Facilitator encouraged speaker to call Men's group facilitator even though group had ended because obviously still had bad feelings and doubts about the group.)

Why not call them. They ring me once a fortnight, I tell them everything and they listen.

**Courts:** I contacted the counsellor at court, but vaguely remember it. Had done complete counselling. Those people should have had information. I am totally distrustful of courts, my kids hate them.

For me it was just lovely. But they did not tell me where to go. Maybe if I'd used the court psychologist in a different way. They should have information to send you.

17/9/06

**Focus Group Feedback \_ 2****Dimensions****Women's Focus Group**

**Held Weds 13<sup>th</sup> September 2006  
8<sup>th</sup> Floor Doncare  
Westfield Shopping Centre Professional Tower  
Doncaster**

The first few minutes were not recorded, but were introductions of everyone and facilitator explaining the purpose of the group. The discussion was opened up and recording started with .....

Participant discussing difficulty of accessing financial support from Centrelink – they gave me the run around, they gave me the forms in May and when I took them back to them later I had got the wrong ones because it was now June in the following financial year, but she's the one that gave them to me. I just felt as if, like, they give you this run around because they don't want to give you anything or any support or help. So I just let that go. I just couldn't persevere with that anymore. It was way too hard and so therefore you are getting no money. You're getting no child endowment of whatever because your husband's earning too much. But he's got all the money and you've got nothing for the kids. I found that really difficult. And, when you go to a solicitor, everything takes such a long time and it took 3 or 4 months before we got to a conference where he was ordered to give me more money. But what do you do with your children in that time?

There should be something. Just because you are living under the one roof it seems you are not entitled to anything, but you have been cut off so then what do you do? There just did not seem to be anywhere to turn there. I had no support. I didn't know where to turn to. I had never had to deal with anything like this. I only knew of Centrelink and I turned to them. I got the wrong forms then had to go back. It was a nightmare. You are just a number. Where do you go? I know of lots of others where the men won't move out, they just cut you off and women are left with nothing. What do women do in that situation? I feel that there is a huge gap – that women don't know where to go and then when they get to Centrelink the help was unsympathetic and cumbersome.

Another woman: It took me 9 years to access the kind of support I got from the women's group at Doncare. There was nothing available. The women's group was the only human thing available from the community. You are isolated in Manningham in your home on your own. Manningham is not a community oriented area. Everything is isolated. Dec 96 my marriage broke up I did a 6 week course on how to manage as a separated parent and that was good practically and that was in another geographic area. But what the women's group offered was emotional support and strength, the ability to identify abuse (when you live in an abusive relationship you are so used to it that you don't realise you are being abused). The Women's group was an exceptionally valuable thing that can't be underestimated and needs to be funded because in this area. Women

in this geographic area are isolate. Issue of how to find services – there is the shame thing – you don't want to make it obvious you are needed that help, for example by going up to a public notice board to check out information on a dv group. You need to get information in a way that also maintains a level of privacy. How.....? The doctor, the counsellor, through friends – perhaps you have to know someone who knows someone, the local paper, in the church bulletin, (one woman talked about her situation starting in 1994 and not knowing where to go – fear of telling anyone even going to a specific dv service. When I did contact them they told me to come tomorrow but once having got up the courage to contact someone I needed to talk then and there. I didn't go the next day. I was afraid to phone anyone in case there was an answering machine or something. It's no good being told someone will phone you back. The group allowed me to be able to label what was happening. It takes a lot of courage to make that first contact and then if you have to leave a message you lose courage and don't follow through – maybe I don't deserve to be called back, maybe I'm not really suffering dv. (I had to be convinced I was right for that service). Maybe lawyers need to have more information about where women can go for help in domestic violence.

When I first needed help I rang the dv helpline and they referred me to a service in Croydon (probably EDVOS outreach from Ringwood) which is quite a long way out. But I got a lot of support from them and they helped me get an intervention order and they came to the court with me, they were quite helpful. I knew I needed more help and I kept speaking on the phone with them. Then I went to local municipality to see if I could do some voluntary work just so I could get busy with people and they referred me to Doncare. But when I came to Doncare to be interviewed to be a volunteer they realised I needed help and they referred me to a counsellor who referred me to the women's group. In the group I realised how important it was to be in the group with other people who are in a similar situation and because of the proximity it was very easy for me to come. I found Doncare by chance.

Perhaps the local council could do more about promoting services that are available.

I do scan notice boards and fliers in public areas and I never saw anything at the local council – if there had have been I would have picked it up. Perhaps if there was an anonymous phone number for services in the local community I might have phoned to ask about dv services – anonymity is important.

I found the group out of the local paper. But I went through the intervention order process and they didn't give me any information – even the ladies who walk around to help people they didn't give me any information, but they could have given me information about the Women's group etc. You often need help after you get an intervention order. You are not feeling good about yourself so it is hard to seek help. You don't know to look let alone where to look.

It seems it has been really difficult to find the group.

I was in a difficult situation 20 years ago and couldn't find anything then. The group was wonderful. I saw an advert and rang up to find out about it. I saw the advert in the **local paper**.

Another place to put adverts out would be places where women go like the women's gym, neighbourhood houses, even bus shelters, primary schools, back of supermarket receipt, - needs to be very obvious and in a lot of different places because of the variety of people who need it and the fact that women often don't even know these groups exist. Has to be 'in your face' – until you need it you don't see it and once you need it, it has to be very obvious. I didn't even know I was being abused until I got bad physical abuse. Otherwise I just thought it was normal and what you had to put up with.

I think us women have to be educated to know about what abuse is.

There are no groups for women who work. And the men's group have an on-going support group even after their main group is over. The men seem to get heaps of support. There needs to be more supports for women.

An after-hours group is another gap in this geographically area.

The police stations need more information for supports for women. They have lots of information about men's groups and programs but not much about supports for women.

The TV is a very good place to advertise services for women. That stuff that currently comes on is really great to get people thinking. Perhaps some of those current affairs programs need to do stories on DV and talk about all the different types of abuse so everyone gets educated about is.

Getting support for my child has been very difficult. I finally got counselling support from a specialist service but then I couldn't pay so I couldn't get a service anymore. She said because of my qualifications she said I was more than qualified to work so she said she couldn't give me financial support. Even though I said I couldn't get a job at the moment. Paying for a service makes it really hard. The women's group is the only service I could get for nothing. Going through victims of crime seems very hard – I don't want to go through court. I don't want my husband to know what I am doing. I would be scared to take it further in case it would give me more trouble from my husband.

..expressing concern that women don't know where to find a 'free' counselling support service

...maybe there are lots of gaps in finding a service – knowing where to go and then finding a service that suits in terms of location and cost

The women's group was very important for having people who understand; it breaks isolation. You are alone even if you have a lot of support – most people don't know what

you are going through; the women's group breaks that aloneness and feeling of being 'different'.

When group finishes you are cut off if there is nothing else. It is ok if you can go to the on-going group. It is helpful if you can have 1:1 counselling. Maybe a 'drop-in' centre or an evening and a day 'place' to go to be amongst others who understand – just to talk and not be judged.

The women noted they were not aware of after hours group at RA. Women need groups and supports that are accessible – not too far out and also need evening services.

Women expressed opinion that counsellors need to be kept up to 'speed' with all the different services available. Women need one person to sort it all out for you – someone who is really knowledgeable to help you get what you need – someone who can 'see' stuff you might not see and someone who can help you negotiate 'the system' – so it needs to be someone who 'knows' the system and can find their way through it.

Women from CALD are especially disadvantaged – need to get to them through their 'community' – through more public ways like TV, shop-a-docket. Doctor, maybe a pamphlet that goes out with the PAP smear reminder or the Breast Screen reminder as these are 'women only' items of mail and would not be read by male partners.

One woman expressed that she did not like knowing that the men's group was held in the same space – building and room that the women's group was held in even though it was a completely different day and time.

In regard to the experience with the group the 'skills acquisition' aspect of the group was very important. It was very empowering. We came out feeling better and the education component helped women feel more accepting of self and know what to do about symptoms from the trauma of abuse. Other groups were just individuals going around talking about their situation and left women feeling down and exhausted.

Uncertainty about what happens in Men's group was expressed. How useful are the men's groups. It seems they get more resources than the women. Women get feedback from their male partner participant in the men's group and get a certain impression of the group. Perhaps women with partners in men's group need to make sure they have contact with the facilitators of the men's group.

## **Dimensions Project**

### **Interview with client – “H”**

**19<sup>th</sup> September 2006**

I found out about counselling through the local government community services department. Then through the counsellor I found out about the Women’s Group. Because of my professional training I knew where to look for supports

I think Maternal and Child Health services need more training in the issue of family violence. The sister I went to knew of my situation but there was no follow up from her. I even wrote her a letter but still I got no follow up. I had post-natal depression and my husband was having an affair. All this happened when I was in late pregnancy and then around the time the baby was 4 months I talked to the M&CH nurse but she was no help.

The post natal depression was finally labelled by GP but did not talk to anyone who could make the connection between PND and the relationship issues and family violence.

The women’s group was so empowering because of the knowledge. Knowledge is power. What could make the groups is to have group times in the evenings for working women, especially the on-going support group – ‘Moving Forward’. So important that once you start to go forward you have secure and safe support to keep going forward.

It seems there needs to be more done to make information accessible to all women no matter what language or where they live. Perhaps one number for the whole State would make it easier for all women to get the help they need. To make the contact the Women’s Hospital would be good because women can trust the Women’s Hospital. It has to be one stop shop with the person on the other end of the phone being extremely highly trained. Women don’t want to get the run around when they finally get the courage to make that phone call for help. They need someone who can help then and there.

Women don’t necessarily look for Domestic Violence services because women don’t easily identify as experiencing DV. They might phone the Women’s Hospital because they are not feeling ok with their life, but would need someone on the other end of the phone who could help them identify what the problem is.

Women need blunt examples of behaviour and situations that are considered domestic violence so they can identify all the different ways in which it can occur in your life.

One of the most difficult aspects of getting information out to women is making it accessible and helping them identify that their situation is domestic violence. Most women don’t like to think of themselves being in that situation and are so put down by their situation that they think there is something wrong with them. Advertising and information support needs to take this into account and that’s why people who are in all

types of helping roles need to be trained to listen and respond to indicators of dv in a way that helps women immediately.

There needs to be education in schools about health relating so kids don't grow into adults who find themselves in awful relationships and don't know what is going on. Knowledge about relationship stuff is so powerful in helping you understand your own situation.

## **APPENDIX 5**

### **DIMENSIONS**

**MAIN ISSUES FROM THE WOMEN'S FOCUS  
GROUP & INDIVIDUAL CLIENT INTERVIEW**

## **Themes from Women's Focus Group:**

### **1. What has it been like for service users to find and connect with domestic violence services? This might include their pathway to the service they ended up using and how they experienced that.**

For a woman still living under the same roof with her husband the process of getting help was very difficult as it seemed **people did not appreciate the level of hardship** she experienced.

The process of accessing financial support for women living separated under the same roof was very hard and the woman **felt treated like a number**. She **gave up** on the process of getting help.

It is hard to find information about services. Information is not obvious. Women do not know who to ask and are very embarrassed and cautious about divulging their circumstances to others. There are many people who need to have information so it can be passed onto women in need, especially counsellors, Centrelink, lawyers, police, doctor, local paper and court support people.

When women do make contact for help they need to be engaged fully on their first contact. Leaving a message either on an answering machine or with a receptionist makes women back away from seeking help. The person they speak to first has to be able to reassure them immediately.

The women's group run by Doncare provided a place where women found they could be amongst others who understood their situation and them; a place where they became empowered through the education provided; a place where they came to accept themselves; a place where they felt accepted and respected. Some other groups leave women feeling down and exhausted because they are not empowering through education.

### **2. Do they perceive gaps in the way they were responded to on their way to finding a service, while using the service and after they finished using the service (if applicable)?**

Women want to be re assured about their inquiry the first time they seek help. They don't want to leave a message on a machine or with a non-involved person. If they have to leave a message they might back away from seeking help.

When women go for help they want to be treated with respect and they want the person helping them to understand the difficulties women experience when in a dv situation. They don't respond well when helpers make assumptions about their income or the capacity to pay for services. They need helpers to understand that just because a woman has education, dresses well and speaks well this does not mean that she does not need a lot of support, encouragement and help.

Women want on-going support that is accessible during their available hours. There seems to be a big gap in services for women who work full-time.

There appears to be a gap in the way information about available services is made public. Many women were not aware of after-hours groups that were available in the Eastern suburbs.

### **3. Do they have any ideas about what services are needed in the municipality?**

Groups for women need to be available after-hours for working women.

Information needs to be more readily available.

Services for children are lacking.

All services for women and children affected by family violence need to be free as women in family violence situations are most likely not to have financial resources to pay for services.

### **4. Do they have ideas about what current services might need to make the experience of the service user better?**

- All services need to be free.
- Services for children need to be more readily available.
- Services need to be provided locally so women do not need to travel far.
- Services for women need to be provided after-hours too.
- Information about services needs to be much more widely disseminated.
- All types of ‘helpers’ (police, lawyers, court support people, church support people, local council, doctors, counsellors) need to be more up to date with information about services for women.
- Women have found information about the women’s group from counsellors, the local paper and church newsletters. It is good to find information in common places as women don’t know where to look and unless it is under their nose they won’t see it – like in the local newspaper and church newsletters.
- Suggestions were made about how services could be advertised: shop-a-docket, newsletters, local paper, public notice boards in all sorts of places, women’s gyms, doctors and other waiting rooms, in a newsletter that comes with the PAP smear and Breast Screen reminder, TV, through CALD communities, anywhere where women are is a place that could be used to disseminate information and especially places that are ‘women only’.

Women expressed a desire for more information about how men’s groups are run.

## **APPENDIX 6**

### **DIMENSIONS**

#### **SUMMARY FROM AGENCY INTERVIEWS**

1. SAAP Program
2. Long Day Care Program
3. Child Care and Occasional Care Program
4. Maternal & Child Health Service

## **Dimensions: Agency Interview No 1**

### **SAAP Program**

- 1- Program is SAAP funded, housing, case management services. Included support meeting, house meetings, and referrals from all aspects of life managements and accessing funding as required.
- 2- Young people in Manningham aged 16-25 and their children.
- 3- Yes
- 4- Counselling at Doncare, referrals to other providers, verbal and written information and advice. Ensure immediate physical and emotional safety of clients is top priority
- 5- Emergency housing that the worker would manage that clients could get into straight away- Not enough crisis housing anyway and a lack of stock and funds.
- Transitional accommodation, Teaching clients independent living skills for approx 6-12 months- Lack of stock and funding
- Better staffed crisis lines (Lifeline, WIRE) - Funding
- Law, police being able to arrest the perpetrator whether victim wants to press charges or not- Law doesn't support this.
- 6- Yes
- 7- Doncare risk assessment and management, similar to a suicide assessment- is client at risk of hurting self or others, report to child protection or police if need be.
- 8- Formal- Refuge, teenage boys are not allowed in them. Broaden scope of refuge accommodation.
- 10- Up to date training on law, network with agencies (so DV agencies, shelters have a greater understanding and trust of Doncare), Reading DVIRC etc newsletters
- 11- Would work differently if not at Doncare, due to Doncare having a family violence worker and experienced workers in these issues. If didn't work at Doncare would probably have to be more pro-active to find resources for family violence. The SAAP worker would also be more pro-active to meet with services in the eastern region, refuges to work together.

## **Dimensions: Agency Interview No 2**

### **Long Day Care Centre**

Question 1- What are the main services offered through your agency/service?

Long day care programs, pre-school programs that are funded through DHS.

Question 2- What population groups does your service target?

Young families predominantly living within the city of Manningham however people outside Manningham can utilise service. Usually children aged 0-6, under school age.

Question 3- Does your service ever encounter people who are or have been affected by family violence?

Yes. Parents occasionally disclose information. Jenny has worked there for 21 years and in this time she has heard disclosures of family violence a few times. She has had concerns for people but they have never been substantiated by the person.

Question 4- When clients indicate that family violence is a concern what type of response are you able to offer?

Given support, referrals to Doncare, links and supports from DHS. They report to DHS when children are involved who do the follow up.

Question 5- List the types of services you would like to offer to clients who disclose family violence but find you are unable to offer and describe the reason you are unable to offer the service.

Low cost counselling- Lack of expertise, lack of time, may blur roles of staff

Marriage counselling which people can access quickly- Lack of expertise, lack of time, may blur roles of staff

Assistance with Parental skills- Lack of expertise, lack of time, may blur roles of staff.

Other agencies also offer these programs but it would be good to know of places to refer parents onto.

Question 6- Does your agency have a protocol, practice guidelines for responding to family violence disclosures?

Mandatory reporting even though service staff are not mandated to report. Moral obligations to report suspected or confirmed child abuse. Ring DHS to report.

Question 7- What are the main elements of the protocols?

When and why you report, collection of documentation is required and it is quite a detailed process.

Question 8- What would your service like to do next to enhance your response to disclosures of family violence?

How to deal with family violence disclosures, advice from professionals and DHS. There is confusion over laws and mandatory reporting and to know whether they are dealing with it in the correct way.

Question 10- What type of support would you seek from outside your agency to assist with enhancing your response to disclosures of family violence?

Speak to network of other coordinators for advice and information, fellow pre-school advisors

Question 11- Is there anything else you would like to add?

Would like Doncare to give any information and support on family violence, links to counselling services.

### **Dimensions : Agency Interview No 3**

#### **Childcare and Occasional Care Centre**

Question 1- What are the main services offered through your agency/service?

Family day care and occasional care are the main services. Pamela manages 4 services all up for children including occasional care, family day care, inclusion support program and the pre-school field officer.

Question 2- What population groups does your service target?

Children 0-6.

Question 3- Does your service ever encounter people who are or have been affected by family violence?

Yes. They often have people from refuges come to get occasional care for their children. Parents know they can utilise the occasional care centre at short notice. They have a good relationship with local refuges. Not a lot of time and contact with parents, given that is basically dropping off and picking up of children.

Question 4- When clients indicate that family violence is a concern what type of response are you able to offer?

- Referrals- Doncare and Manningham Community Health Centre as examples.
- Crisis line referrals, utilise the interpreter services, linkages and liaisons with Centrelink and women's refuges.
- Training for staff. Very aware of training staff in relation to people involved in family violence but also other parents and children at centre who may be indirectly affected. Professional development training roughly every 2 years for staff.
- Centre allows for flexibility. Parents can drop children off with little notice and providing centre can fit them in, they can come.

Question 5- List the types of services you would like to offer to clients who disclose family violence but find you are unable to offer and describe the reason you are unable to offer the service.

They are good examples on the sheet.

Low Cost Parenting- Unsure of where to direct, refer onto somewhere else. Not the role of the centre to set up these kinds of services.

Question 6- Does your agency have a protocol, practice guidelines for responding to family violence disclosures?

Yes. There is a local government protocol linked with DHS. This is for all child protection issues.

Question 7- What are the main elements of the protocols?

- Mainly a reporting protocol- How to report properly
- Linkages with child protections
- Chain of command is very clear
- Reported to manager and discussed in depth.

Question 8- What would your service like to do next to enhance your response to disclosures of family violence?

- Risk management strategies
- Safety is fundamental for children and staff. Adequacy of services available (counselling, housing)
- Training for staff (Already quite competent).

Question 10- What type of support would you seek from outside your agency to assist with enhancing your response to disclosures of family violence?

- Training for staff
- Protocols- What managers are to do and when to act.
- Referrals- Doncare

- Networking with other services- Some families may be outside of Manningham. They're not case workers so networking and referring on is important. Ideally they work for the child's benefit and wellbeing- They are the main concern.
- Safety of child is primary concern of agency

Question 11- Is there anything else you would like to add?

- Would like options to discuss with Doncare about information, potential costs and services that are around. Maybe have a worker come to talk to centre around these issues.
- Sharing of ideas and information is really important in this area and to establish good relationships.

## **Dimensions : Agency Interview No 4**

### **Maternal and Child Health Centre**

#### **Issues in dealing with Family Violence:**

The main target of the M& CH service is the child and their well-being. The mother's and family's well-being is part of this but much of the time in consultation is spent considering the child's well-being. The most opportune time to consider the mother is the 3 month assessment but otherwise the focus is far more on the child.

There is not enough time to broach a sensitive subject like family violence and have a constructive interaction.

Many women would be reluctant to acknowledge family violence and many would not even identify that as their experience even though an observer might see it.

We are not sure of how to approach the issue – what questions to ask, how to respond so that we keep the trust of the woman and help her seek further help. We are not fully aware of what the service system has to offer so we don't always know where to refer women.

When we do refer women for support it is important that it is no cost. A woman in a family violence situation often does not have access to money.

#### **Ways to enhance the way we support women:**

We need up to date fliers and information that is in languages other than English as well as English.

We could put information in our home visiting pack for men and women because people don't like to be seen reading about this topic in the waiting room in front of other people.

A family violence protocol would help us recognise a situation and to know the right way to respond to it.

We need training that updates our knowledge and information. It would be helpful to be aware of the recent changes in family violence in relation to legislation and service development.