Gap Analysis Project Literature Review

Domestic violence and integrated service responses

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Contents

ANALYSIS PROJECT

A whole of government and community response is required at a systematic level to comprehensively address and reduce violence against women and their children.
(Breckenridge, Rees, Valentine, Murray: 2015: 27).

1. INTRODUCTION

1a The gap analysis project

A gap analysis is a tool or process used to explore the difference between what a system is currently doing and what it seeks to do in the future. While it assumes that there are gaps in the current system it takes a more comprehensive and holistic approach than simply mapping gaps and looking for ways to reduce them.

The primary intent of a gap analysis is to identify the steps required to bridge the gap between where a system currently is and where people ideally want or need it to be. In this gap analysis project the 'ideal' state is the provision of an effective integrated response to domestic, family and sexual violence that is supported by government and non-government stakeholders and that takes into account the needs and experiences of victims and their children in the ACT context.

The *National Plan to Reduce Violence against Women and their Children 2010-2022*, the *ACT Prevention of Violence Against Women and Children Strategy 2011-2017* and the 2015 report from the Domestic Violence Prevention Council (DVPC), stress the need for integrated, collaborative, seamless and client centred service systems for women and children experiencing domestic violence. This renewed call in the ACT has in part arisen from a number of domestic homicides in early 2015 that have demonstrated a need for the ACT to review and improve protection for women and children experiencing domestic violence. This call has also arisen as more research, nationally and internationally indicates that collaboration or integrated service delivery is best practice in the area of domestic violence.

> Throughout the literature, interagency collaboration is regarded as the requirement of good practice (Cussen & Lyneham, 2012: 13).

Through research and reviews conducted of existing integrated service systems nationally and internationally, the literature review allows identification of some key and foundational elements common to successful integrated service models. The gap analysis project as a whole, then explores which of these elements may be essential, relevant and preferred in the ACT jurisdiction, including elements already in operation.

This identification of key foundational or critical elements and how to build these into the system is essential for successful change. As the Domestic Violence Resource Centre Victoria (DVRCV), note in their 2015 submission to the Victorian Royal Commission into Family Violence:

> Efforts [to build integration] have been stymied by the failure to follow through or embed key principles and elements. (DVRCV, 2015: 12).

Mapping. The mapping exercise that will follow the literature review in the gap analysis project, will map the domestic violence system in its entirety in the ACT. This will provide useful information, not only on what services are and are not currently seen to be in the system', it also provides information on what resources or services are available that may not be generally known of or fully utilised. This mapping will be conducted along a continuum, from early intervention through to post crisis stability and will include the support system, the justice system, care and protection and the range of 'mainstream' agencies regularly a contact point for domestic violence such as health, education and housing. The necessity to view the system in its entirety was a key point raised in the 2015, DVPC meeting and report.

> It is hard to know what other parts of the government and community are doing which makes it hard to act in a concerted way (DVPC report, 2015: 22).

***Consultation*.** Based on the findings from the literature review and the mapping exercise, the project will conduct consultation on the findings to help understand the system from the point of view of: providers and experts working in the system; women who are accessing the system; and services on the fringes of the system who do not or are not currently seen as part of *the* system. Consultation also helps fill in the picture of what is working well, what strengths already exist and what duplication might exist.

***Client journeying*.** Client journeying is a tool used to test out a system from a client's point of view. Client journeying is a tool extensively used in the Strengthening Families and Better Services project to visualise an ideal system from a client point of view. As Healey, Humphreys and Wilcox (2013), note:

> As long as 'women-defined' responses are kept in mind and resources are reallocated appropriately, coordinated responses have the potential to identify and plug the gaps in state funded interventions. (Healey et al, 2013: 3).

Taking a client centred approach is not only consistent with the principles of the Human Services Blueprint and Better Services Taskforce, the DVPC report also stressed that the perspectives of women and children who have experienced domestic, family and sexual violence must be considered in any system review and development.

> An integrated service response [must] be driven by knowledge of the particular needs of victims of domestic and family violence as the key to design... it is crucial that responses

> are not based only on what a service delivery system believes is needed (DVPC report, 2015: 8).

The technique of client journeying also allows focused exploration in relation to the needs of particular groups of women and children with diverse experiences of violence, such as newly arrived refugees and Indigenous and Torres Strait Islander women. This ensures their specific needs are appropriately considered and pathways that work for their particular needs are developed as part of or alongside the mainstream service system. Again this is a key point raised in the DVPC report as well as an identified issue in the national prevention of violence against women agenda.

> It is widely recognised that some groups within our community are more vulnerable to the impacts of domestic and family violence, including sexual assault, because they are more vulnerable in our society generally or have a history of childhood trauma. Victims are socially, linguistically and culturally diverse and their experiences of violence are similarly diverse (DVPC report, 2015: 11).

1b Purpose of the literature review

The purpose of this literature review is to identify the issues to consider and the general features found to be best practice and critical to the success of integrated service systems for women and children who have experienced domestic, family or sexual violence. The literature review incorporates local research and knowledge and best practice nationally and internationally to provide an informed base from which to explore the current system and the ideal system and steps that could be taken across the gap between those two states in the ACT.

The DVPC report and the 2012 Cussen and Lyneham review of the ACT Family Violence Intervention Program (FVIP) both clearly call for any system review or development towards an integrated response to be based on evidence and best practice:

> The literature review [for the FVIP review] identifies the need for integrated interventions to have an evidentiary foundation supported by good governance
> (Cussen & Lyneham, 2012: 28).

> Draw on what has been proven to work-internationally, as well as across Australia (DVPC report, 2015: 24).

This literature review provides a level of informed consideration and research to the gap analysis project to ensure its work takes into account and is built upon best practice and evidence.

This literature review has been designed so that it can be viewed in sections, which can be used as a starting point for evidence based development of particular components, rather than necessarily requiring a whole reading.

1c Scope of the literature review

The literature review for the gap analysis does not purport to be a comprehensive review of the considerable research available on integrated responses to domestic, family and sexual violence. Rather, the review relied on: the 2015 Meta analysis 'state of knowledge paper' on integrated responses to violence against women recently undertaken by the Australian National Research Organisation for Women's Safety (ANROWS); national and local research on integrated or collaborative service systems; and national and international reviews of existing integrated services (which often undertook their own literature reviews).

As noted above, it is intended that as certain elements or components of an integrated model are being explored, this literature review can provide some key research references as a starting point for more comprehensive review of best practice evidence about that particular issue or component.

1d Project timeline and limitations

From its inception, the gap analysis project identified two key sources of local information as critical to inform the project. These are the research currently being conducted by Women's Centre for Health Matters (WCHM) on the decision making points for women leaving domestic violence, and the ACT Domestic Violence Death review.

The WCHM research will be available during the period of the project (though not for the literature review), however the ACT Domestic Violence Death review has been delayed and its finding will not be available until the time that the gap analysis project is due to be completed in December 2015.

Many of the integrated models examined in this literature review, both nationally and internationally were developed in response to and significantly informed by regional Domestic Violence Death reviews or coronial reviews. These reviews provide critical information about where gaps or failings in the system have contributed to domestic homicides. The lack of this information is a significant limitation of this literature review as it will be for the other components of the gap analysis project.

As a result, the timelines for completion of the gap analysis project will be extended by two to three months to allow the findings of the ACT Domestic Violence Death review to be incorporated. All components of the gap analysis project will be reviewed and amended in light of those findings prior to release of the project final report.

2. FINDINGS

The current evidence base suggests both victims and perpetrators of domestic, family and sexual violence have diverse and complex needs, frequently requiring multiple interventions. Government and professional recognition of the complexity of these needs has acted as a catalyst for the growth of what is referred to in many Global Western jurisdictions as "integrated responses" (Breckenridge, Rees, Valentine & Murray, 2015: 3).

2a Leadership and messaging

> The state and by extension the practitioners who represent it, has a powerful influence over people. The messages given to victims, offenders and children at each point of intervention can have a deterrent effect or, alternatively can fail to deter and therefore act as an opening for more violence (Duluth, 2015: 9).

This literature review will identify some key common structural components of integrated systems for responding to violence against women, such as shared definitions, principles and aims, information sharing and common risk assessment. However, first and perhaps most importantly it will briefly explore the importance of attitude, messaging and leadership.

Leadership and the necessity to send clear, consistent and coherent messages was noted across the literature as critical to any model, regardless of what features or components it is comprised of and regardless of whether it is only a partially or a fully integrated model.

As Potito, Day, Carson & O'Leary (2009) note, it is both: "stable leadership and management commitment [that] have underpinned the successful integrated approaches to domestic violence studied in Australia" (Potito et al, 2009: 381). The importance of both governance and leadership was also noted by the DVPC in their 2015 report:

> Planning at the whole-of-government level for domestic and family violence, including sexual assault must be championed at the highest levels of government to enable collaborative efforts and investments to work for the benefit of victims of domestic and family violence, including sexual assault (DVPC, 2015: 7).

In their 2009 article on integrated service delivery, Potito et al (2009) use the well-regarded change management work of John Kotter (1996) to frame how any new integrated approach to domestic violence needs to be considered and managed. In particular they caution that:

> A sense of urgency is established only when 75% of people in leadership positions are convinced that "business as usual" is no longer an option (Kotter, 1996, cited in Potito et al, 2009: 379).

They also note that creating "a sufficient level of urgency requires significant effort, often much more that leaders expect" (Potito et al, 2009: 380).

While much of the literature reviewed notes the importance of leadership, two articles particularly note the need for leadership to ensure the aims and messages of the integrated system are embedded, monitored and evaluated in practice. Both the 2009 article by Potito, et al and the 2015 Duluth Blueprint for Safety, stress that if the messaging and treatment of both victims and offenders across the system is inconsistent and does not reinforce key messages at every contact point and stage of the system, however well integrated, it may fail to meet its accepted aims.

> Worden (2003) suggests that the 'efficacy of many innovations [in intervention] may be contingent on the consistency of the messages that are exchanged among the victims, offenders and practitioners' (Duluth, 2015: 23).

The Duluth Blueprint for Safety ('the Duluth Blueprint'), is a framework that articulates the shared messaging and practice expectations that have been agreed to by all parts of the criminal justice system in the small city of Duluth, Minnessota. The Duluth Blueprint builds on the 30 years of best practice in the area of domestic violence undertaken by the Duluth Centre and is premised on the (researched and established) evidence that: "the single greatest obstacle to the criminal justice systems effective intervention in battering cases is the degree of psychological and physical control the abuser has over victims" (Duluth, 2015: 8).

Consequently the messaging both victims and perpetrators receive throughout and across the system is critical.

> Our message to a victim needs to be cognizant of the relentlessly destructive messages she has been told. Every action we take and every statement we make can and should be aimed at an efficient, consistent, coherent, clear message that strips the abuser of his most powerful weapon: his message that "they can't and won't help you" (Duluth, 2015:10).

The comments of a victim consulted by the DVPC for the April 2015 extraordinary meeting mirrors the Duluth quote above and exemplifies the importance of this clear messaging.

> *It took everything I had to pick up the phone and call for help that night after my ex-partner had told me over many years "Go ahead, call the police, they wont help* (DVPC report, 2015: 26).

Consistent messaging across the entire response system is also consistent with how victims approach and interpret their experience of domestic violence.

> The responses [from the victim survey] seem to indicate that the entire experience of family violence is remembered and reflected upon as a whole. This includes all of the experiences leading up to the incident, the criminal justice system response and the effect of the experience on their lives…. the fact that victims contextualise their experiences as a

> whole, may illustrate a need for system-level responses to acknowledge the experiences of the victims they are dealing with (Cussen & Lyneham, 2012: 96).

An example of how agencies or systems can review the messages inherent in their practice can be seen in a national research project currently being undertaken by ANROWS.

The Patricia project, (Pathways and Research In Collaborative Inter-Agency working- not yet published), is a large research project which includes two components exploring how the principle of 'perpetrator accountability' is being reflected in practice across a number of care and protection cases in 5 study sites in Australia. The focus of this national research program demonstrates that the importance of embedding key aims and messages in practice are starting to be understood as critical to making real and lasting change in the area of domestic violence.

2b Background to integrated service delivery

> The collaborative approach can be seen as an important acknowledgement of the limitations of a 'siloed' service system...which struggles to tackle significant, intractable problems or meet the needs of those with multiple and complex issues
> (Price Robertson, 2012: 26).

The literature review starts from the premise that an integrated and seamless service system for women and children who have experienced domestic, family and sexual violence in the ACT has been called for by victim advocates, experts and government; and can deliver improved outcomes and easier service access for women and children.

> We [the DVPC] heard from victims and services at the meeting that there needed to be more integrated and holistic responses to incidents of abuse and its victims (DVPC report, 2015: 26).

> Integrated responses are designed to offer more streamlined referral processes for agencies providing initial crisis responses…intermediate support and protection and long term support for women and children (Meyer, 2014: 2).

It is also suggested in the research that integrated responses provide improved and more effective responses to domestic violence.

> Within the domestic violence field, evidence from services based on the Duluth model suggests that a well-coordinated response to domestic violence can bring effective results (Potito et al, 2009: 372).

> Past research reveals that working collaboratively through an integrated response network facilitates access to relevant services for women and children…and fosters

> victim's safety through improved interagency communication and tighter monitoring of perpetrator behaviour (Meyer, 2014: 2).

The first multi-disciplinary program designed to address the issue of domestic and family violence was trialled in Duluth Minnesota in 1981. The trial incorporated a number of previously unrelated service systems addressing domestic violence, primarily criminal justice system, women's support and refuge system and men's behaviour change programs. In 1982, "nine agencies agreed to permanently institute [these] previously experimental policies" of coordinated and integrated service delivery (Duluth 2015: 5).

The principles of the 'The Duluth model' have since then been replicated and adapted around the world, as "communities have used the model to establish their own coordinated, interagency response to domestic violence cases" (Duluth, 2015: 2).

However, despite the implementation of many integrated models, as Price-Robertson (2012) notes, domestic violence remains an 'intractable' social problem. It is acknowledgement of this 'intractability' that prompted implementation of the integrated approach to family violence in South Australia.

The South Australian Family Safety Framework notes that since the 1990's, collaborative and integrated responses, sometimes referred to as 'second generation' responses, have been widely developed and implemented. These responses involve:

> Recognition of the complexity of reducing and preventing domestic violence; recognition of the need for collaborative responses led from the macro level; development of a continuum of service responses that includes prevention, early intervention, criminal justice responses, crisis and recovery; and recognition of the particular importance of working with children as a preventative intervention (South Australian Family Safety Framework, 2015: 6).

It must be acknowledged however, that there are some concerns in the current literature that the focus on and success of "integrated services" in relation to violence against women, has not yet been fully demonstrated and evidenced.

> The a priori assumption underpinning coordination of services is that it improves outcomes for victims, reduces secondary (system created) victimisation and can assist in reducing "siloing" and gaps in service provision. Further research is required to test this assumption (Breckenridge et al, 2015: 1. See also Price-Robertson, 2012; and Potito et al: 379).

While noting the concerns, these researchers do not argue against development of collaborative and integrated services. They do however sound a note of caution against assuming that

integrated service delivery per se, will be *the* solution to the 'intractable' problem that is domestic, family and sexual violence.

> Working collaboratively will not automatically produce high quality responses for women and children (Potito et al, 2009: 379).

2c Impetus and risk

Potito et al (2009) using the work of Chung and O'Leary (2009) note that the evolution of Australian integrated responses has followed one of four main models of service development. 1- that they have grown organically at and from service relationships and partnerships at the local service delivery level; 2 -that they "develop following a catalyst for change such as a number of domestic homicides in an area"; 3- that they are implemented from top down decision/policy initiatives and 4- they emerge from a joint decision by policy makers and local managers about the need to implement a more effective approach (Potito et al, 2009: 382).

Potito et al, 2009, note that models implemented in response to each of these four impetuses have their own particular strengths and advantages. Across the literature it is also apparent that conversely, each has particular potential weaknesses or risks to their longevity and effectiveness. For example, models developed from the grass roots service level, can be overly reliant on particular relationships and personnel (Mulroney, 2003:2). This was a persistent theme in the 2012 review of the FVIP.

> Effectiveness depends on the ongoing commitment of agencies involved, adequate resourcing and the development of a sustainable structure that is not dependent on specific individuals (Mulroney, 2003:2).
>
> Many of the suggestions…focussed on leading the FVIP away from being dependent on individual persons and agency goodwill to drive it forward (Cussen & Lyneham, 2012: 102).

Models developed in response to a particular catalyst, such as a number of local domestic homicides, run the risk of being developed without regard to the evidence base (Potito et al, 2009: 381), while top down driven models risk development of an implementation gap between the policy imperative and the operational environment.

Of particular importance in the ACT context, in which renewed calls for an integrated model have emerged following a spate of local domestic homicides, is the risk that models developed from this impetus fail to embed the practice principles and guidelines necessary for effective and lasting change.

> Edelson (1999) warned against knee-jerk reactions to crisis, as they run the risk of creating further problems. Instead there should be a focus on developing policy and practice guidelines that centre on protecting mothers and children
> (Potito et al, 2009: 381).

Given, as Potito et al, 2009 note, "collaboration is time consuming and requires significant ongoing nurturing" (Potito et al 2009: 383), it is important to be clear about what needs to happen for services to collaborate more closely, especially since "implementation gaps abound in the social policy area" (Potito et al, 2009: 383).

Potito et al, 2009 and other researchers, note that the first step to developing and implementing an integrated shared service delivery system, is to raise awareness about the pressing need for an integrated system, be clear about what the model is trying to achieve and to articulate and agree to the shared interest in women and children's safety (Potito et al, 2009:383). This was also noted by the FVIP report:

> Developing good practice frameworks and indicators can assist agencies to define and refine their roles in interagency collaboration …can assist agencies to understand what they are trying to achieve and provide the guidance to ensure the needs of victims, offenders and the broader community are met (Cussen & Lyneham, 2012: 28).

2d The problem of definition

> Definitions matter because they determine the policy and program terrain about "what counts" as domestic violence or domestic and family violence and what services and responses should be in place to address it.
> (Breckenridge et al, 2015:3)

Definition of 'integrated'

As Wilcox (2010) notes, researchers and writers on the topic of integrated service provision often use a variety of terms interchangeably. However, the terms often have specific meanings that apply to particular models or approaches requiring different levels of cross sector engagement and different structural features.

> Descriptors such as 'interagency', 'multi-agency', 'cooperative', 'collaborative',' integrated', or 'co-ordinated' are often used arbitrarily in relation to widely differing strategies (Wilcox 2010:1019).

In general the term 'integrated' is "more tightly defined than cooperation" (Potito et al 2009: 371-372), and implies more than multi-agency partnerships. Across the literature, integration generally refers to systems that have developed shared aims, formal strategies and protocols for governance, information and data sharing and often includes coordinated case management.

> Integration refers to agencies forming shared governance arrangements at a strategic level, and intensive case management based on shared protocols and data sharing arrangements at the operational level for front-line workers (Potito et al, 2009: 371-372).

Common to nearly all Duluth informed models, as well as and including integrated models across Australia, integration' includes at least three key and primary service delivery areas: women's refuge, support and advocacy services; criminal justice responses (including police, corrections and courts) and men's (or other) organisations delivering programs to perpetrators (See Mulroney 2003; Duluth 2015).

These centrality of these three key system areas- women's support, criminal justice and perpetrator services- are evident in all the integrated responses to domestic violence reviewed in this literature review and are reflected in the broad definition of 'integrated' most common in the research and across integrated models in Australia, including the ACT FVIP, Gold Coast, South Australia and Tasmania.

> Integrated service provision means coordinated, appropriate, consistent responses aimed at enhancing victim safety, reducing secondary victimisation and holding abusers accountable for their violence. (Mulroney 2003: 2; Potito et al 2009:372; South Australia Family Safety Framework: 7; Breckenridge et al, 2015: 12; Finn & Keen, 2014:2 and Duluth Blueprint).
>
> The overarching objectives of the FVIP are to: work cooperatively together; maximise safety and protection of victims of family violence; provide opportunities for offender accountability and rehabilitation; and work towards continual improvement of the FVIP (Cussen & Lyneham, 2012: xiii).

This definition in turn reflects and informs the three shared and agreed primary principles and/or aims of all the integrated models reviewed in this literature review, that is: 1) Enhanced safety for women and children; 2) Reduction in the re-victimisation [system abuse] of women; and 3) Holding perpetrators to account for their violence. Indeed Breckenridge et al note that:

> These three core principles… arguably inform all integrated service delivery in Domestic, Family Violence and Sexual Assault and are generally acknowledged by agencies engaged in such provision (Breckenridge et al, 2015: 12).

As the South Australian Family Safety Framework notes, the benefit of defining "integrated" in this way also provides a substance to the definition that ensures that development of an 'integrated' system is not seen as the goal in and of itself.

> This definition makes clear the important point that integration is a means to achieving the primary goal of enhancing victim safety and the secondary goal of increasing perpetrator accountability, rather than integration being the key goal (South Australian Family Safety Framework, 2015: 7).

The definition provided here, while common to all models explored in this review, is not presented to suggest that it is the definitive or only definition or to suggest that it should (or should not) be adopted in the ACT context. It does however; appear to be an uncontroversial and unifying definition that can assist in "bypassing arguments focused on a fixed definition of integration thereby allowing for a more nuanced discussion of how integration may operate in different practice contexts" (Breckenridge et al, 2015: 9).

In addition, this definition is broad enough to allow integration to be viewed as a progressive and iterative process along a continuum in keeping with the particular locational needs, sector readiness and local strengths and constraints. This stepped or continuum based approach is supported in the Breckenridge et al, (2015), meta-analysis, which notes that being able to view integration along a continuum, allows for sequenced or continuous improvement towards a fully integrated service system for women and children who have experienced domestic violence. (Breckenridge et al, 2015: 9-11).

Healey et al (2013) in recognition that 'the fluid use of terminology creates difficulties', note that:

> Writers have long relied on the use of spectrum or continuum models…to make sense of the undifferentiated use of descriptors such as 'interagency', 'multi-agency', 'collaboration', 'integrated' or 'coordinated' (Healey et al, 2013: 2).

To assist in clarifying both where a system is and where it wants to be, Healey et al (2013) have developed a useful continuum model with 8 indicators of integration that can be measured from 'not in place' to 'fully developed'. Their model provides descriptors of the activities and practices that sit under each indicator, which in effect then provides a set of steps to progress towards 'fully implemented'. This model will be utilised in undertaking the next phases of the gap analysis project as it provides a means to assess which features are in operation at what level and provides steps that can assist to work towards the 'fully developed' end of the spectrum, without the need for an agreed fixed definition of integrated. A copy of this continuum model is at Appendix A.

The issue of definition is particularly important in the context of this gap analysis project, as it is unclear what definitions of 'integrated' and 'joined up' were intended or being used in the ACT Strategy and the DVPC report. This needs to be clarified moving forward to ensure the development of consistency and coherency in the development of any model and the messages being sent to victims and perpetrators, practitioners, agencies and the broader community.

A Caution about the definition of domestic violence

Across the literature the terms domestic violence, family violence or a combination (such as family and domestic violence), are used to describe, primarily, the ongoing and systematic abuse by a man of his current or ex partner in a way that reflects and is often supported by the ongoing gender inequity in our society.

The Duluth Blueprint for safety was the only research reviewed that raised questions or noted the importance of the language used and the need to be clear about what that language is seeking to describe or understand. The Duluth Blueprint notes that the problem of using broad categories, including 'domestic violence', particularly in a legal context, can obscure the true nature of what is going on.

> We have learned that applying a single treatment to such a broad range of human interactions and behaviours inhibits meaningful intervention for victims and perpetrators. *It can distort our understanding of who is doing what to whom and who needs what level of protection from whom.* For victims of battering such misunderstandings are not benign and they can have fatal effects, as analysis of intimate partner homicide confirms (Duluth, 2015: 5, italics added).

In noting that the same category can be given to a one off incident where a person hits their partner with a shoe for gambling, to a situation of intimate partner violence that has been ongoing for a decade, the Blueprint exhorts practitioners to be clear and articulate about the nature of what they are deaing with.

> Our challenge is to make visible all that we can possibly know about the full scope of abuse occurring in a relationship. Interviewers must be able to see the scope and severity… and the pattern (Duluth, 2015: 5).

Just as there is a need in the ACT to clarify what the calls for 'integrated' and 'seamless service delivery' actually mean, as noted earlier, there is also a need to be clear about who the integrated service system is intended to be targeted to. This seems particularly pertinent when you consider the data findings in the 2012 review of the FVIP.

> Data for the review however, found that over half (52%) of the incidents occurred between persons who did not have a current relationship at the time of the incident and who had not been in a relationship together previously. (Cussen & Lyneham, 2012: xv).

Cussen and Lyneham note that this FVIP data suggests a need for agencies to ensure responses are "able to address the different dynamics between non-intimate partner family violence incidents" (Cussen & Lyneham, 2012: xv).

The need to differentiate these dynamics is critical to informing the responses, particularly within a Duluth informed integrated response.

> Not all domestic violence is the same and interventions are different for violent acts that lack a context of coercion, intimidation and control (Duluth, 2015: 14).

2e Key features of an integrated response

> There is no one way to provide an integrated response to domestic, family violence and sexual assault, but it is possible to identify key conceptual principles and practices which signal an intention to do so (Breckenridge et al, 2015: 9).

While acknowledging the various approaches to integration and the suggestion that it is important to allow for 'nuanced' conversations to determine appropriate models in different practice contexts, there are some key features that appear to define or be required in any integrated service response to women and children experiencing domestic violence. These key features include: i) agreed and shared core principles and aims; ii) clear governance structures; iii) common risk assessment; iv) case management; and v) information sharing arrangements.

Summaries of integrated models in South Australia, Gold Coast and Tasmania are included at Appendix B. An overview of the Cardiff integrated model is also included, given its significance in informing the development of integrated models across Australia.

2e i Core principles and aims

As discussed earlier in this literature review, three core principles (though it must be acknowledged sometimes these are referred to and are applied in some models as 'aims', 'goals' or 'elements') inform of all the models reviewed in this literature review. These are:

1) enhanced safety for victims and children;
2) reduction in the re-victimisation of victims and their children; and
3) increased accountability of perpetrators for their violence.

There was no evidence that any part of the sector or participating agencies in any of the models reviewed here had difficulty agreeing to these common core principles. Nor was there any evidence that any sector or part of the system found these principles to be in contradiction or conflict with their own sector or agency goals and purpose. This then supposes that these core principles can form the basis from which to begin to develop an integrated service system and provide a unifying platform from which to do so.

As noted above, these principles were also adopted and articulated as the stated aims of all the models reviewed in this literature review and again, there was clear evidence that having these clear and uncontroversial goal or aims shared by participating agencies, provided a clear unifying platform from which to build an integrated model. (Mulroney 2003: 2; Potito et al 2009:372; South Australia Family Safety Framework: 7; Breckenridge et al, 2015: 12; Finn & Keen, 2014:2 and Duluth 2015).

2e ii Governance

> Accepting that various combinations of these practice elements [such as steering committees, practice standards, strategic plans] are important, what becomes apparent is that clearly defined governance emerges as central to effective implementation (Breckenridge et al, 2015: 13).

Across the literature it was apparent that good governance was key to successsful implementation and provides "a framework for accountability and longevity for a multi-agency system" (Healey et al 2013: 3). The literature does not give specific structural frameworks or particular models for governance but repeatedly notes that a set of coordinating and monitoring activities must occur in order for collaboration to survive (Healey et al, 2013: 3)**.**

> The absence of appropriate governance arrangements and supporting administrative infrastructure (or 'backbone') is a significant contributor to what Potito et al (2009: 376) have labelled the 'implementation gap' in collaborative ventures (Healey et al, 2013: 3).

One feature of governance particularly noted in the literature is that representation on any governance structure must be at a level high enough to provide the authorising environment necessary to effect change, including in relation to the removal of barriers to implementation.

> Senior personnel within agencies must have the authority to make responsive changes to domestic violence policy and practice (Mulroney, 2003:2-3).

> Implementation [of the Framework] is supported by a high-level state-wide committee nominated by Chief Executives of participating departments. The committee maintains oversight of activities of the Framework and supports resolution of barriers between systems (South Australia Family Safety Framework, 2015: 9).

It was also apparent in the literature that high level representation was necessary not only to effect any necessary changes in agency practices, but to undertake the key task of accountability, particularly shared accountability to the integrated model as a whole, rather than to its component parts.

> Developing increased systems of accountability enables what Healey and Humphreys note is the 'optimisation' of partnership governance. In doing this, service systems maybe better able to address victims needs for safety, by identifying the barriers to safety-focussed practice that may be evident within agencies (Healey et al, 2013: 3).

> Effective governance of multi-agency arrangements has the capacity to provide a framework for accountability and longevity (Healey et al, 2013: 3).

> With individual agencies retaining their own accountabilities, there is a lack of mechanisms to ensure accountability for the program as a whole (Cussen & Lyneham, 2012: 99).

This call for strong accountability mechanisms was also made by the DVPC:

> Feedback from the [meeting] highlighted a lack of whole of ACT approach…no-one was seen as responsible or accountable for the ACT response to domestic violence (DVPC report, 2015: 7).

The 2012 review of the FVIP noted that 'all agencies consulted for the review' felt that representation on the governance group needed to be at "Director level and above"(Cussen & Lyneham, 2012: 99), to provide the necessary accountability (Cussen & Lyneham, 2012: 28). Cussen and Lyneham (2012) also note that this governance needed to be 'formalised' and has the potential along with information sharing arrangements and increased resources, to "increase the capacity of the program" (Cussen & Lyneham, 2012: xv).

As noted earlier in the section on leadership, governance also supports the goals and aims of the program and ensures these remain the focus of the integrated response.

> As well as providing a bedrock on which implementation of a strategy can be built, effective governance arrangements provide coordinated interventions with a structure through which program goals can be kept at the forefront of service-level activities (Healey et al, 2013: 3).

Healey et al, (2013) also note that the governance required may need to change depending on where in the process towards integration the service response is currently located.

> Hanleybrown, Kania and Kramer (2012) argue that governance requirements may change at different phases of a multi-agency collaboration, for example, at the stage of planning and setting common goals, a steering committee structure may be appropriate, while implementation phases may require stronger infrastructure or governance (Healey et al, 2013:3).

The implementation of the original Safe at Home integrated response in Tasmania exemplifies how governance needs can change over time. The impetus for Safe at Home was top-down (as discussed in Section 2c of this review), so in the initial stages the model was driven by a 'high level state-wide steering committee' located in the Premier and Cabinet division. The model of governance initially also included an operational Inter-departmental planning committee to drive implementation in practice. As the model became embedded the steering committee met far less often and it became apparent that the model then required the addition of regional coordinating committees in the governance structure to advance and monitor practice across all the agencies at the operational level. (See Department of Justice Tasmania, 2009: 19-20).

2e iii Shared risk assessment

> We also heard from participants about the need for a common risk assessment framework to support the identification of high risk cases and the appropriate services needed for all victims… because there are currently a variety of methods and tools used in the ACT which leads to inconsistency in the delivery of services
> (DVPC report, 2015: 6).

Across the literature, some form of shared risk assessment was central to nearly all the integrated models reviewed. Conversely, no examples were found where a common risk assessment form was in use but not contained within a broader integrated response or at least contained within an agreed risk assessment framework.

To begin to understand risk assessment it is useful to differentiate between the use of 'indicators or markers of risk' checklists and 'risk assessment instruments' designed to calculate and statistically score the predictive risk of re-assault.

Risk factors or risk markers *checklists* are generally a list of factors thought to "increase the likelihood of reassault" (Gondolf, 2002, p 167, cited in Laing 2004: 3). The checklists are usually made up of a range of psychological indicators (such as threats of homicide or suicide, displaying a sense of 'ownership', childhood abuse, escalation of behaviour etc.) and more situational or context factors (such as access to potential victim, access to guns, violence towards children etc.) (See Laing 2004: 3-4).

Risk factor checklists are used in conjunction with a range of other forms of information gathering, including the victim's own assessment of her risk, to assist in safety planning, selecting appropriate perpetrator treatment or identifying perpetrators who may need closer monitoring (Laing, 2004: 2). While noting that research into the effectiveness of risk factor checklists has been limited, one leading researcher in this area, Gondolf, in his 2002 study found that while more effective than professional judgement alone, "the predictive power of these factors, even when they are combined, is very weak" (Gondolf 2002, p. 168, in Laing, 2004:6).

Risk assessment *instruments* are actuarial instruments that 'have been developed to try and increase prediction of re-assault beyond the level offered by risk factors/markers' (Laing, 2004: 10). Risk assessment instruments are built around statistically indicated risk markers and 'calculate a score that reflects the degree of risk' (Laing, 2004:10). (For more information on the difference between actuarial and professional judgement risk assessment see DVRCV, 2015: 34 and Robinson, 2006).

Gondolf notes that "as with risk markers in general, the instruments still make a substantial amount of misclassifications" (Gondolf 2002, p. 169, cited in Laing 2004:11). However, Laing (2004) cites research by Goodman, Dutton and Bennett (2000) which did find 'evidence of the

predictive validity of the Danger Assessment Scale (DAS)" (Laing, 2004: 12), one of the more well known and tested risk assessment instruments.

The Cardiff model notes that the risk assessment tool used by police as part of the MARAC model, is similar to the DAS tool and Robinson also cites the Goodman, Dutton and Bennet 2000 research supporting the efficacy of this tool.

> Research supporting predictors of harm… indicated that women's scores on the DAS {risk assessment tool] significantly predicted repeat abuse (Robinson, 2006: 765).

In the comprehensive 2004 research into the use of risk assessment in the area of domestic violence, Laing sounds a strong note of caution, attesting that for the most part, risk assessment tools have not been empirically tested, are new in the area of domestic violence and that the research that has been done suggests that on their own or improperly applied, risk assessment instruments "can mislead the courts, victims and offenders into falsely believing in an infallible science that does not yet exist" (Laing, 2004: 16).

However, across the literature it is apparent that common risk assessments also often serve other important purposes beyond the identification of risk. Shared risk assessments can be a key tool for bringing agencies together to participate in integrated responses and this was commonly noted across the literature as an important outcome of shared risk assessments.

> The identification of risk played an important role in galvanizing people from many agencies to contribute to the coordinated community response in Cardiff (Robinson 2006: 784).

> [The CRAF's] purpose was to provide a foundation and guide for consistent approaches to family violence risk assessment and risk management as well as to support the development of an integrated family violence system in Victoria (DVRCV, 2015: 28).

Indeed, Robinson (2015) in her review of the integrated MARAC model initiated in Cardiff, Wales, and now applied across the UK, particularly notes that the role of common risk assessment in bringing agencies together, providing the platform for information sharing and sending a coherent message about domestic violence, may be the most important outcomes of risk assessments.

> It is necessary to question whether the predictive ability of risk factors is the most important goal they serve. For example, risk assessment also enables more consistent information to be gathered…and shows the victim that domestic violence is being treated seriously and professionally, it also triggers a holistic coordinated response (Robinson, 2006: 785-786).

The capacity of shared risk assessment to inform responses was also noted in the 2014 review of the integrated Gold Coast model and other research.

> Introduction of a common risk assessment could also be used to identify the nature of the integrated response required and help to inform those responses (Finn & Keen, 2014: 42).
>
> The following benefits of utilising risk assessment have been identified. To assist women and domestic violence workers to develop more realistic safety plans….to assist perpetrator treatment programs to select the amount and type of treatment…. To help the criminal justice system to identify which offenders need closer supervision… and they potentially provide a shared language about risk for service providers from a range of different agencies (Abrams, Belknap & Melton 2000; Webdale 2000a, cited in Laing, 2004: 3).

Explicit in the literature is the importance of embedding risk assessment in an integrated response that enables its multiple functions to be best utilised, including the imperative to ensure the provision of consistent approaches and messages to victims and perpetrators. Embedding risk assessment in an integrated response also addresses a common criticism in the literature, that *identifying* risk can become the goal, rather than the *prevention* of violence.

> It is important to remember that the true goal [of risk assessment] is to prevent violence, not predict it. This can only be achieved through sound planning based on a comprehensive and informed risk assessment (Laing 2004: 15).

The DVRCV (2015) submission to the Victorian Royal Commission into Family Violence, devote a chapter to discussing the problems identified in relation to implementation of the Victorian Family Violence Common Risk Assessment Framework (CRAF). While noting that "evidence suggests CRAF has had a major impact on practice in Victoria over the 7yrs of its implementation" (DVRCV, 2015: 29), they also note a range of problems. Most particularly they note that not everyone using the CRAF has had training in its use, understand the purpose of using it, and pointedly (and alarmingly), that many using it have had no basic or general family violence training.

> Many don't understand domestic violence and its dynamics, how it relates to their organisations function and processes and the role of other services (DVRCV, 2015: 38).

They conclude that the CRAF requires clear "governance arrangements at a state-wide and regional level" that includes monitoring of its consistent use. They also stress the requirement to ensure 'ongoing training' in both use of the CRAF and in understanding the dynamics of family violence and suggest the 'establishment of benchmarks skills' at every level for the people intended to use it (DVRCV, 2015: 38). While they note that initially significant training was rolled out with the implementation of the CRAF, this has not been sustained and they further note that use of the CRAF has not been mandated, even for first responders such as police and child protection and this has resulted in the tool being used inconsistently and often not at all.

Research also consistently indicates that the assessment of the victim of her own level of risk is a reliable predictor, perhaps the most reliable predictor, of future violence and is expressly incorporated in most integrated models reviewed. (South Australian Family Safety Framework, Appendix 1, 2015:46; Finn & Keen, 2014:7; Laing 2004: 9-10; Victorian Department of Human Services, Family Violence Risk Assessment and Risk Management Framework, 2012: 19).

> Women's perceptions of safety and the likelihood of reassault [emerged as the] most consistent and strongest risk marker. *In fact, the women's predictions were as useful as all the batterer characteristics combined* (Gondolf 2002, p. 174), (Laing 2004: 9. Italics added).

Samples of two different common risk assessment tools, from two practice models- Cardiff and South Australia are included at Appendix C. These two examples of risk assessment are not provided to suggest they are necessarily 'best practice'. Rather they are provided to demonstrate two different approaches to risk assessment. The Cardiff risk assessment is a short assessment based on statistically proven 'risk markers' that is used in conjunction with the victim's perception of risk, information known about the offender and professional judgement. The South Australian risk assessment is a more actuarial statistical risk assessment instrument that calculates a score numerically that differentiates low, medium and high risk.

The two different risk assessment approaches are also included to demonstrate that a risk assessment tool needs to be appropriate to the model in which it is being used and the primary goals it is intended to meet.

> Regardless of when and by whom risk assessments are undertaken, the assessment should be framed within the context of a specific desired outcome (Cussen & Lyneham, 2012: 26).

This call by Cussen and Lyneham to be clear about the 'desired outcome' of any risk assessment was repeated across the literature and was noted as key to the current problems with the CRAF in Victoria (See DVRCV, 2015: 28-41). The literature noted that risk assessment must be accompanied by training (both in domestic violence and in use of the tool), and must be embedded in a broader framework which articulates how the risk assessment tool relates to each 'organisations functions' as well as being clear about what is being assessed and for what purpose.

As noted throughout this section, the benefits of risk assessment beyond the identification of immediate risk are at least as useful as the actual identification of risk. The particular benefits noted include provision of a 'galvanising' and unifying tool to build integration, triggering and framing appropriate interventions and sending clear and consistent messages across the service system that build trust in the intervention itself. A 2003 study undertaken by Texas Women's University shows just how important that trust can be.

> The study demonstrated that abused women offered a safety intervention at the time of applying for a protection order, quickly adopted safety behaviours and continued to practice the safety behaviours for eighteen months. (Duluth, 2015: 24).

The importance of recognising coercion and control

Stark (2007) argues that in large part, the historic concept of domination has been replaced by coercive control: coercion or force or threats used to yield a desired response and control as both structural and tactical…When combined, the product of coercion and control is entrapment (Duluth, 2015: 26).

Both the Duluth Blueprint for Safety and the 2006 review of the Cardiff integrated model, note the importance of including coercion and control in understandings of domestic violence and the need for them to be specifically included in risk assessments. Robinson (2006), notes in her review of the Cardiff model, that in statistical retrospective analysis of risk, coercion and control is an extremely reliable indicator of future and ongoing risk and is also indicative of more severe abuse.

> Stark (2007) estimates that coercive control involved in at least 60% of domestic violence cases is probably higher in criminal justice system cases where women seek help (Duluth, 2015: 21).
>
> Quantitative analyses showed that psychological abuse, especially dominance, was a strong predictor of repeat violence (Robinson, 2006:766) and other research has shown that psychological abuse has been correlated with more long-term severe physical abuse (Robinson, 2006: 765).

Robinson also notes that in the studies done on risk factors for domestic violence, coercion and control strongly correlated with perpetration of most other forms of abuse.

> Whether the perpetrator was jealous and controlling was a particularly salient issue as it increased the chances that most of the other risk factors also were present. Therefore even the most basic attempt at risk assessment should gather this information from the victim (Robinson, 2006: 784-785).
>
> These [data] findings support the notion that police and other working with victims of domestic violence need to pay attention to both the psychological and physical abuse experienced by victims, especially because psychological abuse appears to accurately differentiate those victims [most at risk] (Robinson, 2006:766).

This call for the recognition of coercion and control was consistent across the literature.

> Without such an understanding of the coercive controlling and gendered nature of family violence, government policy reforms and interventions cannot adequately address family

> violence or prevent it. We need to embed an understanding of coercive control more comprehensively in our approach to developing integrated responses (DVRCV, 2015: 13).

These calls to recognise coercion and control as key identifiers of ongoing and escalating violence were particularly seen as a pertinent issue in relation to police and courts.

> A more discriminating understanding of the nature of specific intimate partner violence crimes including the element of coercion would help more appropriate sentencing, as well as treatment for the perpetrators and more effective safety planning for victims (Erskine 1991, cited in Duluth, 2015:21).
>
> Most of these tactics [of coercion and control] are not criminal offences and have not been addressed by police or courts (DVRCV, 2015: 13)
>
> With the exception of stalking, most domestic violence related criminal interventions focus on a single event of violence…. interventions to process one assault look different than interventions intended to stop the continued use of abuse and violence (Duluth, 2015: 6).

The inclusion and understanding of coercion and control as central to domestic violence is clear in the Duluth model, where it has informed their approach and frames their interventions (See Duluth 2015). It is important then that "we embed an understanding of coercive control more comprehensively in our approach to developing integrated responses" (DVRCV, 2015:13).

This need to include and embed understandings of coercion and control in our responses to domestic violence was also noted as a significant gap by the DVPC in their input to this gap analysis project.

2e iv Case coordination and case management

Case coordination meetings, often termed case management meetings, were present in all the integrated responses reviewed in this literature review. In the main, case management refers to a regular formalised meeting of all participating agencies in order to: share information and develop an intervention plan; identify and remove barriers to service; and to ensure agencies undertake the agreed actions. Entry of cases into these meetings in most integrated models is through a common risk assessment process with a focus on high risk cases.

The commonality and centrality of case management meetings to the integrated models reviewed, suggested they are a critical component of developing integrated responses to domestic violence.

As well as supporting a coordinated response across agencies, the process of shared case management can serve to strengthen the purpose and intent of the model and build trust and

understanding of agencies roles, as was found in the 2012 review of the FVIP case tracking meetings.

> The FVIP is effective in establishing relationships between agencies and ensuring they work cooperatively. Stakeholders identified communication between agencies as a major strength of the program (Cussen & Lyneham, 2012: 108).

However, as the term 'case tracking' suggests, this process in the FVIP is focussed on monitoring cases rather than case management and this was identified as an issue in the 2012 review.

> There is however, no lead agency responsible for case management. Instead each agency leads the activities associated with their role (Cussen & Lyneham, 2012: 110).

It was not clear in all the integrated models reviewed for this literature review whether case management of individuals was included in the model. It is a key component of the Gold Coast model and Robinson infers it is also included in the Cardiff model. (See Finn & Keen, 2014: 32 Robinson, 2006: 763). The research, (rather than reviews of models), however was unequivocal about the importance of individual case management to support the victim and her children to access the full range of services they need, including their needs beyond the initial crisis response.

> This [follow up study] suggests a need to provide ongoing support… it may indeed be crucial to ensure that initial improvement is actually sustainable over time (Meyer 2014; 1,4).
>
> Findings from the 'Listening to Families' project (2012) suggest that in order for service providers to work more effectively to support families with complex problems, future service system responses must be developed based on the following elements: Government and Community working as one system, accessible entry points and shared assessments, *lead case management* and family information profiles (DVCS, 2014: 6. Italics added).
>
> After the crisis is over, women frequently need ongoing case support, access to financial support, access to legal aid advice [for] criminal and family law, and psychological therapy for themselves and their children (DVPC report, 2015: 30).

This need for someone to coordinate services as well as support and advocate for individual victims was also clear in the feedback from victims themselves to both the FVIP review and the DVPC report, even if they did not name it 'case management'.

> *Just having someone there with me would have made a huge difference. (*DVPC report, 2015 :12).

> *She has been the most help of anyone I have been in contact with. She helped with emergency relief…contacted agencies on my behalf…gone with me to the police station, following things up for me when no-one else would (*DVPC report, 2015: 11-12).
>
> *I found the services I approached did not provide a holistic approach to my issues. Many services did not know where to refer me to address my other issues…A multi-disciplinary approach to sustain long-term support for the victim with regular follow ups is crucial. It helps the victim feel supported and provides appropriate services to match the victims changing needs'* (DVPC, 2015: 26).
>
> *[*What helped was*] Knowing that people understood my situation, moral support, phone calls, updates they cared. [What] was really important was to be told the steps in the process* (Cussen & Lyneham, 2012: 34).
>
> *[*What helped was*] definitely DVCS and particularly [worker] from victim services. She never seemed like she was doing a job. I dealt with one person all the time* (Cussen & Lyneham, 2012: 34).

There was also some mention in the literature of the importance of case management for the perpetrator, to ensure consistent messaging, access and encouragement to access behaviour change programs and to provide any relevant safety information back to the case manager of the victim. (See Duluth, 2015 & Finn & Keen 2014: 32-36).

> Case management is also strongly advocated in the literature as an appropriate approach for both victims and offenders (Department of Justice Tasmania, 2009: 28).

The literature strongly suggested, particularly when referencing findings from death or coronial reviews that the lack of individual case management significantly contributed to domestic violence homicides or filicides. The discussion of the coronial findings into the death of Luke Batty in the DVRCV submission to the Victorian Royal Commission into Domestic Violence is a clear and stark example. (DVRCV, 2015: 45-50).

2e v Information Sharing

> Homicide reviews have identified the lack of information sharing amongst agencies as a significant factor contributing to homicide/suicide in families where there is domestic violence
>
> (South Australian Family Safety Framework, 2015: 3).

In the integrated models reviewed for this literature review, the focus on high risk cases provided the means to overcome barriers to information sharing based on privacy provisions, through the identification of imminent or serious 'risk to persons'.

> Focussing on high risk cases also overcomes issues about sharing of information as privacy legislation allows information to be shared without consent where there is a 'reasonable likelihood of serious threat' (Department of Justice, Tasmania 2009: 26).
>
> The Family Safety Framework…. Model operates within a context of limited confidentiality with the Information Privacy Principles clearly indicating that where an individual is at risk of serious injury or death you are obliged to act (South Australian Family Safety Framework, 2015: 8).

While acknowledging the value of and need to comply with legislated privacy provisions, the literature repeatedly noted that sharing information between and across a range of agencies is critical to protecting women and children and to ensuring they receive the assistance they need.

> Participants [at the DVPC April 2015 meeting] also highlighted the barriers to good service provision of privacy restrictions which impacted on the sharing of information which was essential to ensuring the safety and security of victims (DVPC, 2015: 6).
>
> Respondents were unambiguous that they viewed the main output of the [integrated Cardiff model] as information sharing… it was viewed as the key ingredient necessary to provide high risk victims of domestic violence the assistance they require from many agencies to be safe (Robinson, 2006: 774).
>
> The UK National Action Plan, A Call to End Violence against Women and Girls…identifies multiagency approaches as fundamental to addressing violence…The plan regards optimal service provision as ideally including partnerships between the statutory, voluntary and community sectors and *foregrounds the issue of information sharing between agencies as key to risk assessment and effective referral* (Breckenridge et al, 2015:19. Italics added).

As noted earlier in this review, sharing information is particularly critical in domestic violence, not only because of the stark reality of risk and homicide, but because it is a complex issue involving many agencies, who often alone don't have the information they need to make accurate assessments of risk.

> Some agencies may have snippets of information that on their own don't raise any particular concern, its only when the jigsaw of information is pieced together that the risk factors begin to be understood (Robinson, 2006: 774).
>
> When work is coordinated across agencies and within agencies, the overall capacity to protect is increased (Duluth, 2015: 13).
>
> The benefits …include the information and expertise available for risk assessment is multiplied (Finn & Keen, 2014:45).

2e v Data

Related to the need to improve and formalise or structure information sharing, data collection and shared data bases were a key issue also raised across the literature as important to an effective coordinated response**.**

> It can be seen that many states have started to explore the use of common databases as part of their provision of integrated/coordinated responses (Finn & Keen, 2014:44).

Data was most often mentioned in the literature as critical to knowing what is actually going on, supporting the sharing of information (as discussed earlier), or for accountability and evaluation of the effectiveness of the integrated model, with a particular focus on client outcome.

> There is also a need for the collection of integrated data and reporting, and evaluation, across all the different directorates, which will help provide an understanding in the ACT… this will mean we know what works and know where systems fail, through accurate, timely and thorough data collection and independent evaluation. (DVPC, 2015:7).
>
> Wangmann (2008) notes that an important feature of a good integrated response is its capacity to critically evaluate and reflect on the work performed and to continue to change and develop over time (Wilcox, 2010: 1035).
>
> In reviewing the UK literature, the authors (Dowling et al, 2004) look at the ways successful partnerships are understood and find that much of the literature is concerned with indicators of successful partnership processes rather than service outcome measures (Breckenridge et al, 2015: 14).

However, as Finn & Keen, 2014 note, the actual implementation of shared databases in Australia is limited:

> From a preliminary scan of other jurisdictions, actual implementation of shared databases is currently limited to or at developmental stages (Finn & Keen, 2014:44).

This review notes that the issue of data collection has been identified as a critical area of need and a significant gap in the ACT which has been confirmed in the early consultation undertaken for this project. Funding has been provided by the ACT Government to explore the development of an integrated data framework in the ACT. The issue of data collection and data sharing is a common problem in and across all jurisdictions in Australia and is being considered under the National Plan to Reduce Violence against Women and their Children.

3 KEY PARTICIPANTS

> We have learned that each encounter between someone living with this violence and a practitioner in "the system" is an opportunity to interrupt the actions and patterns that sustain battering (Duluth, 2015:12).

As noted throughout this literature review, all integrated models include three key areas for participation in an integrated model: the criminal justice system; the women's advocacy and support system; and those agencies providing perpetrator interventions. However, most models also include a range of other support areas and providers, most often child protection, health, drug and alcohol services and housing. (Cussen & Lyneham, 2012:19-21, 25, 100; Robinson, 2012; Finn & Keen, 2014:14).

3a Child protection systems

> Time and time again, government and independent inquiries and reviews, including child death reviews and coronial inquests, point to the need to improve information sharing and collaboration between family violence services, police, state and federal courts and care and protection services… A shared understanding of family violence and its impact on children is lacking (DVRCV, 2015: 51).

The prevalence of domestic violence impacting on children is now well established and is consistent nationally and internationally.

> The majority of children in the Child Protection system come from families where they are exposed to family violence (Statistics from 2005 Victorian Department of Human Services, cited in DVRCV, 2015: 42).
>
> From a child protection perspective, domestic violence is involved in 53-69% of statutory child protection cases (Potito et al, 2009: 370).
>
> Studies show that separation and prior violence towards an intimate partner, which are factors in many intimate partner homicides are also key factors in many filicides (For example see Mouzos & Rushforth, cited in DVRCV, 2015: 44).
>
> DVCS annual report recorded 65% of client homes as having children present (Cussen & Lyneham, 2012: xiv-xv).

There is also now significant research indicating the ongoing and severe impacts of domestic violence on children including as witnesses, as supporters of the victim as well as those many children who are also perpetrated against in the context of and as part of the pattern of domestic violence (Wilcox p 1017; Potito et al; DVRCV 2015; South Australian Family Safety Framework, 2015: 6).

Indeed the South Australian Framework provides fifteen research references to support its statement that:

> The growing body of Australian and international research over the last twenty years acknowledges the connection between, and the co-existence of, domestic violence and child abuse (South Australian Family Safety Framework, 2015:6).

However, despite the prevalence data and the research on the impact of domestic violence on children, the literature uniformly notes that child protection and other children related service systems such as the family court, are not generally engaged in or with integrated models addressing domestic violence.

> Key services responding to women and children experiencing family violence, such as child protection and the family law courts, continue to sit outside of the family violence service system. Integration with these services is essential for a fully efficient service system (DVRCV 2015: 47).
>
> There is currently no specific tool for assessing risk of filicide for children in the context of family violence (Olszowy et al 2013, cited in DVRCV, 2015: 48).
>
> Family law-related matters…provide a major stumbling block to development of safety focussed responses to domestic violence (Wilcox, 2010: 1021).
>
> While programs for perpetrators of domestic violence are increasingly becoming the business of mainstream domestic violence service providers, interventions for abusive fathers are largely missing in the child protection system (Potito et al, 2009: 373).

As noted earlier, ANROWS are currently undertaking a significant piece of research, the PATRICIA project in part to research child protection practice in relation to domestic violence. This is critical when key research in the area of child protection and domestic violence note that:

> By focussing on mothers to leave they [child protection] don't take into account the risk of that, they then threaten failure to protect which blames victims and minimises complexity and potentially isolates her from services- it is in this context that some researchers have suggested that child protection system fails to hold the perpetrator accountable (Potito et al, 2009: 374).

A thorough review of the complex issues of child protection, family law system and domestic violence was beyond the scope of this literature review. However, both the DVRCV report and Potito et al (2009), suggest a range of strategies and suggestions about how child focussed services can begin to participate in integrated responses to domestic violence.

In addition, Mulroney (2003) notes two key Australian Projects, the Columbus project in Western Australia and the Magellan Project in Victoria, which were developed "to improve collaboration between the Family Court and state based statutory child protection agencies" (Mulroney,

2003:9). Learnings from these projects and the forthcoming PATRICIA project provide a good evidence base for moving towards incorporation of child protection and family law systems into integrated responses to domestic violence.

The Family Law Council of Australia recently released a discussion paper to explore the need to better integrate the family court system with both child protection and community support agencies via shared risk assessment or other mechanisms to jointly manage risk to children in the context of domestic violence. This paper, and the recent Australian Law Reform Council (ALRC) report and recommendations are also indicative of the general and increasing understanding, across all systems related to domestic violence, that integration and sharing information is critical to enhance the safety of women and children living with domestic violence.

The research makes clear that integration of domestic violence and child protection will not be a simple process.

> A new systems response that prioritises quality outcomes for women and children requires both systems [domestic violence and care and protection systems] to rethink fundamentally the way they do business (Potito et al, 2009: 379).

3b Perpetrator programs

> The service system also needs to include adequate provision of services and responses for perpetrators of domestic and family violence, including sexual assault, while holding perpetrators to account for their conduct (DVPC 2015: 9).

Across the integrated service models reviewed for this project, perpetrator programs were included as a key and critical component of the response, consistent with the Duluth model. Indeed most research indicated that it is necessary to include perpetrator responses if the integrated model is to be effective. Much of the research also noted conversely that perpetrator interventions success relies on their placement within integrated responses to domestic violence.

> [The good practice] Hamilton model in New Zealand includes treatment programs but only within an integrated framework incorporating women's refuges and criminal justice agencies (Mulroney, 2003: 2-3).

> Ensure that programs for perpetrators of domestic, family and sexual violence are delivered in conjunction with an integrated response in order to establish adequate safety controls (DVPC, 2015:10).

Using Duluth as best practice again, holding perpetrators to account is critical to lasting community change and offering perpetrators opportunities to change their behaviour must be part of what's on offer. This is particularly important when the research strongly indicates that perpetrators with "a stake in conformity [employed, married, stable housing] are least likely to reoffend after interaction with the justice system" (Roehl et al 2005, cited in Duluth, 2015: 22).

The Gold Coast integrated model, in keeping with its focus on Duluth based best practice, was the model that appeared to have most fully integrated perpetrator programs very integrated in their service response to domestic violence. The accompanying well developed relationship with probation and parole stood out amongst the research in relation to perpetrator programs and perpetrator accountability and justifies the claim that "the role [of the perpetrator program] in the integrated model evinces an unparalleled partnership with probation and parole" (Finn & Keen, 2014: 32). In turn this relationship then "enables a more accurate assessment of the risk to women and children" (Finn & Keen, 2014: 32).

In their 2015 extraordinary meeting report, the DVPC note that there is little to no accountability for the work undertaken with perpetrators or the nature and success of the work being done. In addition, the 2012 review of the FVIP particularly stressed that participating agencies consulted for the review did not feel the model was currently addressing the issue of perpetrators and at a systems level, was not adequately holding perpetrators to account.

This issue has also been recognised nationally and is a key feature in the national work currently being undertaken by the Commonwealth and the states and territories. National Outcomes Standards for Perpetrator Interventions are being developed with headline standards due for release in late 2015 and implementation in early 2016. These standards should go some way to starting to improve the accountability of perpetrator interventions in Australia. These standards also reflect the findings in the research that indicate that to be truly effective, perpetrator programs need to be part of the integrated response to domestic violence.

> Lessons from Duluth…. include the need to utilise a combination of sanctions and rehabilitation to hold perpetrators to account (Mulroney, 2003: 11).

3c Drug and Alcohol services

A full review of the links between drug and alcohol and domestic violence was beyond the scope of this literature review. However, in the literature that was reviewed it is strongly suggested that the perpetrators use of drugs and alcohol is a significant indicator of risk of future and severe violence.

> There are some consistent findings about what contributes to successful perpetrator interventions that include: addressing 'co-morbidity' issues, such as substance abuse or unmanaged mental health (DVPC, 2015: 9).
>
> The ex partner having alcohol or drug problems was also a particularly significant risk factor. Although victims often desire treatment or help for their partners, the most common sanctions go no way to providing this (Robinson, 2006: 785).

> Offenders often have multiple and complex needs, some of which may need to be resolved (such as alcohol misuse), before they can address their offending behaviours (Cussen & Lyneham, 2012:111).
>
> Substance abuse treatment needs to include screening for domestic abuse, and the available programs for perpetrators need to address the implication of substance abuse on the propensity to reoffend (Robinson, 2006: 785).

Access for perpetrators to drug and alcohol treatment was also specifically noted as important to Indigenous women in the ACT consulted for the 2012 FVIP review.
(See Cussen & Lyneham, 2012:28).

Given the strong connections between domestic violence, alcohol and drugs and incidents of reassault, this link needs to be more fully explored in development of any integrated model of service delivery and particularly built into risk assessment and the treatment or rehabilitation programs on offer to perpetrators.

3d Health services

> In the context of domestic and family violence and sexual assault services, integrated responses commonly comprise some of the following: medical services- short term and longer term medical interventions for psychological and physical health needs of victims (Breckenridge et al, 2015: 13).

While 'health services' appears to be a participant in a number of the integrated models considered, it is not detailed as to what part of the health system has been prioritised as needing to be involved in integrated responses to domestic violence.

Recent national announcements have prioritised accident and emergency and pre and post natal services as sites requiring participation with the domestic violence system, particularly legal services. This may have more to do with the nature of the high profile recent spate of homicides and severe physical domestic violence in Australia than with practice evidence, given the lack of specifics to this issue in the literature reviewed.

The research literature consistently notes that health services, including general practitioner's can often be in a 'first to know' position in relation to domestic violence. It is expected that the two pieces of research to be released in the ACT in the next few months, the ACT Death review and the WCHM research on decision making points, will provide significantly more information about the role of health services and which particular areas need to be included in an integrated response in the ACT. This information will be incorporated into this literature review when it is available.

3e Housing

> Housing played a very valuable role by performing its normal duties on behalf of very high risk victims and their children…the agency's ability to inform [the integrated response] about whether the perpetrator or victim held a tenancy was very important in guiding the actions that other agencies would take (Robinson, 2006: 773).

While acknowledging that at least in the ACT, the majority of victims of domestic violence are not public housing tenants and do not move through the refuge system to public housing, (see DVCS, 2014: 4), most models reviewed in this literature review included public housing as a critical part of the integrated model.

In addition, a significant number of those women and children who are allocated priority housing in the ACT are victims of domestic violence and therefore form a significant part of the work undertaken by housing staff.

That housing is a significant issue in relation to domestic violence can be seen in the findings from the DVCS Staying at Home after Violence report (2014).

> 54.6% of the home owners and 62.5% of the families living in private rentals lost their homes within twelve months of the separation (DVCS, 2014: 5).

The DVCS report notes that

> The intention of this report is not to highlight the need for establishment of new services but to highlight the need for the ACT Government in consultation with the Community Sector, to re-evaluate the way supports are delivered (DVCS, 2014: 6).

While this citation particularly refers to the gap in services available to (the majority of) DVCS clients who have chosen or been unable to access the refuge and supports including outreach, it is feasible to extend this to include that housing and its resources be re-evaluated to ensure these resources are being maximised to support women and children experiencing domestic violence.

In thinking about the role of public housing, it is worth noting a comment from the Cardiff model review, about the need for agencies other than criminal justice to apply sanctions to perpetrators of domestic violence. This is a particularly important consideration in developing an integrated whole of community response with consistent messaging to perpetrators of domestic violence, as discussed earlier in this review.

> In cases where the perpetrator held the tenancy the housing agency could evict because he was breaching its code of conduct…*In this way, criminal justice agencies were not the only ones imposing sanctions* (Robinson, 2006: 773, italics added).

The scope of integrated responses

All of the integrated models reviewed in this literature review were focussed on the identification of high risk cases and the provision of effective responses to those victims and children at high risk. However many of the models, having developed and implemented those integrated responses to high risk cases are now recognising that a truly integrated whole of community response to end violence against women and children can and should include: awareness raising and attitude change; early intervention; and post crisis support.

Some of the literature noted the importance of a full spectrum of responses. Given the strong call by the DVPC to also address non high risk cases and the importance of including pre and post crisis supports in an integrated model, this will be considered across the gap analysis project. This issue may also be significantly informed by the two pending local sources of information discussed earlier, the research from the WCHM and the ACT Domestic Violence Death review.

3f Recognition of diverse experiences

> An effective domestic violence intervention accounts for the realities of people's unique circumstances and social standing… Our interventions must address the relationship between violence, poverty, homelessness, gender and race. Our interagency approach must reduce rather than emphasise the disparity (Duluth, 2015: vi).

There was little discussion in the literature to how to develop a model that incorporates the needs of diverse experiences of domestic violence, though it was noted as necessary. That may in part be explained by the focus on high risk cases, where safety is the overriding concern regardless of who is at risk. However as Duluth note: "effective intervention cannot be a blanket, one-dimensional approach" (Duluth, 2015: vi).

Breckenridge et al note that evaluations of integrated models have not in general been conducted in ways that determine the impact on clients and client groups. Rather, evaluations have tended to focus on measuring whether the 'elements of integration' are successfully operating.

> Dowling et al looked at the ways successful partnerships are understood and found that much of the literature is concerns with indicators of successful partnership process rather than service outcome measures (Breckenridge et al, 2015: 14).

For women with diverse experiences and background this is of particular concern in relation to the lack of analysis of who is being served well by integrated responses and who may be missing out.

> While the literature does not suggest that interagency work produces negative outcomes, there are calls for more nuanced assessments of these collaborations (Price-Robertson,

> 2012, p.28) such as… Do some service users benefit more from collaboration than others? (Breckenridge et al, 2015:14).

Breckenridge et al (2015) note a 2012 Secretariat of National Aboriginal and Islander Children Care (SNAICC) report that identified 'good practice in integrated service delivery for Aboriginal and Torres Strait Islander children and families' (Breckenridge et al, 2015: 23). This report particularly stressed the importance of genuine engagement, the importance of harnessing and building on existing strengths and capacity, development of trust and partnerships, an 'openness to working differently', and the critical importance of addressing discrimination and inequity (Breckenridge et al, 2015: 23), as also noted above by Duluth.

Breckenridge et al conclude that:

> Aboriginal communities should be involved in the development of services and control the way they are provided which better contributes to service provision that is inclusive, responsive and culturally appropriate (Adams & Hunter, 2007, in Breckenridge et al, 2015:24).

Both the need to consult genuinely and the necessity of engaging and involving Aboriginal communities throughout the process from development onwards, equally applies to all women who have diverse needs and circumstances in relation to domestic violence, including women from culturally and linguistically diverse backgrounds, women with disabilities and women from the LGBTIQ community.

The Gold Coast integrated model has soundly incorporated consideration of the diverse needs of women and children throughout their model, from principles through to practice and in this way works to ensure that consideration of these needs is not an afterthought or 'add-on' to the model they have developed. (See Finn & Keen, 2014).

There is evidence through the *We don't Shoot Our Wounded* report, the 'Developing an ACT crisis response to women with disabilities who experience domestic violence and/or sexual assault' report and some national reports on the needs of women from culturally and linguistically diverse backgrounds against which an integrated model can be assessed.

In addition the success of the crisis scheme for women with disabilities implemented in the ACT provides a possible way to ensure women with diverse needs can access the supports available. This scheme ensures that there is a clear pathway for women with disabilities into the more 'mainstream' supports available and this could be easily replicated for other diverse groups.

4. CONCLUSION

Throughout this literature review, the evidence strongly suggests that integrated models provide improvements for victims of domestic violence in the short term. There is less compelling evidence that these models improve prevalence rates of reassault against victims in the long term, that they have reduced perpetrator behaviour generally or that they effectively hold perpetrators to account. The literature identified that both these areas need more research and consideration.

Research and reviews of successful models have identified key elements that should be incorporated in any integrated response to domestic violence while acknowledging that the model itself should be appropriate to the context and jurisdiction in which it operates.

The key elements necessary for effective and successful integrated responses across the research were: leadership; governance; clear and consistent messaging (that is embedded and reviewed in practice); common shared risk assessments; case management; systems or protocols for sharing information; and systems for collecting and managing data.

As noted above, there is less compelling evidence that integrated responses are effective in the longer term for reducing violence and enhancing safety. Much of the literature suggests the need now to expand integration beyond the immediate crisis and ensure supports are in place early and in particular to address post crisis needs.

> In developing effective frameworks for coordination, it is also important to include a breadth of services involved in working with families post-separation (Wilcox, 2010: 1035).
>
> This [follow-up study] suggests a need to provide ongoing support to women and children (Meyer, 2014: 1).
>
> What the findings of this research tells us, is that it is not enough to just have legal processes in place allowing women to stay at home- without the appropriate and ongoing supports in place the current response does not prevent women and their children from becoming homeless rather it merely postpones it (DVCS, 2014: 7).

However, the research also suggests that integration can be viewed on a continuum and that if the key elements are embedded well in the crisis response they can be expanded and adapted over time to address pre and post needs. (See Healey et al, 2013).

The ACT has an integrated model in the FVIP that is recognised as one of the first successful models of integration in this field. The 2012 review of the FVIP shows it is successful but also indicated a need for some of the key elements addressed in this literature review, notably governance, legislative mandate, shared risk assessments and procedures, to be re-visited, re-invigorated, expanded and/or embedded.

> We have much to celebrate and be proud of in relation to the FVIP but we have stagnated- we need to keep improving and innovating (DVPC, 2015: 19).

The literature review found no sustained or clearly articulated model for integrated service delivery that did not focus on or centre around "high risk" responses, although an increasing number of models are now working to include a broad range of services, both pre and post crisis, such as early intervention, counselling, housing, financial advice, employment support etc in their responses.

As discussed earlier in this literature review, strong governance and leadership at a whole of government strategic level can and should encourage steps to joined up service delivery wherever possible. Using a continuum of integration concept or model to explore a range of integrated delivery features should be considered, utilised and implemented wherever possible.

A key learning from the successful integrated model on the Gold Coast about implementing an integrated approach is worth considering.

> There is no quick fix, it takes time, each community has to find its own way and it needs individuals with vision and commitment who foster shared commitment (Mulroney 2003:12).

It is also critical to ensure that implementation of any model developed is planned, particularly as the research shows a significant gap between the development of frameworks or models and their successful implementation in practice.

This review closes with a quote from Breckenridge et al that is both an encouragement and a warning.

> Integration is widely regarded as a means to overcome the limitations of traditional, arguably 'siloed' service delivery. Equally, in domestic and family violence and sexual assault programs and services, the negative consequences of fragmentation and disconnection are clear… However, there are significant challenges associated with integration. The research evidence shows that it can be difficult and costly to implement, and barriers to reform come from a number of sources including organisational culture, privacy concerns, workforce capacity, trust and institutional inertia.

Therefore, while the model of attempted integration is important, how that model is implemented is equally important- in other words, the *how* matters as much as the *what* (Breckenridge et al, 2015: 36).

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APPENDIX A

The Continuum Model in Healey et al

The 8 Indicators

Indicator 1:	**Developing an Integrated FV-SA Service System**
Indicator 2:	**Strengthening Community Partnerships**
Indicator 3:	**Clarifying Committee Function and Diversifying Representation on Committee**
Indicator 4:	**Developing Family Violence-Sexual Assault (FV-SA) Service Pathways**
Indicator 5:	**Regularising Joint Review and Planning**
Indicator 6:	**Supporting Risk Assessment and Risk Management**
Indicator 7:	**Developing Professional Practice Across the System**
Indicator 8:	**Supporting Evaluation and Research**

Indicator 1: Developing an Integrated FV-SA Service System[13]

INITIAL				**OPTIMAL**
	1- Not in place	**2 - Minimal**	**3 - Progressing**	**4 - Fully developed**
1.1 Definition of FV-SA	No shared understanding of FV-SA; conflict over gendered definition; not inclusive of different types of abuse; does not include diversity of experience	Acknowledgement of children in the definition Common understanding of gendered nature of FV and SA	Acknowledgement of diverse experiences and particular risks of violence (eg. women with disabilities, Aboriginal women, GLBTI and CALD women, rural women)	Shared gendered understanding of FV and SA that is inclusive of all forms and acknowledges diversity of experience
1.2 Aims and Planning	No shared aim and planning for intervening at either strategic or operational level across agencies	Specialist women's, children's and men's service share the aims for and development of a FV-SA plan for the region	Legal and statutory services and specialist services and sexual assault services plan for the region	Shared aim of achieving safety of women and children, accountability of men using violence, and accountability of service responsiveness
1.3 Survivor voices	Little attention given to the voices and needs of women and children survivors within and across programs	Programs (including perpetrator programs) prioritise survivor' views of 'success'	Survivor voices represented within regional forums and provide direction for whole-of-system/community improvements	Women's and children's voices and needs are routinely prioritized in regular monitoring and evaluation processes across the service system

FV-SA = Family Violence and Sexual Assault; GLBTI = Gay, Lesbian, Bisexual, Transgendered, Intersexed; CALD = Culturally and Linguistically Diverse

13 There are numerous examples that could exemplify indicator columns marked 'minimal' and 'progressing' but for brevity's sake, only occasional examples are provided. These are taken from different parts of the services involved in responding to family violence-sexual assault.

Indicator 2: Strengthening Community Partnerships

INITIAL				OPTIMAL
	1- Not in place	**2 - Minimal**	**3 - Progressing**	**4 - Fully developed**
2.1 Linkages	No partnerships in place at regional level	Specialist FV-SA services and police initiate cooperative strategies to improve safety and accountability at regional level	Information sharing, referrals, prevention and intervention strategies are developed across all key players in an integrated system Inconsistencies in operationalization of linkages across all key stakeholders(eg. police may consistently pursue appropriate referral, civil and/or criminal options but courts are inconsistent in prosecuting breaches)	Partnerships in place for all key stakeholders including links with Indigenous Regional Action Group[14]. Partnership agencies share administrative processes efficiently and transparently supported by Memoranda of Understanding for multi-agency partnerships

14 Indigenous Family Violence Regional Action Groups (RAGs) were established across Victoria, supported by Indigenous Family Violence Support Workers, in 2003. When Regional Integrated Family Violence Committees were established across the state to oversee the reform process in 2006, they were required to develop links with Aboriginal Victorians through the RAGs (see Victoria's *Indigenous Family Violence 10 Year Plan – Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities*, 2008).

Indicator 3: Clarifying Committee Function and Diversifying Representation on Committee

INITIAL				OPTIMAL
	1- Not in place	**2 - Minimal**	**3 - Progressing**	**4 - Fully developed**
3.1 Committee support	Voluntary participation in committee	Regional Integration Coordinator supports committee and partnerships	Resourcing for the committee is on-going rather than short-term	A paid secretariat supports the work of (sub)regional committees
3.2 Members' roles and responsibilities	Roles and responsibilities unclear; members do not bring relevant information to regional committee and do not disseminate information to their agency	Clarity about roles and responsibilities of key committee positions (eg. Chairs, Regional Integration Coordinator)	Clarity of member roles and responsibilities eg. via development of Terms of Reference	Clarity of: roles and responsibilities, committee processes, budget accountability; information disseminated appropriately
3.3 Decision-making and authority	No consistent, agreed means of making decisions; decisions and actions in one agency have unintended consequences in another agency or part of the service system	Members do not have decision-making authority with which to make decisions on behalf of their agency within the committee; no process for handling conflict of interest	Members have the authority and requisite knowledge and influence to make decisions on behalf of their agency within the committee	Decision-making processes are informed, transparent and consistently applied
3.4 Local champions	No 'local champion' committee members			Public figures are committee member 'champions' able to provide links to different stakeholders
3.5 Agency representation	Core services from the FV-SA service system are not routinely represented within the committee	Development of partnerships between police and FV-SA agencies but core justice and statutory agencies still unrepresented	Reciprocal engagement between Aboriginal and non-Aboriginal regional committees Diversity evident in committee representation	There is permanent representation of the requisite statutory, justice and human services bodies on the committee with other services co-opted to it as are deemed necessary

Indicator 4: Developing FV-SA Service Pathways

INITIAL				OPTIMAL
	1- Not in place	**2 - Minimal**	**3 - Progressing**	**4 - Fully developed**
4.1 Referral pathways: (a) extent and (b) strength	(a) Minimal referrals across the service system (b) no agreement on risk assessment and risk management weakens referrals	(a) Referrals underway in some parts of the system but non-existent elsewhere (b) Referrals between key agencies are inconsistent eg. referrals between police men's and women's services; children's pathway unclear	(a) Clear referral pathways, including for high risk clients exist (b) Development of clear risk assessment and risk management protocols for referral pathways	(a)Active referrals across the FV-SA service system exist for all clients and at all levels of risk (b) Referral pathways based on agreed risk assessment and risk management embedded in practice
4.2 Client tracking	No shared common aim and understanding of the need to track clients through the service system	Technical and / or ethical barriers prevent the tracking of clients across and through the service system	Policy developed in order to overcome the technical and ethical barriers to sharing client information; tracking service users through the service system is used for long term planning	Agencies share and engage in in tracking clients through the service system and provide feedback to each other on outcomes
4.3 Supporting diversity	Minimal or no access to services for key population groups; diversity of population poorly reflected across the system's employment profile	Beginning referral development for one service group (eg. women with disabilities at regional level)	Specialist agencies are accessible and respond to clients from specific population groups (eg. Aboriginal agencies are resourced to provide FV-SA services)	Strong referral pathways support and are accessible to diverse population groups; diversity reflected in employment profile
4.4 Secondary consultation, collaboration, and co-case management	Minimal or no secondary consultation, collaboration, and co-case management; no resources for specialist secondary consultation	In some areas (eg. children's and women's services) co-case management is developing	Mechanisms for secondary consultation are progressing and recognized as an alternative to referral	Well-developed mechanisms and clarity about thresholds for secondary consultation, co-case management and collaboration between services and sectors; secondary consultation is resourced as part of the service system

Indicator 5: Regularising Joint Review and Planning

INITIAL				OPTIMAL
	1- Not in place	**2 - Minimal**	**3 - Progressing**	**4 - Fully developed**
5.1 Data collection, analysis and monitoring	Data collection is designed for administrative purposes only; no trend data available for joint planning purposes	Some agencies begin to share data on client referral numbers; trend data from at least one partner-agency (eg. police in a region) is available for planning	Data collection informs, guides and improves professional practice and planning; data analysis and monitoring within and across agencies is supported by training and supervision	Coordinated data collection provides the foundations for regional planning; data is disaggregated in meaningful ways; data is shared in ways that are systematic, timely and meaningful
5.2 Joint strategic planning	No joint planning and development of a FV-SA action plan at a regional or sub-regional level either operationally or strategically and no linkage to other planning processes (eg. justice forums, family services, early years' catchment planning, Indigenous Regional Action Groups)	Minimal alignment between regional, state and national strategic plans to prevent and respond to FV-SA	Joint strategic planning occurs but not all key stakeholders are involved (eg. human service agencies are involved but no justice agencies such as community legal, legal aid, courts or corrections); reporting back from each region to state level occurs	There is regular, joint, data-informed strategic planning involving all key stakeholders which informs the development of FV-SA initiatives and priorities across the region and includes linkage to other planning processes; planning documents available on public (sub)regional committee website
5.3 Annual review should cover the work of (sub)regional committees and multi-agency networks	Annual reviews only occur internally within agencies	Occasional joint reviews of local multi-agency networks occur but mechanisms to support a process for reviewing the efficacy of FV-SA responses across the region are limited	Multi-agency committees instigate regular joint reviews of their work	There is annual joint review of the work of the (sub)regional committees; and data is available in a timely way to support the multiagency annual review

Indicator 6: Supporting Risk Assessment and Risk Management

INITIAL				OPTIMAL
	1- Not in place	**2 - Minimal**	**3 - Progressing**	**4 - Fully developed**
6.1 Risk assessment and management (RA and RM)	Client screening and safety planning is fragmented; no differentiated response according to risk and no development of a high risk response; RA for women and RA for children is not aligned	Development of protocols which specify risk assessment and risk management within the regional response to FV-SA	Contentious issues which create barriers to shared risk assessment and risk management (eg. relating to confidentiality, permission and agreement from women) are resolved	A consistent state-wide, model for assessing risk and managing different risk levels is in place; regional RA-RM align with the statewide model; RA for women and children are aligned; ongoing training in RA and RM
6.2 System and process in place to instigate appropriate multi-agency response to risk	Minimal or no multi-agency RA & RM mechanism and protocols in place (eg. no information-sharing protocols; no process for clients to participate in case planning; no shared multi-agency case planning)	Occasional or limited multi-agency RM (eg. on high risk cases occurs between police and women's agencies but not children's agencies)	Mechanisms for developing multi-agency RA & RM (eg. mechanism in place but not used or embedded in practice)	Mechanisms and appropriate threshold in place for participation of multi-agency response and case conferencing; includes regular meeting of key agencies to discuss service integration, information sharing, client participation, RM
6.3 Finite resources (financial, time, expertise, infrastructure) deployed appropriately and safely	Mechanisms to deploy finite resources inadequate to support system accountability (eg. unresponsive to survivor needs; workers have to compromise safety of women and children, their own safety and perpetrator accountability; integration coordinator and multi-agency partnerships within region is unsupported)	Demand for service in excess of resources available and impacting on effective deployment of available resources within region (eg. some types of agencies in the integrated FV-SA system unable to respond to demand (eg. child protection, housing, courts, police)	Funding to support multi-agency partnerships and committee members' participation in (sub) regional committees emerges	Mechanisms to deploy finite resources maximize regional system accountability (eg. support survivor needs; enable workers to undertake their jobs without compromising victims' or their own safety or perpetrator accountability; and support the integrated governance of the service system including continuous funding for (sub) regional integration coordinators)

Indicator 7: Developing Professional Practice Across the Service System

INITIAL				OPTIMAL
	1- Not in place	**2 - Minimal**	**3 - Progressing**	**4 - Fully developed**
7.1 Regulation of professional standards	Professional practice is not guided by sector specific FV-SA codes of practice, protocols, service standards and privacy policy	The (sub)regional committee begins to promote FV-SA-specific professional and organisational learning in line with protocols, service standards and privacy policy	Members' knowledge of relevant FV-SA legislation, sector standards, codes of practice and professional guidelines is supported by education and training	Professional practice is aligned and consistent with codes of practice, protocols, service standards and privacy policy; monitoring for improvement is in place; skills audit embedded in regulation mechanisms
7.2 Education and training	No strategic development of accessible multi-agency FV-SA training at regional levels; education and training in FV-SA are not included in agency job descriptions	Some agencies make education and training in FV-SA available	The development of a rolling program of education and training to support FV-SA professional practice and multi-agency work Ongoing education and training for workers in the IFVSS relating to supporting diverse population groups	Accessible multi-agency education and training in FV & SA is supported and ongoing; there is continuous funding for regional training initiatives; linkages exist between the skills review of staff and training plan
7.3 Risk assessment and risk management	There is no common risk assessment and risk management training	The development of risk assessment training for specific professional groups	The consolidation of risk assessment training and development of risk management training throughout the service system	Common risk assessment and risk management training is funded, ongoing and accessible to rural and metropolitan regions

Indicator 8: Supporting Evaluation and Research

INITIAL				OPTIMAL
	1- Not in place	**2 - Minimal**	**3 - Progressing**	**4 - Fully developed**
8.1 Evaluation of regional initiatives	No evaluation built into new / pilot regional initiatives	Evaluations occur in specialist programs but not shared with regional partners	Local evaluation is used to drive local innovation and planning	The (sub)regional committee (a) instigates program evaluations (b) acts on evaluation findings locally and (c) supports wider (statewide) dissemination
8.2 Development of research culture	No mechanisms in place to support a research culture across the partnership agencies and no use of regional trend data	Development of the parameters for regional research	Partnership agencies engages with research in the family violence and sexual assault areas	Research is ongoing and informs annual joint review based on data analysis across the region

APPENDIX B

Best practice models

While there were many examples of different successful models of integrated service in the literature, the first three that were chosen here were selected because they all had reviews undertaken from which the resulting evidence supported their effectiveness in achieving their aims. The fourth model chosen, South Australia's Family Safety Framework is new and has not yet been evaluated. However this model has comprehensive supporting documentation, integrated partnerships etc

Cardiff

Along with the Duluth model, one of the most frequently cited examples of best practice intervention in the literature was the Multi Agency Risk Assessment Conference (MARAC) model, implemented in the city of Cardiff in 2003.

> Internationally, the MARAC model, initially introduced in Wales and now operating throughout the United Kingdom, has informed recent development of high-risk management models in Australia… it is summarised below because of the influence it has had on contemporary Australian models and to reference the evidence base for developments (Finn & Keen, 2014: 7).

Using data from a death review of 47 local domestic homicides, best practice research and women's lived experiences, the Cardiff model was led by police and its implementation was centred on a common risk assessment which was reviewed by domestic violence victims before being operationalised. This risk assessment was identified as a critical feature in developing the Cardiff model.

> The identification of risk played an important role in galvanising people from many agencies to contribute to the coordinated community response in Cardiff (Robinson 2015: 784).

The Cardiff model centres on Multi-agency Risk Assessment Conferences (MARAC's). At the first of these conferences 16 agencies attended "including police, probation, local authority, health, housing, Women's Aid [refuges] child protection charity and women's safety unit [a community based advocacy service for domestic violence].

The importance of these conferences and the breadth of the services in attendance is critical to fully understanding the situation and the risk.

> There is usually a wealth of information held in the community about all the people affected by domestic violence in a particular household, but it takes a MARAC type

> process for that information to come together in a way that can actually create a meaningful difference in people's lives (Robinson 2015: 775).

The Cardiff MARAC model has been reviewed a number of times and its success in improving outcomes for victims in Cardiff has resulted in this model being successfully replicated and expanded across the UK.

As noted earlier the Cardiff MARAC model has also been influential in development of Australian models and may have particular relevance in the ACT given that Cardiff is a city of similar size to the ACT with a population of 308,000 people in 2015.

Given the similarity in population size to the ACT, the usage data may give some broad suggestion as to the numbers of cases the ACT could expect. In Cardiff in 2003 there were 260 domestic violence police matters per month and on average 24 per month of these cases were identified as high risk and referred to a multi-agency risk assessment conference.

Tasmania Safe at Home program

[Safe at Home] was initially a 'top-down' exercise but once the framework was in place, extensive processes were required to establish understanding in service delivery agencies" (Department of Justice Tasmania, 2009: 20).

While the review of this program was conducted in 2009 which is now some considerable time ago, the "Safe at Home was a ground breaking and paradigm shifting reform when it commenced in 2004 and was considered best practice in 2009 (Department of Justice Tasmania, 2009: 67).

Implementation of the Tasmanian model has been the responsibility of the Department of Justice. The model, "has been driven by collaborative service system planning" and supported by legislation and has been recognised for its approach in "uniting police, prosecutors, counsellors, legal aid, court support and child protection workers in a collaboration that has led to increased community confidence" (Department of Justice Tasmania, 2009:19).

The first point of contact is the police and a number of services were established or enacted under The Safe at Home integrated response across 4 government Departments: Department of Police and Public Safety; Department of Justice; Department of Health and Human services; and Department of Premier and Cabinet. these services included:

- 24 hour referral line
- Victim safety response teams within the police – case coordination,following up orders etc
- 6 specialist police prosecutors (though this has not been successfully implemented)

A significant finding and learning in the 2009 review was the importance of developing a language or shared frame to contain the at times conflicting philosophical standpoints of the varying partners in the program.

South Australia Family Safety Framework Practice Manual

The aim of the Family Safety Framework is to provide an action based, integrated service response to families experiencing domestic violence. It is intended that the Framework will drive the development of improved, integrated service responses to violence against women and children across all of South Australia.

The Framework will work towards better safety outcomes for the whole family by providing guidelines for each region and organisation about strategies to enhance the safety of women, children and young people through integrated service responses. While the Framework has been developed within a victim/perpetrator construct, importantly it recognises that situations where violence against women and children occur can involve:

- a continuum of victimisation;
- victims as perpetrators;
- victimisation across generations; and
- the increasing escalation of violence.

This Framework articulates a commonality of approach and practice across services for cases assessed as high risk. It positions the immediate safety of women, children and young people as critical at all times. The commonality of approach and practice involves agreement about:

- definition of risk/s;
- what constitutes breaches to the safety of women, children and young people; and
- how these breaches of safety will be managed by services.

The Family Safety Framework is supported through endorsement by State Cabinet and the Privacy Committee of South Australia. The model operates within a context of limited confidentiality with the Information Privacy Principles clearly indicating that where an individual is at risk of serious injury or death you are obliged to act.

The Framework respects the role and functions of each agency and does not aim to replace existing processes within the South Australian Criminal Justice System. The Framework also recognises the role of Federal jurisdictions such as the Family Court and Australian Government agencies such as Centrelink in responding to families when violence against women and children occurs.

The essential elements of the Family Safety Framework are:

1. Common Risk Assessment

- The Domestic Violence Risk Assessment Form is used by all agencies.
- The Form (see Appendix 1) can be used as a guide to assure consistency of assessment and referral to a FSM.
- The Form uses known risk factors to compute the probability of harm occurring.
- Risk assessment also relies on a judgement of the *imminency* of serious harm or death due to domestic violence.

2. Protocol for Information Sharing

- The Framework is dependent upon agreement to share information about people who experience severe domestic violence and the perpetrators of domestic violence.
- In all circumstances the overriding objective of agencies must be to safeguard the person at imminent risk of death or serious injury due to domestic violence.
- All agencies participating in the Framework must adhere to information sharing protocols.
- A Confidentiality Agreement is signed by all attendees at every FSM.
- Agencies are responsible for the safeguarding of information presented at the FSM in keeping with the Information Privacy Principles.

3. The Family Safety Meeting

- The role of the FSM is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase the safety of victims.
- A FSM will generally occur on a fortnightly basis
- Each agency participating in the Framework will identify a high level agency representative to attend regular FSMs.
- Referrals to a FSM can be made by any agency participating in the Framework, via the SAPOL FSM Chair, who has the coordinating role in the Framework.
- Referral pathways will also be established to allow referrals to be made by agencies not directly or regularly involved in the Framework.
- The FSM will generate a multi-agency Positive Action Plan to support the reduction of risk for each person/family referred.

Gold Coast Domestic Violence Integrated Response

The Gold Coast Domestic Violence Integrated Response (GCDVIR) is a community based integrated response to domestic violence that focuses on agencies working together to provide coordinated interventions. The Integrated Response has **two functions** – working on a daily operational level, and as a framework to advocate the enhancement of system responses to domestic and family violence.

Under the Integrated Response, agencies work together to provide co-ordinated, appropriate and consistent responses to women and children affected by domestic and family violence and to men who perpetrate domestic violence. The Integrated Response operates within a justice reform model and has drawn on international expertise to continue to develop the model. The Centre and its work with women are central to the Integrated Response and consistent with a Duluth based model of service. It is the experiences and the voices of women, along with the impacts on the safety of children, which drive the Centre's interventions, and therefore the Integrated Response.

The **guiding principles** of the Integrated Response are:

- that victim's safety is of paramount concern at all times;
- systems must hold perpetrators of domestic violence accountable for their behaviour;
- domestic violence is a crime that needs a criminal justice response;
- everyone has the right to a life free from domestic violence;
- the cultural diversity of society requires that all strategies and programs are inclusive and culturally appropriate; all victims of domestic violence are entitled to access services which are immediate, consistent, and work together to lessen the occurrence of secondary victimisation; and
- domestic violence needs to be understood in the political, social, cultural, and economic conditions which create unequal power between men and women.

The Integrated Response has a coordinating committee that includes Child protection, Queensland Police Service, Queensland Corrective Services, Women's Refuges, Legal Aid, Gold Coast Hospitals – Southport and Robina, Centacare – men and Family Relationship Centre and the Southport and Coolangatta Magistrates Court.

The Integrated Response has a number of **key components**, which are:

- information sharing, problem solving and coordinated multi-agency responses to all high-risk clients;
- multi-agency wrap around responses to all clients of the Centre as required;
- multi-agency collaboration and communication, training and enhanced domestic violence awareness;
- coordinated referral to members of the Integrated Response and other appropriate services; and
- multi-agency risk assessment for the Men's Domestic Violence Education and Intervention Program participants and their partners/ex partners.

APPENDIX C

Risk Assessments from the SA Model and Cardiff

Government of South Australia

DOMESTIC VIOLENCE RISK ASSESSMENT

An assessment of risk to victims of domestic/family violence must include consideration of:
- the victim's own assessment of their safety and risk levels
- identification of factors which indicate an increased likelihood of reoccurence of violence
- the professional judgement of the assessor

Victim: _____ Agency / File No.: _____

** All fields shaded grey contribute to the risk assessment score irrespective of when the factor occurred. Only put one score per box **

		Presence of factor		
SECTION A - OFFENDER		Yes/No (Y/N)	In past 14 days	> 14 days
Behaviour:				
Has threatened to assault/harm the victim	2			
Has threatened to use a weapon (including firearm) against the victim	2			
Has threatened to kill the victim	5			
Has physically assaulted the victim	4			
Has physically used a weapon (including firearm) against the victim during an assault	4			
Has assaulted the victim outside of the home environment	4			
Has breached an intervention/restraining order	2			
Has held a victim against their will in a location or otherwise impeded their freedom	4			
Has used violence/threats of violence against other family members	3			
Has used violence/threats of violence against non-family members	3			
Has harmed or threatened to harm family pets/other animals	3			
Has threatened or attempted suicide	4			
Has a prior arrest for murder/manslaughter/rape or sexual assault	4			
Has a history of domestic violence against a previous partner(s)	4			
Personality Characteristics:				
Is highly controlling/manipulative	3			
Attitude and/or cultural beliefs support violence towards women/children/elderly	3			
Has demonstrated a sudden change in personality or behaviour	2			
Situational Factors				
Has access to firearms	3			
Is unemployed	1			
Drug and/or alcohol misuse/dependency present	4			
Experiences depression or has other mental health issues	2			
Is not taking prescribed medication	2			
Is experiencing financial problems, not normal to the offender	1			
Has witnessed or experienced violence in their 'family of origin' (as a child/during upbringing)	2			
SECTION B - VICTIM	*Subtotal (A)*			
Perceptions / Beliefs:				
Expresses/indicates through actions that they are afraid of the offender	2			
Expresses/indicates through actions that their level of fear of the offender is extreme (feels terror)	4			
Believes the offender is capable of killing victim/children	5			
Vulnerability Factors:				
Victim reports an escalation in the seriousness and/or frequency of the violence	5			
Victims injuries are not consistent with the explanation/account of the incident	3			
Is isolated (geographic reasons/actions of offender to restrict contact with family or friends)	5			
Is isolated for cultural reasons (lack of support from cultural community)	4			
Experiences depression or has other mental health issues	1			
Verbalised or had suicidal ideas, or tried to commit suicide	2			
Drug and/or alcohol misuse/dependency present	1			
Has a disability or frailty which impairs physical activity/mobility	2			
Has a disability or frailty which impairs cognitive/sensory functioning (deaf, intellectual, dementia)	2			
Is financially dependent on the offender	1			
Is dependent on the offender for their physical care (illness/infirmity/age/dementia/disability)	2			
Is dependent on the offender for their residential status in this country	2			
SECTION C - CHILDREN	*Subtotal (B)*			
Vulnerability Factors:				
Present at, or witness to, incidents of violence	1			
Under school age (not yet commenced primary school)	2			
Subject to threats of harm from the offender	2			
Subject to actual harm/assault from the offender	4			
Subject of threats to kill from the offender	5			
Offender has access to children (is aware of where they live/attend school/shared care/contact)	1			
Child from another relationship in the home	1			
Perceptions / Beliefs:				
Expresses/indicates through actions that they are afraid of the offender	2			
Refusing or stating unwillingness to have contact with the offender	2			
	Subtotal (C)			

DOMESTIC VIOLENCE RISK ASSESSMENT

Victim: _____ **Agency / File No.:** _____

** All fields shaded grey contribute to the risk assessment score irrespective of when the factor occurred. Only put one score per box **

SECTION D - INTIMATE PARTNERS		Presence of factor: Yes/No (Y/N)	In past 14 days	> 14 days
Victim is pregnant or there has been a recent birth in the family (child under 12 months)	5			
There has been a recent separation or the victim wishes to separate	5			
There is an actual or perceived new partner in the victim's life	4			
Offender has strangled or choked the victim during an assault	5			
Offender has used sexual violence or coerced victim into unwanted sexual practices	4			
Offender has stalked the victim	4			
Offender appears obsessed with the victim and/or children	5			
Offender appears jealous, bitter or hostile towards the victim and/or children	2			
Offender has recently been denied or restricted access or contact with children	4			
		Subtotal (D)		
(Add the scores of the '**In past 14 days**' column to determine current risk level)		**Risk Score Total:**		

VICTIMS OWN ASSESSMENT OF THEIR SAFETY AND RISK LEVELS

1. **How frequently and seriously does the offender intimidate, threaten or injure you and/or your children?**
2. **Describe the most frightening event/worst incident of violence suffered at the hands of the offender?**
3. **How has the offender's behaviour impacted on your safety and the safety of your children?**

Worker's comments as to any other factors / circumstances which may affect the level of risk

OVERALL ASSESSED RISK - PAST 14 DAYS

Standard	**0 - 23**	☐ ←
Medium	**24 - 44**	☐ ←
High	**45 +**	☐ ←

A score of standard or medium risk may be overridden through the exercise of professional judgement, if you believe a victim to be at a higher level of risk. In these instances, provide a brief explanation in the Worker's comments above.

If you select this box, please consider the QUESTION OF IMMINENCY required for referring to a Family Safety Meeting. Take all immediate steps to mitigate the high risk.

<Agency specific instructions can be added here>

Worker Name: _____ A _____
Email: _____ P _____
Signature: _____ D ____ ____ / / ____

Supervisor's Signature: _____ Date: / /

Overview of Risk Factors

Identified in Past Research	Question on the Police Risk Indicator Form
Past physical abuse	Does partner/ex-partner have a criminal record? If yes, indicate if DV related. Has partner/ex-partner attempted to strangle/choke past or current partner?
Escalation of abuse	Is the abuse becoming worse and/or happening more often?
Weapons	Has the incident involved the use of weapons? If yes, does this cause significant concern?
Unemployment	Is assailant experiencing/recently experiencing financial problems?
Alcohol or drug abuse	Does the assailant have problems with alcohol, mental health, and/or drugs?
Pregnancy	Is the victim pregnant?
Psychological abuse	Has the assailant expressed/behaved in a jealous or controlling way? If yes, does this cause significant concern?
Relationship separation	Has there been or is there going to be a relationship separation between victim and assailant? Is there any conflict with the partner/ex-partner about child contact?
Threats	Has partner/ex-partner ever threatened to kill anybody? If yes, does this cause significant concern? Has partner/ex-partner threatened/attempted suicide?
Sexual abuse	Has the assailant said or done things of a sexual nature that makes the victim feel bad or that physically hurts the victim?
Suicidal thoughts	Does the victim have suicidal thoughts relating to the abuse?