Knowledge Translation Report and Practice Guidance

Safe at Home: Experiences, Barriers, and Access (SHEBA)
November 2024

Acknowledgements

We recognise Aboriginal and Torres Strait Islander peoples as the First Nations' People of Australia. We acknowledge the Wurundjeri Woi-Wurrung and Bunurong peoples as the Traditional custodians of the unceded lands on which we undertook this research, and on which we live and work each day. We acknowledge and thank leaders past and present, for their tireless and continuous work in caring for country and community. Always was, always will be, Aboriginal land.

The authors and team would like to acknowledge and thank those women with lived experience who have contributed so significantly to the SHEBA Project. They gave with generosity, thoughtfulness and wisdom of their time and energy to ensure that the experiences of other women and their children might be improved. Their lived experience lies at the heart of this project.

More information about this research

Referral and support options

If you or someone you know is experiencing violence or abuse, you can contact 1800 RESPECT by calling 1800 737 732, or via online chat at www.1800respect.org.au

1. Experiences of family violence and Safe at Home responses

In Victoria, 703,300, or one in four (27%) women have experienced family violence by an intimate partner or family member in their lifetime, and nearly all this violence is perpetrated by an intimate partner (23%) (ABS, 2023). Adult and child victim/survivors are often forced to leave their homes due to a perpetrator's use of family violence, seeking support from friends and family (70%), GPs (33%) and other health care professionals (20%), counselling support (25%), police (17%), telephone hotlines (11%) or women's refuges and homelessness services (4%) (ABS, 2017a). One in four women who experience violence from a previous partner reported sufficient anxiety or fear that they installed security devices (24%), and one in five changed their contact details (21%) and/or moved house (18%) (ABS, 2017b). Anxiety or fear has also driven changes to overall routines including social and leisure activities (41%), work (19%), and shopping (17%) (ABS, 2017b).

One third of women experiencing violence from their current partner (30%) and half from their previous partner (49%) had tried at least one temporary separation (ABS, 2017c). In most cases the women moved out of the house during periods of separation, with only one third of perpetrators relocating (ABS, 2017c).

When moving out, most women stayed with family or friends (81%), a third (30%) relocated to another property, and one in ten went to a refuge (13%). During periods of separation, two out of five women reported that violence continued (39%), increasing for one in seven women (14%) (ABS, 2017c).

These experiences of dislocation and instability have far-reaching impacts beyond immediate safety concerns. In response to these destructive experiences, policy and services responding to family violence in Victoria and Australia have progressively prioritised 'Safe at Home' responses.

Safe at Home responses vary across Australian jurisdictions in form and focus, and national level work has previously highlighted key issues for policy and practice. In Victoria, two key elements of Safe at Home are the Personal Safety Initiative (PSI) and Flexible Support Program (FSP) administered through specialist family violence services, alongside crisis responses, case management, brokerage, and perpetrator accommodation responses.

Safe at Home responses aim to support adult and child victim/survivors of family violence to remain safely in, or return safely to, their homes and communities. In Australia, they are defined as (GVRN, 2021, p.10):

> **'Interventions, strategies or programs that aim to support women and children who have experienced domestic and family violence to remain safely in their home or home of their choice, community or community of their choice where it is safe to do so. The term 'response' has been deliberately chosen as it encompasses the range of possible ways in which Safe at Home is being delivered.**
>
> **Safe at Home responses intend, specifically, to reduce the risk of the perpetrator being present and using further violence and abuse, by addressing safety issues experienced by women and children affected by domestic and family violence through a range of innovative initiatives, tools and technology.'**

2. About the SHEBA Project

This research was funded by Family Safety Victoria, building on previous national and state-level research to understand and inform the Victorian Safe at Home response, particularly in relation to victim/survivor experiences of the implementation of PSIs. This project included a comprehensive review of evidence in the literature, consultations with women with lived experience[1], practitioners delivering PSI, PSI and FSP coordinators, and policy workers, about their perspectives on issues of implementation, strengths, limitations, and opportunities to enhance the current response.

3. About this report and guidance

This resource is designed to convey research findings and practice considerations from the SHEBA Project to organisations and practitioners delivering PSI and Safe at Home responses in Victoria. We highlight key findings across phases of access, implementation, and use of PSIs and Safe at Home responses, followed by specific considerations for survivor-centred, intersectional, and contextualised practice. Building on existing policy and practice guidance, considerations for enhanced practice are offered based on the research findings. We acknowledge that organisations and practitioners work within different policy, funding, service contexts, and structural constraints which may influence application and implementation.

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[1] Pseudonyms have been used to attribute quotes throughout this report.

4. Key findings and points for practice

4.1. Access to services and Safe at Home responses

Key findings

Key strengths of Victorian Safe at Home responses include the existence of funded, targeted programs such as PSI that focus on increasing women's safety and decreasing risk, alongside FSP and other components that can support victim/survivors of family violence to move towards sustained wellbeing and safety. Effectiveness of these programs depends on being able to engage with and access specialist family violence services and interact with criminal justice sectors.

'I had no idea. Especially the safety measure side of it. [...] I didn't think it was funded, and I wouldn't think that that help was available. So, it was very surprising in a good way.' (Beth, T1)

Access to PSI and Safe at Home responses is hindered by: lack of awareness and knowledge (for both victim/survivors and non-specialist services); lack of accessible, client-facing information and communication; barriers to obtaining FVIOs including inconsistent support from Police; and eligibility criteria dependent on having or pursuing an FVIO. PSIs are largely restricted to women with FVIOs (with exclusion conditions) alongside other criteria, requiring interaction with Police (with some exceptions).

These criteria can support effective responses for victim/survivors who meet them and are willing and able to engage with criminal justice sectors. However, many do not, including those who experience more non-physical forms of abuse from perpetrators and for whom interaction with Police is not safe. Following traumatic experiences and ongoing risk from perpetrators of family violence, engaging with services can be overwhelming, and for victim/survivors who are impacted by historical and current system abuse, extremely challenging given the dearth of specialist services with expertise in supporting Aboriginal and culturally and linguistically diverse communities.

Enhancing access to PSI and Safe at Home responses

Organisations can focus on:

i. Multi-sectorial partnership work (health, welfare, and justice) to increase knowledge and awareness of PSI and Safe at Home options available to victim/survivors before a crisis point.

ii. Offering a range of client-facing resources and contact information options that clearly set out what support is available, steps to access that support (particularly PSI), and information about outcomes victim/survivors can expect.

Practitioners can focus on:

i. Providing information to victim/survivors flexibly and through a range of communication mediums, including in initial discussions, summarised in written forms, and supported by resources that can be safely processed by victim/survivors in their own time.

ii. Recognising that FSP and PSIs are part of a range of responses. Active outreach to enhance initial engagement and access routes can be highly effective when there are intersecting issues (e.g., men's behaviour change programs, alcohol and other drug, mental health, housing, Child Protection and welfare, and other).

iii. Pacing referrals for victim/survivors to other organisations. To minimise the likelihood of victim/survivors being overwhelmed, ongoing referrals may be driven by victim/survivors' capacity to engage and prioritise support in the short-, medium- and long-term.

iv. Ensuring all family members, including children and pets, are attended to early in risk and safety assessments towards subsequent PSI applications and other supports. This should include consideration of perpetrator patterns of behaviour specific to children and pets residing at the property along with those specific to the adult victim/survivor.

v. Ensuring risk and safety assessments aligned with the Multi-Agency Risk Assessment and Management (MARAM) Framework are conducted with attention to non-physical, technology-facilitated, and coercive control components of perpetrator behaviours used against victim/survivors.

vi. Supporting victim/survivors through the FVIO application process, wherever possible.

vii. Where FVIOs are not feasible (either due to potential perpetrator escalation, incarceration, or risk, or due to lack of safety interacting with Police/criminal justice systems), ensuring clear assessment and documentation of the barriers and or contextual factors that impact accessibility of an FVIO are articulated when consulting with PSI coordinators. This information should be included in the PSI application documentation to ensure specific circumstances are considered comprehensively, and to support safe exceptions to PSI criteria can be made. While a safety audit might not result in a recommendation for continuing on to implementing PSI components, the opportunity to conduct the audit is still valuable to future risk assessment and safety planning, where feasible and safe to do so.

viii. Utilising survivor-centred and culturally sensitive approaches (see more in subsequent section) to uphold victim/survivor choice and safety, including warm referrals or collaborative support with specialist services.

4.2. Implementing PSI and Safe at Home responses

'It's that having that support worker where you work with her, so that you can heal as well and be, feel safe, that you could actually move on now. You know, and that you do deserve to be happy, and you do deserve to live. You know, and that you are going to be okay.' (Marie, T1)

Key findings

Key strengths and facilitators of the Victorian PSI and Safe at Home response in this phase include the crucial role of supportive and collaborative relationships between case managers and clients; strong relationships between case managers and PSI/FSP coordinators; functionality of safety and security items provided under PSI; PSI contributions to homelessness prevention; and contributions to stability where PSI and Safe at Home components are implemented effectively. These aspects of service delivery facilitated increasing victim/survivor understanding of family violence; supported navigation of multiple intersecting systems; and contributed to increased choice for victim/survivors.
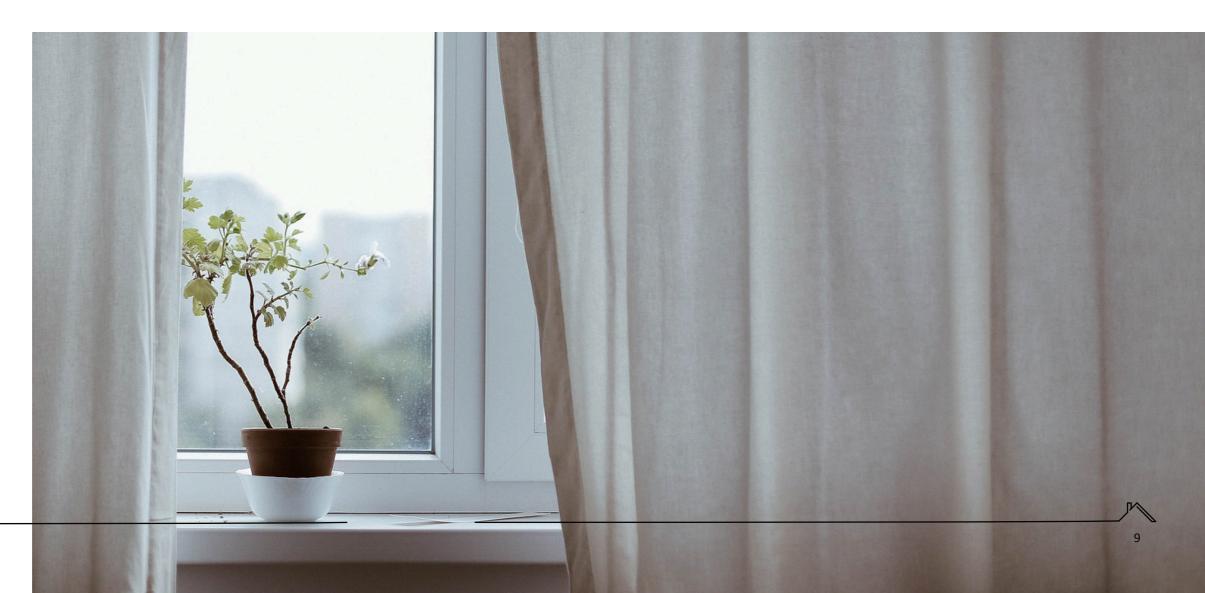
Structural and policy level barriers to effective implementation of PSI and a Safe at Home response included: wait times and delays in accessing case management support, sometimes resulting in changed circumstances and victim/survivors needing to access emergency accommodation in the interim; complex PSI application processes and administrative burden for practitioners, including funding structures creating additional administrative workload; lack of available and affordable housing to support Safe at Home responses; under-staffing and high caseloads for practitioners; inadequate case management support periods (including when implementing PSI); and push back on the use of PSI from real estate and housing services.

Other aspects of service delivery that impacted victim/survivor experiences included: inconsistencies between support offered and actually received/implemented; mismatches relating to safety assessments and the purpose and effectiveness of PSI (particularly in response to different types of violence and abuse); a lack of female/women contractors and providers available to install safety and security items; overload of service navigation tasks for victim/survivors; a focus on women's actions and responsibility to stay safe, alongside a lack of attention to perpetrator behaviours/tactics and accountability across systems; and a lack of focus on children as victim/survivors, including how Safe at Home can support their needs.

Enhancing implementation of PSI and Safe at Home responses

When implementing PSI as part of a Safe at Home response, **organisations can focus on:**

i. Providing training and resources to support practitioner knowledge and understanding of the role that PSI can play in increasing safety from different forms of abuse including technology-facilitated abuse. This might include options to conduct digital safety assessments alongside physical property audits.

ii. Support practitioners to pivot attention to people using family violence, including through the MARAM framework and information sharing schemes, and collaborative practice with services working with perpetrators.

iii. Providing or refreshing training to all staff to embed knowledge about Safe at Home needs and responses to children and young people.

iv. Providing access to organisational resources to support the administrative load associated with PSI application processes.

v. Prioritising and fostering relationships between mainstream and specialist services to support victim/survivors during and outside of crisis contexts.

vi. Facilitating information and knowledge exchange opportunities between practitioners and PSI/FSP coordinators, and with other non-specialist services to support smooth PSI application and delivery.

When implementing PSI as part of a Safe at Home response, **practitioners can focus on**:

i. Having early, open conversations with victim/survivors about what their service can and cannot offer as part of PSI, following up with timely referrals and connections to other services as necessary. To manage client expectations, conversations can include clear information about processes, expected timelines, and potential requirements from other sectors.

ii. Ensuring victim/survivors are supported and/or at minimum made aware early in the PSI/Safe at Home response of options available to them regarding staying on in rental housing. Some SHEBA participants highlighted a lack of awareness around support available for bond assistance, lease changes, and outstanding costs when considering their rental, with significant impact on the sustainability of their housing and PSI response options.

iii. Providing a comprehensive overview of all potentially relevant PSI components in a conversation to identify victim/survivor needs, rather than recommending only a subset.

iv. Prioritising authenticity, trust, and collaboration in relationships with clients, and attending to psychological and emotional safety as integral to increasing physical safety. This will look different depending on different support periods.

v. Consistently exploring the impact on, and needs of, children as victim/survivors relating to safety through PSI, including support to mothers navigating this area. This could include opportunities to address wellbeing needs through FSP (for both adult and child) and collaborating with schools to increase safety when staying in the same community.

vi. Keeping victim/survivors updated about progress on timelines for PSI, and providing contact and contractor information ahead of audits/installations.

vii. Working to ensure victim/survivors are provided with adequate training in how to use the technology items implemented for them as part of their PSI. This includes when:

o The technology supports monitoring of the property, such as CCTV, and is used regularly (regardless of an incident occurring).

o An incident occurs, victim/survivors should be supported to be confident in using their technology. This may involve a test of safety devices or alarms with the presence/support of case managers and or monitoring centres.

o Technology is used to support reporting or breaches or to provide evidence in a criminal justice process. This might include training in how to access, download/upload evidence, and the steps for engaging with police and criminal justice systems.

viii. Where Personal Safety Devices are used, victim/survivors should be supported to understand and be confident they know what will happen if, and when, they activate their device. While not desirable, occasionally an accidental activation of devices may occur (examples from SHEBA included children activating personal safety devices without knowing), and victim/survivors should be informed about what steps to take if this occurs.

ix. Exploring how PSI measures are working for victim/survivors during case management support periods, and prioritising any additional work needed to increase effectiveness before case closures.

x. Actively consulting with victim/survivors at all stages of PSI implementation, both to uphold agency and empowerment, and to ensure measures continue to meet safety and security needs. This might include:

o When PSI recommendations and implementation are discussed, practitioners can ensure the design as well as the functionality of items will be suitable for victim/survivors' day-to-day needs.

o Reviewing audit recommendations with the victim/survivor with attention to any gaps, and including their perspective on priorities for implementation are including in the application to the FSP provider.

xi. Including consideration of perpetrator patterns of behaviour specific to children and pets residing at the property along with those specific to the adult victim/survivor.

xii. Prioritising accurate record keeping and active information exchange with other services to support safety. Particularly when criminal justice responses involving the perpetrator are in train, practitioners can request and share information pertinent to Safe at Home risk assessment and safety planning such as hearing dates, parole review dates, incarceration location and status. Advocacy practices might include writing letters to support family law processes and property settlements.

xiii. Connecting victim/survivors to legal advice or aid, particularly where a perpetrator may own or co-own a property the victim/survivor is residing in. Use of legal systems to continue abuse of (ex)partners, including property disputes and settlements, is an area for increased attention given the integral link between PSI and access to a property to apply safety and security measures to.

4.3. Longer term effectiveness and impact of PSI and Safe at Home

Key findings

We emphasise the need to look across phases of access, implementation and into medium and longer-term periods to understand and support the effectiveness and positive impacts of PSI and Safe at Home responses. There needs to be greater recognition in policy and delivery that PSI as a program cannot be a 'set and forget' response if it is to be effective. Victim/survivors identified an increased sense of safety: when able to use measures over time; when PSI elements were supported within different sectors (including criminal justice and legal, particularly family court); and when supported to use technology components. Longer-term positive outcomes were further facilitated by access to key contacts and support to trouble-shoot and repair safety and security items; opportunities to connect with longer-term supports and therapeutic services; and prioritised activity towards increasing health, wellbeing, and stability.

Limitations to PSI and Safe at Home responses were related to structural and contextual factors: insufficient length of support periods and limited multi-sector collaborative practice; PSI items may be damaged by perpetrators, or lose functionality over time due to technical fault or expired software; limited periods of funded monitoring of CCTV and personal safety devices; inconsistent and harmful experiences when interacting with police to report breaches to FVIOs using evidence collected through PSI items; contradictory responses across the service system, particularly related to parenting orders and ongoing contact with fathers using violence; and limited links between PSI responses and broader conceptualisations of safety and community connectedness.

'So it's not just living safely. It's also being able to live independently and live, like a full well-rounded life and be part of that community, whatever that means for someone.' (Practitioner 3, Organisation B)

Key gaps identified in the Victorian Safe at Home response included: responses for adolescents using violence in the home; access to legal advice and aid; integration with therapeutic and psychological support and mental health services; adapting responses to changing perpetrator tactics of physical and non-physical abuse; and capacity for mainstream services to engage with and effectively support victim/survivors from diverse populations including Aboriginal and culturally and linguistically diverse communities. Bridging crisis and non-crisis responses in the context of Safe at Home is a key area for attention if responses are to effectively support victim/survivor journeys towards recovery and healing.

'At the early stages you have friends coming in to help. So you don't recognise what's missing until everyone starts going back to doing their own life and bits and pieces and [you are] off and running on your own, and then you realise, 'oh I really do need, I need this, I need this.' (Donna, T1)

Enhancing effective use of PSI and Safe at Home responses

To support sustainable use of PSI and movement from safety that supports survival to safety that supports thriving, **organisations can focus on:**

i. Ensuring a check-in/review point between victim/survivors and case managers is available and implemented following standard support periods where possible, focusing on addressing gaps in PSI responses and additional service connections.
ii. Establishing or strengthening connections to peer-led support networks and or programs for victim/survivors to support longer-term connections and community.
iii. Engage in policy and practice discussions about how the service fits into a whole-of-system response to support a longer-view of victim/survivor journeys.
iv. Articulate clear access pathways, referral options, and where relevant, possibilities to reconnect into services after case closures if risk escalates. This can support stronger bridges between short-term crisis, medium-term stability, and sustained wellbeing and safety.

Practitioners can focus on:

i. Ensuring connections and referrals to services supporting longer-term therapeutic work are made before or at case closures.
ii. Ensuring connections and referrals to legal advice and or aid are considered when evidence collected through technology components of PSIs are anticipated to be used in criminal prosecutions or family court matters.
iii. Increasing financial stability and opportunities to pursue employment and community engagement through FSP alongside PSI.
iv. Recognising and acknowledging the multi-faceted intended and unintended positive impact on safety that PSI components may have for victim/survivors.
v. Exploring and working towards individual and family safety plans including short-, medium and longer-term outcomes.
vi. Clearly contextualising their service and support focus within the broader family violence sector, as part of conversations to facilitate access to other services and sectors as needed (including mental health and therapeutic support).

'We have to have a whole of system view. If we continue to argue pieces of the system, then we're arguing against each other when it really is the same client that's journeying through and we have a responsibility of stewardship really, to make sure that we are having whole of system view.' (Victorian Government Policy Worker 2)

4.4. Intersectional and contextualised responses

'Just because we come from different community backgrounds and all these different parts of our identity, it doesn't make us any lesser than being a victim of gender-based violence, sexual violence or domestic violence. It shouldn't be who we are or how we look like or what our status in society is. It should purely be safety and dignity. That should come first.' (Raiya, T2)

'All these things are needed systemic-wise, but it also comes back to the individual practising with Aboriginal and Torres Strait Islander women. There's a responsibility and onus on them too to engage and to work in that decolonisation framework and really challenge their biases when working with community.' (FSP Coordinator, FGA-5)

Across all phases of the research, key findings highlight the need for inclusive, culturally safe, intersectional and contextualised practice integrating mainstream resources and specialist expertise. The following considerations are offered to support practice.

Organisations can focus on:

i. Facilitating strong relationships and connections between local Aboriginal Controlled Organisations and mainstream specialist family violence service.

ii. Ensuring practitioners working with victim/survivors from linguistically diverse backgrounds have access to interpreters when needed, and encourage secondary consults with specialist staff or organisations as appropriate. This includes:
   - Access to interpreters to facilitate discussion between the safety auditor and victim/survivor, where they speak no or little English, to ensure comprehensive safety concerns are included in the audit as far as possible.
   - Access to interpreters for the installation of CCTV and other technology responses to support victim/survivors' knowledge and use of the components.
   - Consideration of appropriate interpreters, specifically relating to community relations and dynamics where the victim/survivor and interpreter may be known to each other, and consideration of tensions between different cultural groups speaking the same language.

iii. Partnering with a range of monitoring centres able to support linguistically diverse victim/survivors upon activation of a Personal Safety Device to ensure an inclusive and intersectional response is provided. This includes when victim/survivors may have complex communication needs or experience responses that may impact their ability to engage in a verification process (e.g., experiencing verbal shutdown when under threat).

iv. Supporting access to information in languages other than English where possible and referring to, or collaborating with specialist services to support culturally and linguistically diverse clients.

v. Prioritising workforce development towards culturally safe practice through ongoing training and sustained development opportunities for groups and individuals. This can be accompanied by clear messaging that individuals have a responsibility to reflect on and address their personal biases.

vi. Supporting practitioners to work flexibly to meet the needs of diverse populations.

vii. Developing and strengthening collaborative partnerships with specialist services.

viii. Having plans and protocols for service provision in times of emergency and or disaster, with specific consideration of intersecting factors relevant to their context and clients.

Practitioners can focus on:

i. With permission from victim/survivors, working to obtain written permission for PSI related changes to properties. This might include directly liaising with real estate agencies, property managers, landlords or owners on behalf of the victim/survivor. Particularly where victim/survivors and housing stakeholders do not speak the same language, support from case managers can be particularly impactful and effective.

ii. Recognising the way that community responses can increase or mitigate risk and support for victim/survivors from Aboriginal and culturally and linguistically diverse communities, and practice through a strengths-based, rather than deficit approach.

iii. Invite conversations about how Safe at Home responses can be tailored to include cultural considerations and supports, including return to communities and country.

iv. Actively considering personal biases, and prioritising personal and professional development to enhance their practice with the diverse communities living in Victoria.

4.5. Survivor-centred, violence-informed practice

Victim/survivor voices have informed the information presented in this report. In particular, they expressed the need to concentrate support components around victim survivors without placing responsibility for safety/staying safe solely on them. While practice and service contexts and responsibilities differ, practitioners and organisations can work collaboratively to hold victim/survivor choice, agency, and expertise front of mind.

'We're not powerless people, we're just going through a horrible time.' (Beth, T1)

Key findings

Key findings relating to survivor-centred, violence-informed practice from this project included: emphasis on the need to focus on supporting victim/survivors and attending to perpetrators as individuals, with different dynamics informing their behaviours; the importance of supporting victim/survivor safety, while also contributing to perpetrator accountability; and the need for survivor-led practice integrating lived experience expertise with practice knowledge and wisdom.

Organisations can focus on:

i. Providing staff with regular professional development focused on capacity building knowledge and understanding about changing forms of family violence and effective responses, including different family and intimate relationship contexts (e.g., intimate partners, parent and adolescent or adult child, extended family and kinship).

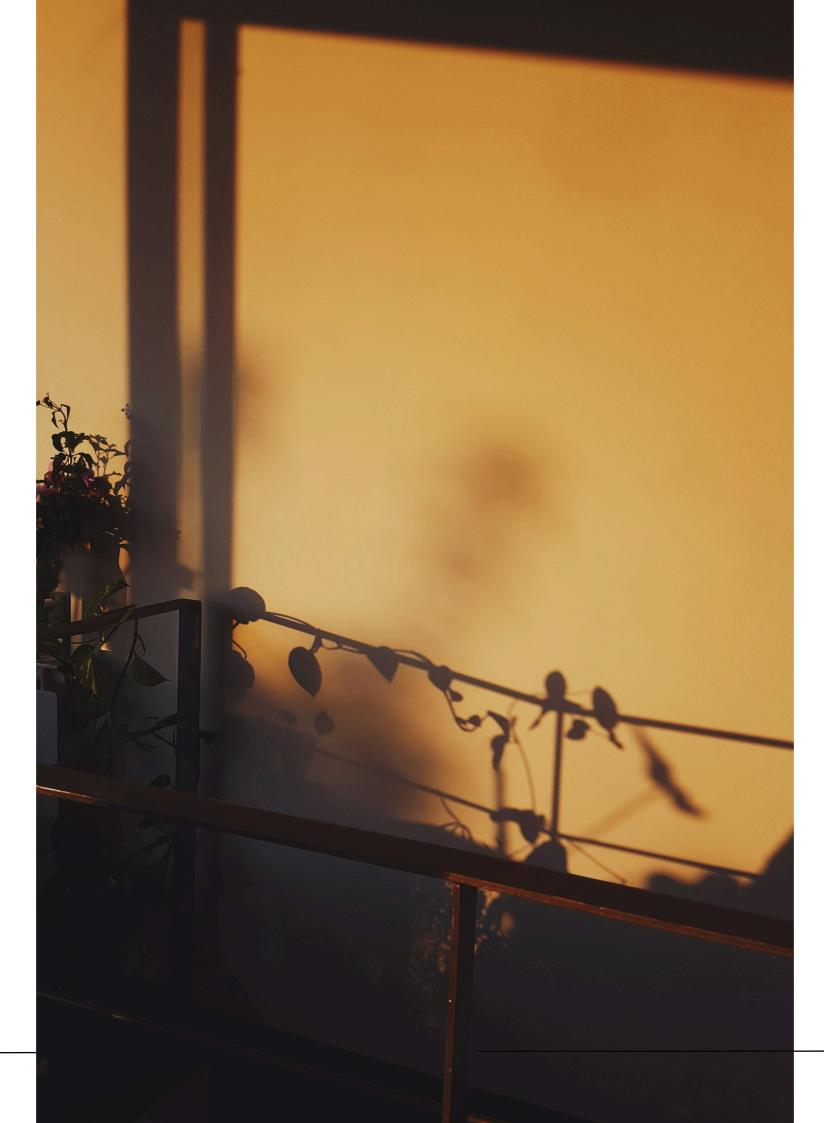ii. Promoting survivor-centred approaches, including establishing or strengthening mechanisms for victim/survivor voice in decision-making and organisational development.

Practitioners can focus on:

i. Consistently integrating and prioritising conversations and practice that foster sharing of knowledge, understanding, power, and access to information as part of practitioner and victim/survivor relationships.

ii. Ensuring the victim/survivor's safety concerns and perspective on risk information are communicated in the audit form provided to the security provider contracted to conduct the audit. This might include specific security gaps at the property, including structural (e.g., internal access from garage, side-entrances) and usage-based considerations (e.g., movement between external garages and main house, visibility from different access points, housing of pets and outdoor areas used by children). Exploring and attending to immediate and ongoing impacts of perpetrator behaviours on victim/survivor capacity to engage with services and Safe at Home options.

iii. Engage with professional development and learn from victim/survivor insights about different forms of abuse used by perpetrators (particularly non-physical and coercive controlling behaviours) and explore a range of possible responses.

iv. Integrating focus on safety and support with a view to accountability and longer-term service responses for perpetrators of family violence, including as parents.

v. Exploring support needs for physical and psychological safety, alongside supporting wellbeing and future thriving.

'I also feel like just as a whole, the onus of ensuring safety from a systemic point of view so much of it is the burden or the responsibility is on the survivor.' (Raiya, T2)

'We have to shift the focus to those who are holding people using violence to account alongside what we can do to support victim survivors.' (Victorian Government Policy Worker 2)

5. Summary

Safe at Home responses, including PSI and FSP, aim to support victim/survivors to remain or return safely to their homes and communities of choice following experiences of family violence. Use of PSIs particularly contributes to bridging transition from a crisis response to short-term homelessness prevention, increased physical and psychological safety, and capacity to collect evidence of FVIO breaches by perpetrators of family violence.

With a focus on PSIs and hearing from victim/survivors alongside professionals delivering this program, this research has highlighted key strengths and limitations of the current Victorian Safe at Home response and identified opportunities for future policy and practice work. We hope the findings from the SHEBA Project contribute to continued efforts to enhance the Victorian service system response to family violence.

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